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DLN: 93492131014090

OMB No 1545-1150

2008

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)

 \blacktriangleright Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

Open to Public Inspection

A F	or the	2008 calendar year, o	r tax year beginning 10-01-2008	, and ending 09-	30-2009			
_		applicable . Please	C Name of organization			D Empl	oyer id	lentification number
_	ddress c	thange use IRS				35-60	22047	
_	ame cha	print or	I Nullibel alla sticet (OLF O DOX, Il Illali i	s not delivered to street ad	dress) Room/suite	E Teleph	none nu	mber
_	ııtıal retu	urn type.	FO BOX 1001					
_	erminati mended	Specific		4		F Group	Exemp	tion
_		Instruc- on pending tions.	Valparaiso, IN 463841661			Numb		► 0026
	, pilodicio	penang						
♦ Se	ction !		ons and 4947(a)(1) nonexempt cha ompleted Schedule A (Form 990 or 9		G A ccounting me Other (specify		∨ Cas	h Accrual
τw	ebsite:	▶ WA			H Check ► 🔽	ıfthe	organı	ızatıon
		`` ————	ne)—▼ 501(c) (4) ◄(insert no)	7(a)(1) or 527	is not require Schedule B (0-EZ, or 990-PF)
		_	ıs not a section 509(a)(3) supporting					
\$25	,000 /	A return is not require	d, but if the organization chooses to fi	le a return, be sure to	file a complete re		.,	
_			determine gross receipts, if \$1,000,000 or mo			► \$		138,048
Pa	rt I		nses, and Changes in Net Ass	sets or Fund Bala	nces (See the in	nstruction	ns for	Part I)
	1	Contributions, gifts, g	grants, and similar amounts received				1	
	2	Program service reve	enue including government fees and co	ontracts			2	3,817
	3	Membership dues and	d assessments				3	25,637
	4	Investment income		_.		. [4	
	5a	Gross amount from sa	ale of assets other than inventory		5a			
9	ь	Less cost or other ba	asıs and sales expenses		5b			
Revenue	С	Gain or (loss) from sa	ale of assets other than inventory (Sul	otract line 5b from line	5a) (attach sche	dule)	5c	
ō Œ	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here							
	а	Gross revenue (not in	ncluding \$ of contributions					
		reported on line 1) 🕏			6a 10	8,594		
	ь	Less direct expenses	s other than fundraising expenses	[6b 5	7,697		
	с	Net income or (loss) i	from special events and activities (Su	ـــ btract line 6b from lin	e 6a)			50,897
		•		1	1	-	6с	
	7a	Gross sales of invent	cory, less returns and allowances .		7a			
	b	Less cost of goods s	sold		7b			
	С	Gross profit or (loss)	from sales of inventory (Subtract line	7 b from line 7 a) .		•	7c	
		• • • · · · · · · · · · · · · · · · · ·	unto a Maria			, 		
	8	Other revenue (descr	nes 1, 2, 3, 4, 5c, 6c, 7c, and 8)		•	 '	8	80,351
	9			<u> </u>	· · · · · ·		9	
	10		,			-	10	48,121
	11	Benefits paid to or for					11	18,279
_	12		ensation, and employee benefits .			•	12	
565	13		l other payments to independent conti	actors		•	13	3,000
Expenses	14	,	ities, and maintenance			.	14	
ũ	15		, postage, and shipping			-	15	496
	16	Other expenses (des)	16	8,949
	17	Total expenses (add I	ines 10 through 16)				17	78,845
Ď	18	Excess or (deficit) for	r the year (Subtract line 17 from line 9))			10	1,506
NetAssets	19	Net assets or fund ba	alances at beginning of year (from line	27, column (A)) (mus	t agree with		18	
Š		end-of-year figure rep	ported on prior year's return)				19	50,737
	20	Other changes in net	assets or fund balances (attach expla	anation)			20	
	21	Net assets or fund ba	alances at end of year (combine lines :	18 through 20) .		•	21	52,243
Pa	rt II	Balance Sheets	5— If Total assets on line 25, column	(B) are \$2,500,000 o	r more, file Form ⁹	90 ınst	ead of	Form 990-EZ
		(See t	the instructions for Part II)	(1	A) Beginning of ye	ar	(B	B) End of year
22	Cash,	savings, and investm	nents	· · · · <u> </u>	50,7	37 22		52,243
23	Land a	and buildings		· · · · <u> </u>		23	1	
24	Other	assets (describe 🟲_)		24		
25	Total	assets		<u> </u>	50,7	37 25	<u> </u>	52,243
		liabilities (describe 🟲	-)		26		
			s (line 27 of column (B) must agree wit		50,7	37 27	<u> </u>	52,243
For I	rivacy	y Act and Paperwork F	Reduction Act Notice, see the separat	e instructions. Cat	No 10642I		Forr	m 990-EZ (2008)

