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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning **OCTOBER 1**, 2013, and ending **SEPTEMBER**, 20 **14**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
KIWANIS INTERNATIONAL INC K01784 FABULOUS FOND DU LAC
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 1764
 City or town, state or province, country, and ZIP or foreign postal code
FOND DU LAC WI 54936-1764

D Employer identification number
23-7351031

E Telephone number
920-907-8682

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **128791**

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 | | Expenses | | Net Assets | |
|---------|--|----------|--------|------------|--|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) |
| 2 | Program service revenue including government fees and contracts | 2 | | 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) |
| 3 | Membership dues and assessments | 3 | 13309 | 20 | Other changes in net assets or fund balances (explain in Schedule O) |
| 4 | Investment income | 4 | 49 | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 |
| 5a | Gross amount from sale of assets other than inventory | 5a | | | |
| b | Less: cost or other basis and sales expenses | 5b | | | |
| c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | | | |
| 6 | Gaming and fundraising events | | | | |
| a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | 744 | | |
| 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) | 6b | 113823 | | |
| c | Less: direct expenses from gaming and fundraising events | 6c | 64187 | | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 50380 | | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | | |
| b | Less: cost of goods sold | 7b | | | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | | |
| 8 | Other revenue (describe in Schedule O) | 8 | 866 | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 64604 | | |
| 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 30170 | | |
| 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 | | | |
| 16 | Other expenses (describe in Schedule O) | 16 | 12372 | | |
| 17 | Total expenses. Add lines 10 through 16 | 17 | 42542 | | |
| | | 18 | 22062 | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2013)

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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 | 32968 | 22 55030 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | | 24 |
| 25 Total assets | 32968 | 25 55030 |
| 26 Total liabilities (describe in Schedule O) | | 26 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 32968 | 27 55030 |

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 ☐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.

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

| | | |
|---|------------|-------|
| 28 SPECIAL COMMITTEE: FOND DU LAC AREA FOUNDATION | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 5000 |
| 29 YOUNG CHILDREN PRIORTY ONE: ST AGNES HOSPITAL FOUNDATION PATIENT AND FAMILY SUPPORT PROGRAMS | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 3096 |
| 30 COMMUNITY SERVICES: VARIOUS LOCAL ORGANIZATIONS | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 2149 |
| 31 Other program services (describe in Schedule O) | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | 19925 |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 30170 |

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 title | (b) 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 |
|---|--|--|---|--|
| PRESIDENT - CHARLENE PETTIT, W4179 WENDY LN FOND DU LAC WI 54937 | 5 | 0 | 0 | 0 |
| PRESIDENT ELECT - GARY MILLER, 1042 HOLLY TREE LN., FOND DU LAC WI 54935 | 2 | 0 | 0 | 0 |
| VICE PRESIDENT - DAVE TWOHIG, 15 N. MAIN ST. FOND DU LAC WI 54935 | 1 | 0 | 0 | 0 |
| SECRETARY - GLEN TREML, N5184 SUMMIT CT. FOND DU LAC WI 54937 | 10 | 0 | 0 | 0 |
| TREASURER - CHRIS SERRES, N5704 ALLAN CT FOND DU LAC WI 54935 | 5 | 0 | 0 | 0 |
| DIRECTOR - JAN KRUG, 412 MAPLE AVE FOND DU LAC WI 54935 | 1 | 0 | 0 | 0 |
| DIRECTOR - DAN LEEDS, 155 COTTAGE AVE, FOND DU LAC WI 54935 | 1 | 0 | 0 | 0 |
| DIRECTOR - BONNIE BAERWALD, W4114 PHEASANT RUN, FOND DU LAC WI 54935 | 1 | 0 | 0 | 0 |
| DIRECTOR - JULIE BUDDE, N5051 GRANDVIEW RD. FOND DU LAC WI 54935 | 1 | 0 | 0 | 0 |
| DIRECTOR - JOHN COOPER, 14 CHAMPION AVE., FOND DU LAC WI 54935 | 1 | 0 | 0 | 0 |
| DIRECTOR - VICKIE GOLDAPSK, 952 S PARK AVE, FOND DU LAC WI 54935 | 1 | 0 | 0 | 0 |
| DIRECTOR - JACKIE KING, 130 S MAIN ST., FOND DU LAC WI 54935 | 1 | 0 | 0 | 0 |

