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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 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.

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 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**The Kiwanis Club of Norfolk, Nebraska**

Number and street (or P O box, if mail is not delivered to street address)

P.O. Box 345

City or town, state or country, and ZIP + 4

Norfolk, NE 68701**D** Employer identification number**47-6038731****E** Telephone number**402-371-7111****F** Group Exemption Number

▶

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: ▶ **N/A****J** Organization type (check only one) ☒ 501(c) (10) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization 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 ▶ \$ **82,663.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	47,949.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	17,419.
	4	Investment income	4	191.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	6a	Gross revenue (not including \$ 18,262. of contributions reported on line 1)	6a	17,104.
	6b	Less direct expenses other than fundraising expenses	6b	17,104.
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	65,559.
	Net Assets	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	
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	1,843.
16		Other expenses (describe ▶)	16	34,104.
17		Total expenses. Add lines 10 through 16	17	67,495.
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,936.
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	6,439.
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	4,503.

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.)

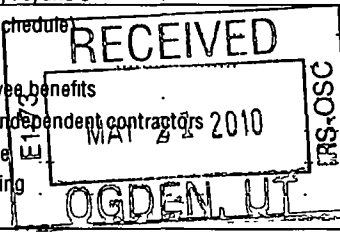
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	6,439.	4,503.
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	6,439.	4,503.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6,439.	4,503.

832171
12-17-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

SCANNED JUL 15 2010



1895

Part III Statement of Program Service Accomplishments (See the instructions for Part III)What is the organization's primary exempt purpose? **Assist youth and provide fellowship.**

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.

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)**28 Assist area youth and provide fellowship for members.**(Grants \$ **31,547.**) If this amount includes foreign grants, check here ☐**28a 66,403.****29**(Grants \$) If this amount includes foreign grants, check here ☐**29a****30**(Grants \$) If this amount includes foreign grants, check here ☐**30a****31 Other program services (attach schedule)**(Grants \$) If this amount includes foreign grants, check here ☐**31a****32 Total program service expenses (add lines 28a through 31a)****32 66,403.****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
Mark Zimmerer	President			
P.O. Box 345, Norfolk, NE 68701	0.00	0.	0.	0.
Heidi McNally	President-elect			
P.O. Box 345, Norfolk, NE 68701	0.00	0.	0.	0.
Brad Krivohlavek	Vice-president			
P.O. Box 345, Norfolk, NE 68701	0.00	0.	0.	0.
Jeff Jones	Treasurer			
P.O. Box 345, Norfolk, NE 68701	0.00	0.	0.	0.
Dan Fuerhoff	Secretary			
P.O. Box 345, Norfolk, NE 68701	0.00	0.	0.	0.
Everett Breach	Director			
P.O. Box 345, Norfolk, NE 68701	0.00	0.	0.	0.
Diane Mouchka	Director			
P.O. Box 345, Norfolk, NE 68701	0.00	0.	0.	0.
Troy Strom	Director			
P.O. Box 345, Norfolk, NE 68701	0.00	0.	0.	0.
Mark Craft	Director			
P.O. Box 345, Norfolk, NE 68701	0.00	0.	0.	0.
Brian Nordby	Director			
P.O. Box 345, Norfolk, NE 68701	0.00	0.	0.	0.
Jodi Ronspies	Director			
P.O. Box 345, Norfolk, NE 68701	0.00	0.	0.	0.
Randee Falter	Past-president			
P.O. Box 345, Norfolk, NE 68701	0.00	0.	0.	0.

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	X
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	X
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 section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
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 I	40b	N/A
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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	X
41 List the states with which a copy of this return is filed ▶ None		
42a The books are in care of ▶ Jeff Jones Telephone no ▶ 402-371-7111		
Located at ▶ 1506 N 1st Street Norfolk, NE, Norfolk, NE ZIP + 4 ▶ 68701		
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: ▶	42b	X
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	X
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 ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

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.

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the 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."

