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Form **990-EZ****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 \$500,000 and total assets less than \$1,250,000 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

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2009 calendar year, or tax year beginning <b>10/1/2009</b> , and ending <b>9/30/2010</b>													
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td colspan="2"><b>C</b> Name of organization <b>KIWANIS CLUB OF ELKHART</b></td> <td><b>D</b> Employer identification number <b>35-6030744</b></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) <b>PO BOX 802</b></td> <td><b>E</b> Telephone number</td> </tr> <tr> <td>City, town, or country <b>ELKHART</b></td> <td>State <b>IN</b></td> <td><b>F</b> Group Exemption Number ▶</td> </tr> <tr> <td colspan="2">ZIP + 4 <b>46515</b></td> <td></td> </tr> </table>	<b>C</b> Name of organization <b>KIWANIS CLUB OF ELKHART</b>		<b>D</b> Employer identification number <b>35-6030744</b>	Number and street (or P.O. box, if mail is not delivered to street address) <b>PO BOX 802</b>		<b>E</b> Telephone number	City, town, or country <b>ELKHART</b>	State <b>IN</b>	<b>F</b> Group Exemption Number ▶	ZIP + 4 <b>46515</b>		
<b>C</b> Name of organization <b>KIWANIS CLUB OF ELKHART</b>		<b>D</b> Employer identification number <b>35-6030744</b>											
Number and street (or P.O. box, if mail is not delivered to street address) <b>PO BOX 802</b>		<b>E</b> Telephone number											
City, town, or country <b>ELKHART</b>	State <b>IN</b>	<b>F</b> Group Exemption Number ▶											
ZIP + 4 <b>46515</b>													

• **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) ▶

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

**I** Website: ▶ **N/A**

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

**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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **48,732**

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>0</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>14,611</b>
	<b>4</b> Investment income	<b>4</b>	<b>814</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	<b>0</b>
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	<b>0</b>
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	<b>0</b>
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ <b>0</b> of contributions reported on line 1)	<b>6a</b>	<b>22,477</b>
<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>	<b>2,615</b>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	<b>19,862</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	<b>0</b>	
<b>8</b> Other revenue (describe ▶ <b>Weekly Meeting Meals Income</b> )	<b>8</b>	<b>10,830</b>	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<b>46,117</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	<b>26,090</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>5,292</b>
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>617</b>
	<b>16</b> Other expenses (describe ▶ <b>See Attached Statement</b> )	<b>16</b>	<b>26,670</b>
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>58,669</b>
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>-12,552</b>	
<b>Net Assets</b>	<b>19</b> 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)	<b>19</b>	<b>52,056</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>0</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>39,504</b>

**Part II Balance Sheets.** If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	<b>52,056</b>	<b>39,504</b>
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe ▶ )	<b>0</b>	<b>0</b>
<b>25</b> <b>Total assets</b>	<b>52,056</b>	<b>39,504</b>
<b>26</b> <b>Total liabilities</b> (describe ▶ )	<b>0</b>	<b>0</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>52,056</b>	<b>39,504</b>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990-EZ** (2009)

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**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)**Expenses**What is the organization's primary exempt purpose? **COMMUNITY SERVICE & DONATION**

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

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, and other relevant information for each program title.

**28 SEE ATTACHED GRANTS & DONATIONS SCHEDULE**(Grants \$ 0 ) If this amount includes foreign grants, check here ☐**28a** 0**29**(Grants \$ 0 ) If this amount includes foreign grants, check here ☐**29a** 0**30**(Grants \$ 0 ) If this amount includes foreign grants, check here ☐**30a** 0**31 Other program services** (attach schedule)(Grants \$ 0 ) If this amount includes foreign grants, check here ☐**31a** 0**32 Total program service expenses.** (add lines 28a through 31a)**32** 0**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 ATTACHED LIST	Title			
ALL POSITIONS ARE VOLUNTEER & NO PAYMENT	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK .00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0
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	Hr/WK 00	0	0	0
	Title			
	Hr/WK .00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK .00	0	0	0
	Title			
	Hr/WK 00	0	0	0
	Title			
	Hr/WK 00	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
<b>35</b> 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 why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?		
<b>36</b> 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		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38 a</b> 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 period covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b> 0		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> 0		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> 0		
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40a</b> , section 4955 <b>40a</b>		
<b>b</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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I <b>40b</b>		X
<b>c</b> 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 <b>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> 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 <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>41</b> IN		
<b>42 a</b> The organization's books are in care of <b>42a</b> KELLEY NEASE Telephone no <b>42a</b> (574) 238-2296 Located at <b>42a</b> 56738 DIAMOND DRIVE City ELKHART ST IN ZIP + 4 <b>42a</b> 46516		
<b>b</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)? <b>42b</b>		X
If "Yes," enter the name of the foreign country <b>42b</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? <b>42c</b>		X
If "Yes," enter the name of the foreign country <b>42c</b>		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <b>43</b> <input type="checkbox"/> <b>43</b> N/A		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44</b>		X
<b>45</b> 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 <b>45</b>		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b 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 a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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."

