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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

2011

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.

A For the 2011 calendar year, or tax year beginning OCTOBER 01, 2011, and ending SEPTEMBER 30, 2012

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	C Name of organization KIWANIS INTERNATIONAL K00359 HASTINGS Number & street (or P O box, if mail is not delivered to street addr.) 1328 N BALTIMORE AVENUE City or town, state or country, and ZIP + 4 Hastings NE 68901	D Employer identification number 47-6032856
		E Telephone number (402) 461-2421

G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ► HASTINGSKIWANIS.ORG	

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 or a section 527 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. ► \$ **37,842**

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.

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1 11,007
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 54
	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
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	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 26,781
	c Less: direct expenses from gaming and fundraising events	6c 9,571
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 17,210
	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 in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 28,271
E X P E N S E S S	10 Grants and similar amounts paid (list in Schedule O)	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
	16 Other expenses (describe in Schedule O)	16 28,895
	17 Total expenses. Add lines 10 through 16 ►	17 28,895
A S S E T S	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -624
	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 29,685
	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 29,061

For Paperwork Reduction Act Notice, see the separate Instructions.

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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	29,685	22	29,061
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	29,685	25	29,061
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,685	27	29,061

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? See attachment #1

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 attachment #2

Expenses

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

(Grants \$ 9,688) If this amount includes foreign grants, check here

28a

29 www.english-test.net 19,601

(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 19,064

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instr. for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant 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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b	X
b Did the organization file Form 1120-POL for this year?	38a	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 outstanding at the end of the tax year covered by this return?	38b	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	X
39 Section 501(c)(7) organizations. Enter	39b	X
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a 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		
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		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
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 organization's books are in care of ► See attachment #4	Telephone no ►	
Located at ►	ZIP + 4 ►	
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 the U.S.? If "Yes," enter the name of the foreign country: ►	42c	X
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 ► <input type="checkbox"/>		
44a 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	X
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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 (see instructions)	45b	X

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
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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization 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 a section 527 organization?	49b	
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 title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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
NONE		

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.

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	<input type="text" value="John E. Baltz"/>	12-11-72
	Signature of officer	Date
	<input type="text" value="John E. Baltz President"/>	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MAUREEN MOHLMAN	Preparer's signature <i>Maureen Mohlman</i>	Date 12/4/12	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► Office 27359	Firm's EIN ►			
	Firm's address ► 1011 W 2ND ST	Phone no. 402-462-5282			

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

JVA 11 990EZ4 TWF 990 Copyright Forms (Software Only) - 2011 TW

Form 990-EZ (2011)

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

R E V E N U E		(a) Event #1 PANCAKE DAY (event type)	(b) Event #2 GOLF TOURNAM (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
		17,845	8,936		26,781
1	Gross receipts				
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	17,845	8,936		26,781
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	4,328		5,243	9,571
10	Direct expense summary. Add lines 4 through 9 in column (d)				► (9,571)
11	Net income summary. Combine line 3, column (d), and line 10				► 17,210

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.

R E V E N U E		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
		1	2	3	4
1	Gross revenue				
2	Cash prizes				
3	Noncash 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 line 1, column d, and line 7				►

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

2011

**Open to Public
Inspection**

Name of the organization

KIWANIS INTERNATIONAL K00359 HASTINGS

Employer Identification number

47-6032856

N/A

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning 10-01	, and ending 09-30-2012
Name of Organization KIWANIS INTERNATIONAL K00359 HASTINGS	Employer Identification Number 47-6032856	
Primary Purpose TO SERVE THE CHILDREN OF THE WORLD		

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning	10-01-2011, and ending	09-30-2012
Name of Organization KIWANIS INTERNATIONAL K00359 HASTINGS		Employer Identification Number 47-6032856	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	9,688	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements			
SUPPORTING PROGRAMS THAT PROVIDE SERVICES TO CHILDREN AND YOUTH.			

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2011 or tax period beginning	10-01	, and ending	09-30-2012	
Name of Organization KIWANIS INTERNATIONAL K00359 HASTINGS			Employer Identification Number 47-6032856		
Part V - Line 42a					
Individual Name <u>JAMES KREBSBACH</u>					
or					
Business Name:					
Street Address <u>1328 N BALTIMORE AVENUE</u>					
U S Address:					
Zip code	<u>68901</u>	City	<u>Hastings</u>	State <u>NE</u>	
or					
Foreign Address					
City				
Province or State				
Country				
Postal code				
Phone Number				<u>(402) 461-2440</u>
Fax Number

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2011 or tax period beginning	10-01-2011, and ending	09-30-2012.	
Name of Organization KIWANIS INTERNATIONAL K00359 HASTINGS			Employer Identification Number 47-6032856	
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
DAVID KEMPF 521 S BOSTON Hastings, NE 68901	PAST PRESIDENT 1.00	0	0	0
RENEE JOHNSON 6035 E ASSUMPTION RD Glenvil, NE 68941	PRESIDENT 1.00	0	0	0
JOHN BOLTZ 1003 E 7TH Hastings, NE 68901	PRESIDENT ELECT 1.00	0	0	0
JIM KREBSBACH 1328 N BALTIMORE Hastings, NE 68901	TREASURER 1.00	0	0	0
JOAN BITTFIELD P O BOX 214 Kenesaw, NE 68956	SECRETARY 1.00	0	0	0
NEIL GROTHEN 1906 W 14TH ST Hastings, NE 68901	DIRECTOR 1.00	0	0	0
HEATHER BOLTE 3140 S MARIAN RD Hastings, NE 68901	DIRECTOR 1.00	0	0	0
GEORGE HOWARD 1827 WESTCHESTER DR Hastings, NE 68901	DIRECTOR 1.00	0	0	0
ERIK BUDERUS 810 N BRIGGS Hastings, NE 68901	DIRECTOR 1.00	0	0	0
DOUG EDWARDS 1221 SAUNDERS Hastings, NE 68901	DIRECTOR 1.00	0	0	0
MAUREEN MOHLMAN 204 S BALTIMORE Hastings, NE 68901	DIRECTOR 1.00	0	0	0
JIM KARLOFF 3528 LAREDO LN Hastings, NE 68901	DIRECTOR 1.00	0	0	0
MIKE HOWIE 1608 CRESTMOOR DR Hastings, NE 68901	DIRECTOR 1.00	0	0	0
DUSTIN RUSSELL 2912 LAKEVIEW COVE Hastings, NE 68901	DIRECTOR 1.00	0	0	0

2011 DETAIL STATEMENTS

KIWANIS INTERNATIONAL K00359 H
47-6032856

Page 1

STATEMENT #1 - Contributions, gifts, grants (EZ1 Line 1)

WISHING WELL.....	3,643
HAPPY BASKET DONATIONS.....	539
MISC.....	410
SKIP A MEAL.....	131
DUES.....	4,909
BANQUET.....	623
DONATIONS.....	752
 TOTAL CARRIED TO EZ1 Line 1.....	11,007

STATEMENT #2 - Other expenses (EOEZ Pg 1 Line 16)

GRANTS TO OTHER ORGANIZATIONS.....	9,688
NEWSLETTER.....	800
CONVENTION.....	700
DUES.....	7,968
BANQUET.....	835
MEALS.....	704
OFFICE.....	143
WEB.....	451
BOOK SALE.....	81
SALES TAX.....	1,141
BOWLING.....	705
GIVING TREE.....	300
CAMP OK.....	700
DICTIONARY.....	714
FARM AWARD.....	250
CHAMBER DUES.....	360
SHOPPING SPREE.....	625
WISHING WELL.....	2,719
SHORT.....	11
 TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	28,895
