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# 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)

OMB No 1545-1150

2010

Open to Public  
Inspection

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$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

<b>A</b>	For the 2010 calendar year, or tax year beginning			10/1/2010	, and ending	9/30/2011	
<b>B</b>	Check if applicable			C Name of organization			<b>D</b> Employer identification number
<input type="checkbox"/>	Address change			KIWANIS CLUB OF ELKHART			35-6030744
<input type="checkbox"/>	Name change			Number and street (or P O box, if mail is not delivered to street address)			<b>E</b> Telephone number
<input type="checkbox"/>	Initial return			PO BOX 802			(574) 238-2296
<input type="checkbox"/>	Terminated			City or town	state or country	ZIP + 4	<b>F</b> Group Exemption Number
<input type="checkbox"/>	Amended return			ELKHART	IN	46515	►
<input type="checkbox"/>	Application pending						
<b>G</b>	Accounting Method			<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►	<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>I</b>	Website: ► N/A						
<b>J</b>	Tax-exempt status (check only one) —			<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) ( 4 )	◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	

**K** Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000  
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

**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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 49,026

**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	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 1,525
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3 12,144
	4 Investment income . . . . .	4 324
	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 0
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
Expenses	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 20,895
	c Less direct expenses from gaming and fundraising events . . . . .	6c 3,007
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 17,888
	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 0
	8 Other revenue (describe in Schedule O) . . . . .	8 14,138
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9 46,019
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 19,994
Net Assets	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 1,770
	15 Printing, publications, postage, and shipping . . . . .	15 117
	16 Other expenses (describe in Schedule O) . . . . .	16 25,513
	17 Total expenses. Add lines 10 through 16 . . . . .	17 47,394
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -1,375
Net Assets	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 39,504
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21 38,129

## 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	
<b>22 Cash, savings, and investments</b>	<b>39,504</b>	<b>22</b>	<b>38,129</b>
<b>23 Land and buildings</b>		<b>23</b>	
<b>24 Other assets (describe in Schedule O)</b>		<b>24</b>	
<b>25 Total assets</b>	<b>39,504</b>	<b>25</b>	<b>38,129</b>
<b>26 Total liabilities (describe in Schedule O)</b>		<b>26</b>	
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>39,504</b>	<b>27</b>	<b>38,129</b>

**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? COMMUNITY SERVICE & DONATIONS

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**

## Expenses

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

(Grants \$ ) If this amount includes foreign grants, check here

29

If this amount includes foreign grants, check here.

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If this amount includes foreign grants, check here

**Other program services (describe in Schedule O)**

(Grants \$ ) If this amount includes foreign grants, check here . . . . ►  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 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 Hr/WK	.00	0	
ALL POSITIONS ARE VOLUNTEER AND UNPAID				
	Title Hr/WK	.00	0	
	Title Hr/WK	00	0	
	Title Hr/WK	00	0	
	Title Hr/WK	00	0	
	Title Hr/WK	00	0	
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	Title Hr/WK	00	0	
	Title Hr/WK	00	0	
	Title Hr/WK	00	0	

**Part V Other Information** (Note the statement requirements in the instructions for Part V)  
 Check if the organization used Schedule O to respond to any question in this Part V 

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33  X

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  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, explain in Schedule O why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 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 (see instructions)? 35b

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  X

37 a 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

38 a 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  X

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

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_ 40b  X

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. 40c

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 40d

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e  X

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 40f

41 List the states with which a copy of this return is filed ► IN

42 a The organization's books are in care of ► KELLEY NEASE Telephone no. ► (574) 238-2296

Located at ► 56738 DIAMOND DRIVE City ELKHART ST. IN ZIP + 4 ► 46516

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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a  X

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  X

c Did the organization receive any payments for indoor tanning services during the year? 44c  X

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a 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.

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
45		X
45a		X
46		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 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? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization 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 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 None Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			

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"

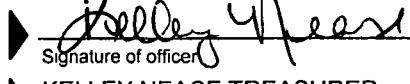
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

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

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

<b>Sign Here</b>			Date
	KELLEY NEASE TREASURER		2/15/2012
Type or print name and title			

<b>Paid Preparer's Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ►				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. ► See separate instructions.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

KIWANIS CLUB OF ELKHART

Employer identification number

35-6030744

**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 checked="" 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
1		Yes	No	0	0
2				0	0
3				0	0
4				0	0
5				0	0
6				0	0
7				0	0
8				0	0
9				0	0
10				0	0
<b>Total</b>			►	0	0

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.

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**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 Golf Outing (event type)	(b) Event #2 Trivia Night (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .	5,890	2,402	12,603	20,895
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2) . . .	5,890	2,402	12,603	20,895
Direct Expenses	4 Cash prizes . . .	0	0	0	0
	5 Noncash prizes . . .	0	0	0	0
	6 Rent/facility costs . . .	1,118	156	0	1,274
	7 Food and beverages . . .	447	0	940	1,387
	8 Entertainment . . .	0	0	0	0
	9 Other direct expenses . . .	0	0	346	346
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				► ( 3,007)
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				► 17,888

**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 . . .				0
	2 Cash prizes . . .				0
	3 Noncash prizes . . .				0
Direct Expenses	4 Rent/facility costs . . .				0
	5 Other direct expenses . . .				0
	6 Volunteer labor . . .	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				► ( 0)
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				► 0