Part IIII Statement of Program	Service Accomplishm	nents (See the instruction	s for Part III)	Expenses
What is the organization's primary exempt	·	(Required for 501(c)(3)		
Charitable Civic Service	and (4) organizations and			
Describe what was achieved in carrying ou describe the services provided, the number title	4947(a)(1) trusts, optional for others)			
28 Leadership training for High School You service agencies	th Support for youth and yo	ung children Provide su	upport for local	
	ıs amount ıncludes foreıgn ç	grants, check here .	▶ ┌	28a
29				
(Grants \$) If th	ıs amount ıncludes foreıgn ç	grants, check here .	▶┌	29a
30 (Grants \$) If th	ıs amount ıncludes foreıgn ç	grants check here	. –	
		grants, check here .		30a
31 O ther program services (attach schedu (Grants \$) If the	le)	grants, check here	▶┌	31a
32 Total program service expenses (add lin	es 28a through 31a) .		. ►	32
Part IV List of Officers, Directors, Tru	stees, and Key Employees.	List each one even if not co	mpensated (See the inst	tructions for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pl deferred compensa	lans & account and
Paul Sciarra 503 Fordwick Lane Valparaiso, IN 46383	President 010 00	0		

Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)		Yes	No	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		N o	
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"	33			
35	attach a conformed copy of the changes	34		N o	
33	but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
а	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		Νο	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		N o	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete				
37a	applicable parts of Schedule N	36		N o	
	Did the organization file Form 1120-POL for this year?	37b		Νο	
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	375			
50 u					
h				N o	
	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	1			
39	501(c)(7) organizations. Enter				
_	Initiation fees and capital contributions included on line 9				
b					
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under				
_	section 4911 •				
Ь	b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part			No	
_	Enter amount of tax imposed on organization managers or disqualified persons	1 1	ı		
	during the year under sections 4912, 4955, and 4958				
d					
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e			
41					
42a		548-9	906		
	61 Indiana Ave Suite A Located at Valparaiso, IN ZIP + 4 448383				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No No	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		N o	
	If "Yes," enter the name of the foreign country 🛌				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No	
	If "Yes," enter the name of the foreign country ▶				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		▶ [
			Yes	No No	
11	Did the organization maintain any depart adviced funds 2 If "Vac". Form 000 must be considered instead of		1 63	110	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44		N a	
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44		N o	
73	"Yes", Form 990		l I		
	must be completed instead of Form 990-EZ.	45		N o	

Form	990-E	EZ (2008)							Page 4
Par	t VI	Section 501(c)(3) orga	nizations only. All s		rganızatıons	must answer	questi	ons 46	-49
		complete the tables for lin							
46	Dıd th	ne organization engage in direct	or indirect political camp	oaign activities on beh	nalf of or in opp	osition to		Yes	No
	candı	dates for public office? If "Yes,"	complete Schedule C, P	art I			46		
47	Dıd th	ne organization engage in lobbyi	ng activities? If "Yes," c	omplete Schedule C, I	Part II		47		
48	Is the	e organization operating a schoo	l as described in section	170(b)(1)(A)(II)? If "	yes," complete	Schedule E	48		
49a	Dıd th	ne organization make any transfe	ers to an exempt non-cha	arıtable related organı	zatıon?		49a		
b	If"Ye	s," was the related organization	(s) a section 527 organi	zation?			49b		
50		elete this table for the five higher aved more than \$100,000 of com					employ	yees) w	ho
(a) N		and address of each employee d more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	n employee b	ributions to penefit plans & ompensation	ad	Expe count a rallowa	and
NON	E								
Total	numb	er of other employees paid over \$100,000 ►							
51		lete this table for the five higher ensation from the organization			each received	more than \$100	0,000	of	
		ame and address of each indepe	· · · · · · · · · · · · · · · · · · ·		(b) Type	ofservice	(c) C	ompen	sation
NON	E								
Total	numb	er of other independent contract	ors receiving over \$100	,000					
		Under penalties of perjury, I declare t	that I have examined this retu	rn. including accompanying	schedules and st	atements, and to t	he best o	of my kn	ow ledae
Plea	50	and belief, it is true, correct, and com			ed on all information	on of which prepar			
Sign		****** Signature of officer			2010-0 Date)5-10			
Here	•	Richard Serletic Treasurer Type or print name and title							
		Preparer's		Pate	Check If	Preparer's PTIN ((See Ger	ı Inst X)	
Paid		signature Richard Serletic	2	010-05-10	self- empolyed •				
Prepa Use C		ıf self-employed),	nancial Group LLC			EIN 🕨			
U36 (/111 y	·	Ave Suite A			Phone no 🕨 (2	19) 548-	9906	
		Valparaiso,	IN 46383			' ' ' '	,		

