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Form 990-EZ

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)

2012

OMB No 1545-1150

Department of the Treasury Internal Revenue Service 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

Open to Public

Address change Name change Initial return Terminated Amended return Application pending Post Office Box 2944 Hammond, LA 70404-2944 Hammond, LA 70404-2944 E Telephone number 985-542-8680 F Group Exemption Number > 0026 P Group Exemption Number P Group Exemption P Group Exemption Number P Group Exemption P Gr			ne 2012 calendar year, or tax year beginning 10/01 , 2012, and ending	9/30		, 2013
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normally not more than \$50,000 A Form 990-E2 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 1. Add lines \$5, 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 (8) below) are \$500,000 or more, the Form 990 instead of Form 990-E2	J	Tax-e	tempt status (check only one) — 501(c)(3) X 501(c) (4) ◀(Insert no) 4947(a)(1) or 527	990, 9	990-EZ, or 9	990-PF)
Instructions) But if the organization chooses to file a return, be sure to file a complete return 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 III, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ *** 59, 218. Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schodule O to respond to any question in this Part I 1	K					
Add lines \$5, 6c, and 7b, to line 9 to determine gross recepts if gross recepts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$50,000 or more, life form 990 instead of Form 990.EZ				990-N (e- _l	postcard) m	nay be required (see
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8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Not assets or fund balances at end of year Combine lines 18 through 20 Net assets or fund balances at end of year Combine lines 18 through 20 14 0 26, 492. 15 12 12 12 13 13 12 12 12 13 13 13 13 14 14 1,080. 16 25,230. 17 52,802. 18 77,060.	UG	b	Less cost of goods sold 7 b			
Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2,		С		-1 - 0		
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) October 10 26,492. 10 26,492. 11 12 13 Professional fees and other payments to independent contractors 12 13 NOV 1 2 2013 NOV 1 2 20		8	other revenue (describe in schedule o)	ite o		
Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 10 20, 432. 11 2 12 13 13 14 1, 080. 15 52, 802. 16 25, 230. 17 52, 802. 18 -7, 842. 19 77, 060.		9		-1 - 0		·
Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 12			Grants and similar amounts paid (list in Schedule O)	ite O		26,492.
Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 13 14 1, 080. 15 16 25, 230. 16 25, 230. 17 52, 802. 18 -7, 842.	_	1	Benefits paid to or for members	7	<u> </u>	
NOV 1 2 2013 CD See Schedule 0 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 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 14 1,080. 15 16 25,230. 16 25,802. 17 52,802. 18 77,060.	X	i	· · · · · · · · · · · · · · · · · · ·	,		
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 16 25, 230. 17 52, 802. 18 -7, 842. 19 77, 060. 20 20 20 69, 218.	E		1.0	?	\	1 222
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 16 25, 230. 17 52, 802. 18 -7, 842. 19 77, 060. 20 20 20 69, 218.	S		= 1 197	Q .		1,080.
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 18 -7,842. 19 77,060. 20 20 21 69,218.	S		Printing, publications, postage, and snipping	ile O		05.000
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 18 -7,842. 19 77,060. 20 20 21 69,218.		_	Other expenses (describe in Schedule O) Table superses Add lines 10 through 16	Ï		
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 77,060. 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 23 69,218.				<u>!</u>		
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 69, 218.	Ą	'°				-1,842.
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 69, 218.	NS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	h end-of-y	/ear	77 060
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 69, 218.	ΤĘ	20			<u> </u>	11,060.
3,7210.	5	_				60 210
	RΔ	<u> </u>				