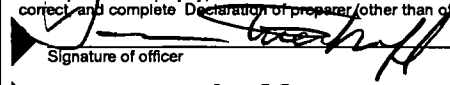
	Yes	No
46		
47		
48		
49a		
49b		

(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
N/A				
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 is none, enter "None"

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  Date 5-17-10

 Dan Fuerhoff, Secretary

Paid Preparer's Use Only

Preparer's signature Same Date _____ Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4 Christensen Brozek Faltys PC EIN

P.O. Box 1264 Phone

Norfolk, NE 68702 no. 402-371-1160

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

Form 990-EZ	Other Expenses	Statement	1
Description		Amount	
Meals		19,349.	
Int'l & District Dues		7,648.	
Membership Development		840.	
Misc & Awards		2,476.	
Conferences & meetings		1,977.	
Website		703.	
Corporate Taxes		20.	
Supplies		1,091.	
Total to Form 990-EZ, line 16		34,104.	

Form 990-EZ	Cash Grants and Allocations	Statement	2
Class of Activity/Donee's Name and Address	Donee's Relationship	Amount	
Youth Services Boy/Cub Scout Troop Pack 122 Norfolk, NE 68701	None	2,384.	
Youth Services K Kids Norfolk, NE 68701	None	936.	
Youth Services Christmas Shopping Spree for Needy Children Norfolk, NE 68701	None	3,004.	
Youth Services Norfolk Jr. Fire Dept Norfolk, NE 68701	None	250.	
Youth Services American Legion Baseball Norfolk, NE 68701	None	250.	

The Kiwanis Club of Norfolk, Nebraska

47-6038731

Youth Services Kelly Girls Softball Norfolk, NE 68701	None	250.
Youth Services YMCA Strong Kids Campaign Norfolk, NE 68701	None	1,000.
Youth Services Kiwanis Int'l Foundation 3636 Woodview Trace Indianapolis, IN 46268	None	484.
Youth Services NE-IA Foundation 11765 Amos Gates Drive Bellevue, NE 68123	None	725.
Youth Services Norfolk Titans Youth Baseball Norfolk, NE 68701	None	500.
Youth Services NECC Nursing College Norfolk, NE 68701	None	1,000.
Youth Services Norfolk Youth Soccer-Complex Norfolk, NE 68701	None	3,750.
Youth Services Kids Against Hunger Norfolk, NE 68701	None	7,500.
Youth Services Elkhorn Valley Museum-Dederman School House R Norfolk, NE 68701	None	5,028.
Youth Services Scholarships Norfolk, NE 68701	None	1,500.

The Kiwanis Club of Norfolk, Nebraska

47-6038731

Youth Services Norfolk Head Start	None	111.
Norfolk, NE 68701		
Youth Services Norfolk Public Schools	None	371.
Norfolk, NE 68701		
Youth Services Norfolk Public Schools-Autism Program	None	500.
Norfolk, NE 68701		
Youth Services NE-IA Kiwanis Key Leader Camp 501 Raider Drive Williamsburg, IA 52361	None	400.
Youth Services Norfolk Rescue Mission	None	50.
Norfolk, NE 68701		
Youth Services Orphan Grain Train	None	50.
Norfolk, NE 68701		
Youth Services Big Brothers Big Sisters	None	96.
Norfolk, NE 68701		
Youth Services N.E. Nebraska Child Advocacy Center	None	96.
Norfolk, NE 68701		
Youth Services Salvation Army	None	200.
Norfolk, NE 68701		
Youth Services American Red Cross	None	529.
Norfolk, NE 68701		

The Kiwanis Club of Norfolk, Nebraska

47-6038731

Youth Services	None	380.
Jesse Ferguson-Jr. Leader Conference		
Norfolk, NE 68701		
Youth Services	None	108.
Kids Night Out		
Norfolk, NE 68701		
Youth Services	None	96.
Eighth Grade Citizenship Awards		
Norfolk, NE 68701		
Total Included on Form 990-EZ, Line 10		<u>31,548.</u>

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 3

- A) Did the organization, during the year, receive any funds,
directly or indirectly, to pay premiums on a personal
benefit contract? [] Yes [X] No
- B) Did the organization, during the year, pay premiums,
directly or indirectly, on a personal benefit contract? . . [] Yes [X] No

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization The Kiwanis Club of Norfolk, Nebraska	Employer identification number 47-6038731
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 345	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Norfolk, NE 68701	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

Jeff Jones

- The books are in the care of ▶ **1506 N 1st Street Norfolk, NE - Norfolk, NE 68701**
Telephone No. ▶ **402-371-7111** FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **May 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year _____ or
- ▶ ☒ tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 4-2009)