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

Yes

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As Filed Data -

DLN: 93492131014090

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Fundraising or Gaming Activities Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV,

Supplemental Information Regarding

lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public

(1) Name of individual	al Revenue Service	lines 17, 18, or 19, and by o	organizations t	hat enter more	than \$15,000 on Fo	rm 990-EZ, line 6a.	Inspection
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a	•	of Valparaiso					
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a	Tundunisin	- Activities Complete of			sawarad IIVaali		
a		•				·	, line 17.
b Email solicitations f Solicitation of government grants C Phone solicitations g Special fundraising events 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 activities? Yes 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 Form 990-EZ filers are not required to complete this table (i) Name of individual or entity (fundraiser) (ii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) A mount paid to (or retained by) fundraiser listed in col (i)		•	rough any of		-		
c	<u> </u>			e		-	
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 activities? The set of 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 Form 990-EZ filers are not required to complete this table (ii) Name of individual or entity (fundraiser) (iii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in cold (i)	<u> </u>			f			
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 activities? Yes 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 Form 990-EZ filers are not required to complete this table (ii) Name of individual or entity (fundraiser) (iii) Did fundraiser have custody or control of control of control of contributions? (iv) Gross receipts from activity fundraiser listed in organization organization organization.	_			g IV	Special fundral	sing events	
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes 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. Form 990-EZ filers are not required to complete this table. (i) Name of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in contributions? (vi) A mount paid to (or retained by) fundraiser listed in organization organization.	i in-person soncit	1110113					
(i) Name of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in col (i) (v) A mount paid to (or retained by) fundraiser listed in organization organization.	_						Γ _{Yes} Γ _{No}
(i) Name of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity (or retained by) fundraiser listed in contributions? (vi) Amount paid to (or retained by) fundraiser listed in organization organization.							
contributions?	• •	(ii) Activity	fundraiser h custody o control of	r (iv)	•	(or retained by)	(vi) A mount paid to (or retained by)
Yes No						col (i)	organization
			Yes N	lo			
		- - 					
Total h.							
Total •	ai .					<u> </u>	

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

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form	plete if the organization	on answered "Yes" to events with gross rec	Form 990, Part IV, lin eipts greater than \$5,	e 18, or 000.	report	ed
			(a) Event #1 Balloonfest (event type)	(b) Event #2 Barbecue Chicken Dinner (event type)	(c) O ther Events 6 (total number)	(d) Tot (Add col co		
9	1	Grace receipts	37,154		62,366		10	8,594
Revenue	2	Gross receipts						
<u>~</u>	3	Gross revenue (line 1 minus line 2)	37,154	9,074	62,366		10	8,594
	4	Cash Prizes						
မှ မ	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
ற ந	7	Other direct expenses	21,694	6,375	29,628		5	7,697
Direct	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)			5	7,697
	9	Net income summary Combine li	nes 3 and 8 ın column (d))	🕨		5	0,897
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	art IV, line 19, or repo	rted mor	e thar	1
Reveitue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) the		
ш.	1	Gross revenue						
- S	2	Cash prizes						
Expenses	3	Non-cash prizes						
<u>ភ</u>	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	│ Yes <u>%</u> │ No	┌ Yes <u> </u>			
	7	Direct expense summary Add line	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	ibine lines 1 and 7 in colu	ımn (d)				
							Yes	No
9 a		er the state(s) in which the organiza the organization licensed to operate				. 9a		
b	If"	No," Explain				<u> </u>		
						_		
10a	We	re any of the organization's gaming	licenses revoked, suspen	ded or terminated during	the tax year?	10a		
b	If"	Yes," Explain						
11		es the organization operate gaming a				11		<u> </u>
12		the organization a grantor, beneficia		a member of a partnersh	ip or other entity			