	990-EZ (2012) Kiwanis Club of			. 72	-602	28022 Page 2
Pa	Balance Sheets. (see the ins	tructions for Part II.)	stion in this Part II			П
	. Check if the organization used Schen	udie O to respond to any que	SUOTH HIS FAIL II	(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments			77,060		69,218.
23	Land and buildings				23	
24 25	Other assets (describe in Schedule O) Total assets		}	77,060	24	69,218.
26	Total liabilities (describe in Schedule O)		ŀ	77,000	-	0.
	Net assets or fund balances (line 27 of c	olumn (B) must agree with lir	ne 21)	77,060		69,218.
Pa	rt III Statement of Program Service Acco				1	Expenses
What	Check if the organization used Sch	nedule O to respond to any qu	uestion in this Part II	<u>ı X</u>	(Req (c)(3	uired for section 501 and 501(c)(4)
What Desc	is the organization's primary exempt purpose? See	e Schedule U complishments for each of its	s three largest progr	am services, as	orgai	nizations and section (a)(1) trusts, optional
mea	cribe the organization's program service ac sured by expenses. In a clear and concise efited, and other relevant information for ea	manner, describe the service	es provided, the num	ber of persons		thers)
28	See Schedule O	sen program title				
	2001 20110242010111111111111111111111111]	
]	
20		is amount includes foreign gr	ants, check here	P	28 a	18,094.
29	See Schedule 0				1	
					1	
	(Grants \$) If the	is amount includes foreign gr	ants, check here		29 a	629.
30	The Hammond Kiwanis Club					
	<u>local_area_high_school_Ke</u>	y Clubs and the C	<u>ircle K Club</u>	<u>at</u>	4	
	Southeastern Louisiana Ur (Grants \$) If th	<u>liversity - Budget</u>	ed_\$3,000.00_	:	30 a	600.
31	Other program services (describe in Sche		arits, creek riere		30 4	600.
		is amount includes foreign gr	ants, check here	▶ [31 a	
32	Total program service expenses (add line	es 28a through 31a)		•	32	19,323.
Pa	rt IV List of Officers, Directors,	Trustees, and Key Em	ployeesList each on	e even if not compensated	(see th	e instructions for Part IV)
	Check if the organization used Sch	reduce o to respond to drift q	1	(d) Health basef		
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensa (Forms W-2/1099-MISC (If not paid, enter -0-)	contributions to employed benefit plans, and do	oloyee eferred	(e) Estimated amount of other compensation
				compensation		
See	- Schedule-0			0.	0.	0.
	-					
		,				
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				-		
		· · · · · ·				
_			22/14/12			C
		TFFA0812L (15/14/15			Form 990-F7 (2012)