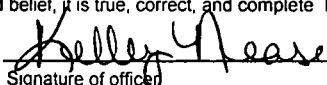
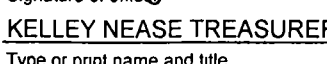
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <b>None</b> Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <b>None</b> Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000

<b>Sign Here</b>	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		Date 2/15/2011	
<b>Paid Preparer's Use Only</b>	Preparer's signature  Type or print name and title		Date 2/15/2011	
	Preparer's identifying number (See instructions)		Check if self-employed <input type="checkbox"/>	
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN Phone no	

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

☐ Yes ☐ No

**Part I, Line 16 (990-EZ) - Other Expenses**

26,670

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	3,172
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	1,585
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Club Liability Insurance	13	900
14	Elkhart County Personal Property Tax for Owned Property-Scout Cabin	14	63
15	Insurance for Owned Property-Scout Cabin	15	478
16	Bank Account Service Charges	16	16
17	Membership Dues Paid to Kiwanis	17	6,522
18	Weekly Club Meeting Meals Expense	18	13,934
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	

# Grants and Similar Amounts Paid

Grantee's name	Check (X) if grantee is a business
VARIOUS RECOGNITION EV	
BIG BROTHERS BIG SISTERS	X
SCHOLARSHIPS TO COMM S	
BOY SCOUTS USA	X
CHILD ABUSE PREVENTION S	X
MINORITY HEALTH COALITIO	X
TRINITY UNITED METHODIST	
YMCA	X
SPONSORED KEY CLUBS	
RILEY CHILDRENS HOSPITAL	X
VARIOUS	X
KIWANIS SCHOLARSHIP FUN	

Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair v.
26,090				0		
3,663		CASH	COMMUNITY STUDENT RE			
300		CASH	DONATION TO NON PROF			
8,400		CASH	SCHOLARSHIPS			
1,000		CASH	DONATION TO NON PROF			
1,000		CASH	DONATION TO NON PROF			
1,000		CASH	DONATION TO NON PROF			
1,000		CASH	DONATION TO NON PROF			
1,000		CASH	DONATION TO NON PROF			
2,460		CASH	SPONSORED CLUB EXPE			
3,172		CASH	DONATION TO NON PROF			
2,250		CASH	DONATION TO NON PROF			
845		CASH	DONATION TO NON PROF			

# Kiwanis Club of Elkhart

## October 1, 2009 through September 30, 2010

Board of Directors		
2010	2011	2012
Mike Stoll Jon Walker Sueann VonGuntzen Jeff Steele	Mike Nicolini Jason Hessler Jennifer Castaneda Greg Schnepf	Kirk Elliott Doug Ganger Joe Flanders Steve Brown

**Team Captains**  
 Joe Flanders Mike Stoll  
 Jason Hessler Doug Ganger  
 Jennifer Castaneda Greg Schnepf

**President**  
 Jodi Nelson

**President -Elect**  
 Mike Perez

**Vice President**  
 Doug Mulvaney

**Secretary**  
 Kay McKay

**Treasurer**  
 Bob Reese

**Immediate Past President**  
 Rick Davis

Club Meetings Steve Brown	Membership / Recruitment / Retention Kirk Elliott	Community Projects Jeff Steele	Fundraising Mike Nicolini	Sponsored Clubs Sueann VonGuntzen	Communications & Public Relations Jon Walker
<b>Fine Masters</b> Chris Spataro	<b>New Member Packet</b> Kay McKay	<b>Adopt-A-Road</b> Jon Walker	<b>B-100</b> Ron BonDurant	<b>Aktion Club</b> Penny Copsey	<b>Newspaper</b> Mary Jo Sartorius
<b>Greeters</b> Pam Cozort	<b>Orientation</b> Dan Oakley	<b>Athletes</b> J Whitmer	<b>Bar Hop</b> Ron Schmanske	<b>Concord Key Club</b> Bob & Liz Ebbole	<b>Website Portal</b> Steve Brown
<b>Invocations</b> Craig Fulmer	<b>Recognition</b> Dick Max	<b>BBBS Bowl-A-Thon</b> Chris Spataro	<b>Gag Auction</b> George Freese	<b>Elkhart Central Key Club</b> Jackie Clindaniel	<b>FaceBook</b> Jennifer Castaneda
<b>K-Comedians</b> Joe Flanders	<b>K After Hours</b> Jennifer Castaneda	<b>Adopt-a-Family</b> Ron BonDurant	<b>Golf Outing</b> Greg Schnepf	<b>Memorial Key Club</b>	<b>Nominating Committee</b> Rick Davis Matt Yeakey Chris Spataro Jim Fair Mike Nicolini
<b>Programs</b> Doug Mulvaney	<b>Points Czar</b> Chris Spataro	<b>Community Award</b> John Hart	<b>Pancake Event</b> Ray Douglas	<b>Key Leader</b> Jackie Clindaniel	<b>Calling Committee</b> Doris Stevens
<b>50/50 Raffle</b> Bob Reese		<b>Young Children Priority One</b> Jim Spitters	<b>Trivia Night</b> Jodi Nelson Greg Schnepf		
<b>Inter-clubs</b> Elizabeth Ebbole Robert Ebbole		<b>Magazine Collection</b> Karen Carter	<b>Annual Riley Raffle</b>		
<b>Chaplain</b> Don Morgan					