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 | 22 | |
| 23 | Land and buildings | 23 | |
| 24 | Other assets (describe in Schedule O) | 24 | |
| 25 | Total assets | 25 | |
| 26 | Total liabilities (describe in Schedule O) | 26 | |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 27 | |

| | |
|-----------------|---|
| 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 . . . ☐

What is the organization's primary exempt purpose?

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.

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

| | | |
|--|-----|--|
| 28 | | |
| (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> | 28a | |
| 29 | | |
| (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> | 29a | |
| 30 | | |
| (Grants \$) 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 Total program service expenses (add lines 28a through 31a) ▶ | 32 | |

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 title | (b) 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 |
|--|--|--|---|--|
| CONTINUED: | | | | |
| DIRECTOR - SHARON KOLLMAN PO BOX 464, OAKFIELD WI 53065 | 1 | 0 | 0 | 0 |
| DIRECTOR - PETE VERCOUTEREN, N8336 DEADWOOD POINT BEACH, FOND DU LAC WI 54937 | 1 | 0 | 0 | 0 |
| DIRECTOR - GARY RING 19 WOODVUE CT., FOND DU LAC WI 54935 | 1 | 0 | 0 | 0 |
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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 Schedule O to respond to any question in this Part V ☐

| | Yes | No |
|--|------------|----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | ✓ |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | ✓ |
| 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | ✓ |
| b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | |
| 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 | 35c | ✓ |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | ✓ |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | |
| b Did the organization file Form 1120-POL for this year? | 37b | ✓ |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | ✓ |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on line 9 | 39a | |
| b Gross receipts, included on line 9, for public use of club facilities | 39b | |
| 40a 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 | 40b | ✓ |
| 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 ▶ | | |
| 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 shelter transaction? If "Yes," complete Form 8886-T | 40e | ✓ |
| 41 List the states with which a copy of this return is filed ▶ | | |
| 42a The organization's books are in care of ▶ Telephone no. ▶ Located at ▶ ZIP + 4 ▶ | | |
| 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 | 42b | ✓ |
| c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ | 42c | ✓ |
| 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 | | |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | ✓ |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | ✓ |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | ✓ |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | ✓ |
| 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | ✓ |

- 46** 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

| | Yes | No |
|-----------|-----|-------------------------------------|
| 46 | | <input checked="" type="checkbox"/> |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

| | Yes | No |
|-----------|-----|----|
| 47 | | |

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

| | | |
|-----------|--|--|
| 48 | | |
|-----------|--|--|

- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

| | | |
|------------|--|--|
| 49a | | |
|------------|--|--|

- b** If "Yes," was the related organization a section 527 organization?

| | | |
|------------|--|--|
| 49b | | |
|------------|--|--|

- 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 title of each employee | (b) 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 |
|-------------------------------------|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

- 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."

| (a) Name and business address of each independent contractor | (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

Signature of officer

CHRIS SERRES, TREASURER

Type or print name and title

Chris Serres

Date

2/7/15

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶ **SELF PREPARED**

Firm's EIN ▶

Firm's address ▶

Phone no

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☐ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

Employer identification number

KIWANIS INTERNATIONAL INC K01784 FABULOUS FOND DU LAC

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a 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 | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 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.

