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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- 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, 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.

A For the 2010 calendar year, or tax year beginning **10/1/2010**, and ending **9/30/2011**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
KIWANIS CLUB OF ELKHART

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 802

City or town state or country ZIP + 4
ELKHART IN 46515

D Employer identification number
35-6030744

E Telephone number
(574) 238-2296

F Group Exemption Number ►

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)(3) ☒ 501(c)(4) ◀ (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 \$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	
	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)	5c	0
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	6b	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
	6c	Less: direct expenses from gaming and fundraising events	6c	3,007
	6d	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	
	7b	Less: cost of goods sold	7b	
	7c	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	
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
22 Cash, savings, and investments	39,504	22	38,129
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	39,504	25	38,129
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	39,504	27	38,129

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

Expenses

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

28 SEE ATTACHED GRANTS & DONATIONS SCHEDULE(Grants \$) If this amount includes foreign grants, check here ☐**28a****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** (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****0****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			
ALL POSITIONS ARE VOLUNTEER AND UNPAID	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		

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 ☐

	Yes	No
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		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)		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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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		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?		
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?		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 40a ; section 4912 40b ; section 4955 40c		
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 40b		X
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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 41 IN		
42 a The organization's books are in care of 42a KELLEY NEASE Telephone no. 42a (574) 238-2296		
Located at 42b 56738 DIAMOND DRIVE City ELKHART ST IN ZIP + 4 42b 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)?		X
If "Yes," enter the name of the foreign country 42c		
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 42d		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43		
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		

- 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
- 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"

	Yes	No
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
Name None Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title 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.

Sign Here	Signature of officer <i>Kelley Nease</i>		Date 2/15/2012		
	Type or print name and title KELLEY NEASE TREASURER				
Paid Preparer's Use Only	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

Name of the organization

**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

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** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
b ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
c ☐ Phone solicitations **g** ☒ Special fundraising events
d ☐ 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
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	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.

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
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	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

Name of the organization

KIWANIS CLUB OF ELKHART

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

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

Employer identification number

KIWANIS CLUB OF ELKHART

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 & Costs: 377

Kiwanis Club of Elkhart

October 1, 2010 through September 30, 2011

Board of Directors		
2011 Mike Nicolini Jason Hessler Don Morgan Greg Schnepf	2012 Kirk Elliott Doug Ganger Joe Flanders Steve Brown	2013 Randy Robertson Jim Spitters Dean Leazenby Ron BonDurant

Team Captains

President
Mike Perez

President-Elect
Doug Mulvaney

Vice President
Jennifer Castaneda

Secretary
Kay McKay

Treasurer
Kelley Nease

Immediate Past President
Jodi Nelson

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