				
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name •			
	Address •			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
Ь	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			
	Name •			
	Address 🟲			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🟲			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲			

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TY 2008 Grants and Similar Amounts Paid Schedule

Name: Kiwanis International Club of Valparaiso

EIN: 35-6022047

Software ID: 08000033

Software Version: 2008.1.20

Item No.	1
Class of Activity	
Donee's Name	Action Club
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	
<u> </u>	

Item No.	2
Class of Activity	
Donee's Name	Special Olympics
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	
Donee's Name	Kıwanıs International Foundation
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	
Donee's Name	Habitat for Humanity
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	
Donee's Name	Hoosier Burn Camp
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	
Donee's Name	Youth Service Bureau
Donee's Address	
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

	I
Item No.	7
Class of Activity	
Donee's Name	Porter County Family Counseling
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	
Donee's Name	First Contact
Donee's Address	
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	
Donee's Name	TJ Science Olympiad
Donee's Address	
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	
Donee's Name	CASS
Donee's Address	
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	
Donee's Name	Boys and Girls Club of Porter County
Donee's Address	
Amount (FMV)	700
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	
Donee's Name	Indiana Kiwanis Foundation
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	
Donee's Name	Valparaiso YMCA Capital Fund
Donee's Address	
Amount (FMV)	15,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	
Donee's Name	Valparaiso Junior Basketball Program
Donee's Address	
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	
Donee's Name	YMCA Athletics
Donee's Address	
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	
Donee's Name	Boy Scouts
Donee's Address	
Amount (FMV)	400
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	
Donee's Name	Girl Scouts
Donee's Address	
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	
Donee's Name	Rebuilding Together
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	
Donee's Name	Relay for Life American Cancer Society
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	
Donee's Name	Riley Childrens Hospital
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	
Donee's Name	Youth Scholarships
Donee's Address	
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	
Donee's Name	Builders and Key Clubs
Donee's Address	
Amount (FMV)	5,957
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	23
Class of Activity	
Donee's Name	Local Food Pantries
Donee's Address	
Amount (FMV)	756
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	24
Class of Activity	
Donee's Name	Porter County 4H
Donee's Address	
Amount (FMV)	90
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	25
Class of Activity	
Donee's Name	BoysGırls State
Donee's Address	
Amount (FMV)	580
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	26
Class of Activity	
Donee's Name	VU Jazz Fest
Donee's Address	
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	27
Class of Activity	
Donee's Name	JrSr High School bands and choirs
Donee's Address	
Amount (FMV)	1,300
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	28
Class of Activity	
Donee's Name	Porter County Leadership Conference
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	29
Class of Activity	
Donee's Name	Opportunity Enterprises
Donee's Address	
Amount (FMV)	522
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	30
Class of Activity	
Donee's Name	Hilltop Neighborhood House
Donee's Address	
Amount (FMV)	885
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	31
Class of Activity	
Donee's Name	Headstart
Donee's Address	
Amount (FMV)	364
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	32
Class of Activity	
Donee's Name	Veterans Day Program
Donee's Address	
Amount (FMV)	389
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	33
Class of Activity	
Donee's Name	Kıds agaınst Hunger
Donee's Address	
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	34
Class of Activity	
Donee's Name	Misc Organizations
Donee's Address	
Amount (FMV)	1,028
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2008 Other Expenses Schedule

Name: Kiwanis International Club of Valparaiso

EIN: 35-6022047

Software ID: 08000033

Software Version: 2008.1.20

Description	Amount
Conferences, conventions, and meetings	2,687
Equipment rental and maintenance	588
Supplies	5,244
Web Hosting	430