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 <u>PORK CHOP DINNE</u> (event type) | (b) Event #2 <u>WALLEYE WKND</u> (event type) | (c) Other events <u>4</u> (total number) | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|--|---|--|--|
| | | | | | |
| Revenue | 1 Gross receipts | 27389 | 75967 | 10467 | 113823 |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 27389 | 75967 | 10467 | 113823 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 12403 | 46235 | 5374 | 64012 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 64012 |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | 49811 |

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 | | | 744 | 744 |
| | 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 100 % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | 175 |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | 569 |

9 Enter the state(s) in which the organization operates gaming activities: Wisconsin**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: _____

- 11** Does the organization operate gaming activities with nonmembers? ☒ Yes ☐ No
- 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? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|-------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► Chris Serres / Club TreasurerAddress ► 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? ☐ Yes ☒ No
- 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? ☐ Yes ☒ No
- 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 ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**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 1, LINE 4 OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME:

49.

FORM 990-EZ, PART 1, LINE 8 OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE

AMOUNT:

MISCELLANEOUS:

866.

FORM 990-EZ, PART 1 LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: COMMUNITY SERVICES

GRANTEE NAME: AGNESIAN HEALTHCARE

GRANTEE ADDRESS: 430 E DIVISION ST. FOND DU LAC WI 54935

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: cash donation

DATE OF GIFT: 1/23/2014 & 4/13/2014

AMOUNT GIVEN: 250.00

250.

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: 7/16/2014

AMOUNT GIVEN:

1,500.

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: 9/20/2014

AMOUNT GIVEN:

1,000.

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:

4,759.

ACTIVITY CLASSIFICATION: SPONSORED YOUTH

GRANTEE NAME: KEY CLUB SPONSORSHIPS

GRANTEE ADDRESS: VARIOUS LOCATIONS

GRANTEE RELATIONSHIP: SPONSORED KEY CLUBS, AT FOND DU LAC HIGH SCHOOL & HORACE MANN HIGH SCHOOL

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: VARIOUS

AMOUNT GIVEN:

5,449.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

KIWANIS INTERNATIONAL INC K07184 FABULOUS FOND DU LAC

Employer identification number

23-7351031

ACTIVITY CLASSIFICATION: YOUTH BASEBALL

GRANTEE NAME: FOND DU LAC BASEBALL INC

GRANTEE ADDRESS: FOURTH ST RD., FOND DU LAC WI 54935

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: 01/14/2014

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: YOUTH SERVICES

GRANTEE NAME: KIWANIS UPPER MICHIGAN

GRANTEE ADDRESS: 571 CENTER ST., BERLIN WI 54923

GRANTEE RELATIONSHIP: KIWANIS GOVERNING ORGANIZATIONS

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: 12/31/2013 & 8/19/2014 & 9/28/2014

AMOUNT GIVEN: 1,001.

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: 3,316.

ACTIVITY CLASSIFICATION: HUMAN & SPIRITUAL NEEDS

GRANTEE NAME: VARIOUS COMMUNITY ORGANIZATIONS

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

Employer identification number

KIWANIS INTERNATIONAL INC K07184 FABULOUS FOND DU LAC

23-7351031

CONT.
GRANTEE ADDRESS: VARIOUS LOCATIONS

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: VARIOUS

AMOUNT GIVEN:

150.

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: 12/3/2013

AMOUNT GIVEN:

500.

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: 9/14/2014

AMOUNT GIVEN:

1,500.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Employer identification number

KIWANIS INTERNATIONAL INC K07184 FABULOUS FOND DU LAC

23-7351031

FORM 990-EZ, PART 1 LINE 16, OTHER EXPENSES:

AMOUNT:

MEETING AND BANQUET COSTS:

6,783.

MEMORIALS:

150.

CONVENTION COSTS:

73.

INSURANCE:

636.

DUES ASSESSMENTS:

3,671.

DUES AND FEES:

10.

MEMBERSHIP:

472.

SUPPLIES:

467.

POSTAGE:

110.

TOTAL TO FORM 990-EZ, LINE 16

12,372.

FROM 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.

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.