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

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: \_\_\_\_\_

**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.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Employer identification number

35-6030744

Name of the organization  
**KIWANIS CLUB OF ELKHART**

Form 990-EZ, Part I, Line 8, Other Revenue: Weekly Meeting Meals Income against Cost to

Facility: 14,138

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Grantee. SPONSORED KEY & AKTION CLUBS

ELKHART IN, Cash Grant: 1,645, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Grantee. CENTER FOR COMMUNITY JUSTICE

ELKHART IN, Cash Grant 500, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Grantee. CHURCH COMM SERVICES ELKHART

IN, Cash Grant: 250, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Grantee. ELKHART CIVIC THEATER BRISTOL

IN, Cash Grant 750, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Grantee: SPECIAL NEEDS BOY SCOUT TROOP

ELKHART IN, Cash Grant: 750, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Grantee. YOUTH FOR CHRIST ELKHART IN,

Cash Grant. 570, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Grantee: SCHOLARSHIPS TO COMMUNITY

STUDENTS ELKHART IN, Cash Grant: 5,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Grantee. RILEY HOSPITAL FOR CHILDREN

INDIANAPOLIS IN, Cash Grant. 4,398, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Grantee: VARIOUS STUDENT RECOGNITION

EVENTS ELKHART IN, Cash Grant: 5,216, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Grantee. KIWANIS FOUNDATION

INDIANAPOLIS IN, Cash Grant. 915, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 322

Form 990-EZ, Part I, Line 16, Other Expenses: Club Liability Insurance: 750

Form 990-EZ, Part I, Line 16, Other Expenses: Elkhart County Personal Property Tax for Owned

Property-Scout Cabin 95

Name of the organization

KIWANIS CLUB OF ELKHART

Employer identification number

35-6030744

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance for Owned Property-Scout Cabin: 524

Form 990-EZ, Part I, Line 16, Other Expenses, Bank Account Service Charges: 52

Form 990-EZ, Part I, Line 16, Other Expenses, Membership Dues Paid to Kiwanis: 8,546

Form 990-EZ, Part I, Line 16, Other Expenses, Weekly Club Meeting Meals Expense: 14,154

Form 990-EZ, Part I, Line 16, Other Expenses, Club Promotion: 693

Form 990-EZ, Part I, Line 16, Other Expenses, Miscellaneous Club Events &amp; Costs: 377

**Kiwanis Club of Elkhart**  
**October 1, 2010 through September 30, 2011**

<b>Board of Directors</b>			
	<u>2011</u>	<u>2012</u>	<u>2013</u>
<b>President</b> Mike Perez	Mike Nicolini Jason Hassler Don Morgan Greg Schnepp	Kirk Elliott Doug Ganger Joe Flanders Steve Brown	Randy Robertson Jim Spitters Dean Leazenby Ron BonDurant
<b>Vice President</b> Jennifer Castaneda			
<b>President -Elect</b> Doug Mulvaney			
<b>Secretary</b> Kay McKay			
<b>Treasurer</b> Kelle Nease			
<b>Immediate Past President</b> Jodi Nelson			
<b>Team Captains</b>			
<b>Community Projects</b>	<b>Community Projects</b>	<b>Fundraising</b>	<b>Sponsored Clubs</b>
<b>Passes</b>	<b>Passes</b>	<b>Mike Nicolini</b>	<b>Joe Flanders</b>
<b>Club Meetings</b> Steve Brown	<b>Membership / Recruitment / Retention</b> Kirk Elliott	<b>Adopt-A-Road</b> Jon Walker	<b>Aktion Club</b> Penny Copsey
<b>Fine Masters</b> Chris Spatato	<b>New Member Packet</b> Kay McKay	<b>KIDS Program</b> Jeff Steele	<b>Newspaper</b> Kay McKay
<b>Greeters</b> Pam Cozort	<b>Orientation</b> Dan Oakley	<b>Scholarships</b> Steve Brown	<b>Website Portal</b>
<b>Invocations</b> Craig Fulmer	<b>K Ambassadors</b> Kirk Elliott	<b>Bell Ringing</b> Ron BonDurant	
<b>K-Comedians</b> Joe Flanders	<b>Adopt-a-Family</b> Chris Spatato	<b>Gag Auction</b> George Freese	<b>FaceBook</b> Jennifer Castaneda
<b>Programs</b> Jennifer Castaneda	<b>Community Award</b> Ron BonDurant	<b>Golf Outing</b> Greg Schnepp	<b>Nominating Committee</b> Rick Davis
<b>50/50 Raffle</b> Kelle Nease	<b>Young Children Priority One</b> Jim Spitters	<b>Scout Cabin</b> Dan Oakley	<b>Matt Yekey</b> Chris Spatato
<b>Inter-clubs</b>	<b>Points Czar</b> Jennifer Castaneda	<b>Scout Cabin</b> Larry Meteiver	<b>Mike Nicolini</b> Mike Nicolini
<b>Charplain</b> Don Morgan	<b>Jr. Points Czar</b> Kelle Nease	<b>Pancake Event</b> Mike Nicolini	<b>Jodi Nelson</b> Jodi Nelson
		<b>Trivia Night</b> Jodi Nelson	<b>Annual Riley Raffle</b> Sueann VonGuntun
		<b>Magazine Collection</b> Karen Carter	
			<b>Calling Committee</b>