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Form 990-EZ

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 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.

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 10-01-2008

, and ending 09-30-2009

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization KIWANIS INTERNATIONAL K00359 HASTINGS C/O JAMES KRESBACH	D Employer identification number 47-6032856
Number and street (or P O box, if mail is not delivered to street address) 1328 N BALTIMORE AVENUE	E Telephone number (402) 461-2421
City or town, state or country, and ZIP + 4 HASTINGS, NE 68901	F Group Exemption Number ► 0026

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

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► HASTINGSKIWANIS.ORG

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

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 43,401

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1 Contributions, gifts, grants, and similar amounts received	1	11,200
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	271
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) (attach schedule)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►		
a Gross revenue (not including \$ _____ of contributions reported on line 1) <input checked="" type="checkbox"/>	6a	31,930
b Less direct expenses other than fundraising expenses	6b	13,450
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	18,480
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 ►)	8	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	29,951
10 Grants and similar amounts paid (attach schedule)	10	
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	750
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	1,581
16 Other expenses (describe ►)	16	25,592
17 Total expenses (add lines 10 through 16)	17	27,923
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,028
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	26,533
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	28,561

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	26,533	22
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	26,533	25
26 Total liabilities (describe ►)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,533	27
		28,561

Part III Statement of Program Service Accomplishments (See the instructions for Part III)				Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? TO SERVE THE CHILDREN OF THE WORLD				
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title				
28 SUPPORTING PROGRAMS THAT PROVIDE SERVICES TO CHILDREN AND YOUTH (Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		28a	26,071
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 (attach schedule) (Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)	. . . ►		32	26,071
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part 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		No	
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		No	
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No	
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b			
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		No	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a			
b Did the organization file Form 1120-POL for this year?	37b		No	
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 unpaid at the start of the period covered by this return?	38a		No	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39 <i>501(c)(7) organizations.</i> Enter	39a			
a Initiation fees and capital contributions included on line 9	39b			
b Gross receipts, included on line 9, for public use of club facilities				
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____				
b <i>Section 501(c)(3) and (4) organizations.</i> 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 I.	40b		No	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____				
d Enter amount of tax on line 40c reimbursed by the organization ► _____				
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No	
41 List the states with which a copy of this return is filed ► _____				
42a The books are in care of ► <u>JAMES KREBSBACH</u> Telephone no ► <u>(402) 461-2440</u> Located at ► <u>1328 N BALTIMORE AVE</u> ZIP + 4 ► <u>68901</u>				
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No	
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 ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	43			
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44		No	
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No	

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating 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(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000 ►		

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	***** Signature of officer JAMES KRESBACH TREASURER Type or print name and title	2010-06-22 Date	

Paid Preparer's Use Only	Preparer's signature ► ANNE T CASTEK CPA CSEP	Date 2010-06-22	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► CONTRYMAN ASSOCIATES PC CPA'S PO BOX 2026 HASTINGS, NE 68902			EIN ► Phone no ► (402) 463-6711

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

Additional Data

Software ID:
Software Version:
EIN: 47-6032856
Name: KIWANIS INTERNATIONAL K00359
HASTINGS C/O JAMES KRESBACH

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MARY PETERSON 1328 N BALTIMORE AVENUE HASTINGS, NE 68901	PRESIDENT 0	0		
DOUG NIENHUESER 1328 N BALTIMORE AVENUE HASTINGS, NE 68901	PRESIDENT EL 0	0		
ALAN KVETENSKY 1328 N BALTIMORE AVENUE HASTINGS, NE 68901	VICE PRESIDE 0	0		
DAN RUTT 1328 N BALTIMORE AVENUE HASTINGS, NE 68901	PAST PRESIDE 0	0		
JOAN BITTFIELD 1328 N BALTIMORE AVENUE HASTINGS, NE 68901	SECRETARY 0	0		
JIM KREBSBACH 1328 N BALTIMORE AVENUE HASTINGS, NE 68901	TREASURER 0	0		
NEIL GROTHEN 1328 N BALTIMORE AVENUE HASTINGS, NE 68901	DIRECTOR 0	0		
RENEE JOHNSON 1328 N BALTIMORE AVENUE HASTINGS, NE 68901	DIRECTOR 0	0		
JOHN BOLTZ 1328 N BALTIMORE AVENUE HASTINGS, NE 68901	DIRECTOR 0	0		
DAVID KEMPF 1328 N BALTIMORE AVENUE HASTINGS, NE 68901	DIRECTOR 0	0		
GARY AADLAND 1328 N BALTIMORE AVENUE HASTINGS, NE 68901	DIRECTOR 0	0		
LILA MUNSELL 1328 N BALTIMORE AVENUE HASTINGS, NE 68901	DIRECTOR 0	0		
MARY PLOCK 1328 N BALTIMORE AVENUE HASTINGS, NE 68901	DIRECTOR 0	0		

Supplemental Information Regarding Fundraising or Gaming Activities

2008

Open to Public Inspection

► **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

Department of the Treasury
Internal Revenue Service

Name of the organization

KIWANIS INTERNATIONAL K00359
HASTINGS C/O JAMES KRESBACH

Employer identification number

47-6032856

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 Mail solicitations
- b Email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- 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 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. Form 990-EZ filers are not required to complete this table.

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

N F

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>PANCAKE DAY</u> (event type)	(b) Event #2 <u>GOLF TOURNAMENT</u> (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
1 Gross receipts	17,981	8,871		26,852
2 Less Charitable contributions				
3 Gross revenue (line 1 minus line 2)	17,981	8,871		26,852
4 Cash Prizes				
5 Non-cash Prizes				
6 Rent/Facility costs				
7 Other direct expenses	3,979	6,139		10,118
8 Direct expense summary Add lines 4 through 7 in column (d) ►				10,118
9 Net income summary Combine lines 3 and 8 in column (d) ►				16,734

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))
1 Gross revenue				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ►				
8 Net gaming income summary Combine lines 1 and 7 in column (d) ►				

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

	Yes	No
13 Indicate the percentage of gaming activity operated in	13a	
a The organization's facility	13b	
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 ► <u>JAMES KREBSBACH</u>		
Address ► <u>1328 N BALTIMORE AVE</u> <u>HASTINGS, NE 68901</u>		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	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		
Name ► _____		
Address ► _____		
16 Gaming manager information		
Name ► _____		
Gaming manager compensation ► \$ _____		
Description of services provided ► _____		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	No
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 ► \$ _____		

TY 2008 Compensation Explanation

Name: KIWANIS INTERNATIONAL K00359
HASTINGS C/O JAMES KRESBACH
EIN: 47-6032856

Person Name	Explanation
MARY PETERSON	
DOUG NIENHUESER	
ALAN KVETENSKY	
DAN RUTT	
JOAN BITTFIELD	
JIM KREBSBACH	

Person Name	Explanation
NEIL GROTHEN	
RENEE JOHNSON	
JOHN BOLTZ	
DAVID KEMPF	
GARY AADLAND	
LILA MUNSELL	

Person Name	Explanation
MARY PLOCK	

TY 2008 Other Expenses Schedule

Name: KIWANIS INTERNATIONAL K00359

EIN: 47-6032856

Description	Amount
EXPENSES	
BANQUET	700
CONVENTION	463
MEALS	908
MEMBERSHIP DUES	7,645
PUBLICATIONS	420
DUES	330
GRANTS TO OTHER ORG.	15,126