Pa	rt 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 activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34				
	a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		Х
35 8	a 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)?	35 a		Х
ı	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	35 b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	7-		
20	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant	35 c		X
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.]		
	b Did the organization file Form 1120-POL for this year? a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37 b		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? by If 'Yes,' complete Schedule L, Part II and enter the total	38 a		Х
ı	amount involved 38b			
39	Section 501(c)(7) organizations Enter]		
	a Initiation fees and capital contributions included on line 9	(
	b Gross receipts, included on line 9, for public use of club facilities 39 b N/P	<u>.</u>		
40	a 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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
ı	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	l		
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		<u>X</u>
(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			x
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e	<u> </u>	
41	List the states with which a convince this return is filed Mono			
41	List the states with which a copy of this return is filed None			
41	List the states with which a copy of this return is filed None			
	a The organization's	40.0	600	
	a The organization's books are in care of ► Rebecca Spano Telephone no ► 985-5		680	
42	a The organization's books are in care of ► Rebecca Spano Telephone no ► 985-5 Located at ► 30771 Highway 43 Albany LA ZIP + 4 ► 70711		680 Yes	
42	a The organization's books are in care of ► Rebecca Spano Telephone no ► 985-5			No X
42	The organization's books are in care of Rebecca Spano Located at 30771 Highway 43 Albany LA ZIP + 4 70711 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	-		
42	Telephone no books are in care of Rebecca Spano Located at 30771 Highway 43 Albany LA Total 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)?	-		
42	Telephone no books are in care of Rebecca Spano Located at 30771 Highway 43 Albany LA Total 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)?	-		
42	Telephone no 985-5 Located at 30771 Highway 43 Albany LA ZIP + 4 70711 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	-		
42 :	Telephone no 985-5 Located at 30771 Highway 43 Albany LA ZIP + 4 70711 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.	42 b		X
42 :	Telephone no \$\frac{985-5}{985-5}\$ Located at \$\frac{30771}{30771}\$ Highway \$\frac{43}{30771}\$ Albany LA ZIP + 4 \$\frac{70711}{70711}\$ 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 \$\frac{1}{200}\$ 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 ?	-		
42 :	Telephone no 985-5 Located at 30771 Highway 43 Albany LA ZIP + 4 70711 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.	42 b		X
42 :	Telephone no \$\frac{985-5}{985-5}\$ Located at \$\frac{30771}{30771}\$ Highway \$\frac{43}{30771}\$ Albany LA ZIP + 4 \$\frac{70711}{70711}\$ 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 \$\frac{1}{200}\$ 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 ?	42 b		X
42 :	Telephone no \$\frac{985-5}{985-5}\$ Located at \$\frac{30771}{30771}\$ Highway \$\frac{43}{30771}\$ Albany LA ZIP + 4 \$\frac{70711}{70711}\$ 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 \$\frac{1}{200}\$ 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 ?	42 b		X
42:	Telephone no 985-5 Located at 30771 Highway 43 Albany LA ZIP + 4 70711 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. 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	42 b		X X
42:	Telephone no 985-5 Located at 30771 Highway 43 Albany LA Description of 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. At any time during the calendar year, did the organization maintain an office outside of the US? If 'Yes,' enter the name of the foreign country If 'Yes,' enter the name of	42 b	Yes	X X N/A N/A
42 3	Telephone no 985–5 Located at 30771 Highway 43 Albany LA 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 filling 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 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	42 b		X X
42 3	Telephone no \$\frac{985-5}{985-5}\$ Located at \$\frac{30771}{30771}\$ Highway 43 Albany LA ZIP + 4 \$\frac{70711}{70711}\$ but 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 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 \$\frac{1}{2}\$ 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 \$\frac{1}{2}\$ and the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42 b	Yes	X X N/A N/A
42 3	Telephone no 985-5 Located at 30771 Highway 43 Albany LA 2IP + 4 70711 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 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 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 A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ B Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	42 b 42 c	Yes	X N/A N/A NO X
43	Telephone no \$\frac{985-5}{985-5}\$ Located at \$\frac{30771}{30771}\$ Highway 43 Albany LA ZIP + 4 \$\frac{70711}{70711}\$ but 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 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 \$\frac{1}{2}\$ 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 \$\frac{1}{2}\$ and the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42 b	Yes	X N/A N/A No
43	a The organization's books are in care of Pabecca Spano Telephone no 985-5 Located at 30771 Highway 43 Albany IA 2IP+4 70711 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 filling 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 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ to Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ to Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c. has the organization filed a Form 720 to report these payments?	42 b 42 c 44 a 44 b 44 c	Yes	X N/A N/A No X
43	a The organization's books are in care of Rebecca Spano Telephone no 985-5 Located at 30771 Highway 43 Albany IA 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. 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 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 A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 B Did the organization receive any payments for indoor tanning services during the year? If 'No,' provide an explanation in Schedule O	42 b 42 c 44 a 44 b 44 c	Yes	X N/A N/A NO X X X
43 44 45 45 5	Telephone no * 985-5 Located at * 30771 Highway 43 Albany IA 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 * 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must be completed in 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' Form 990 must be completed on Schedule Or a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	42 b 42 c 44 a 44 b 44 c	Yes	X N/A N/A No X
43 44 45 45 5	a The organization's books are in care of Rebecca Spano Telephone no 985-5 Located at 30771 Highway 43 Albany IA 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. 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 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 A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 B Did the organization receive any payments for indoor tanning services during the year? If 'No,' provide an explanation in Schedule O	42 b 42 c 44 a 44 b 44 c	Yes	X N/A N/A NO X X X

Form 990-E	EZ (2012) Kiwanis Club of Ham	nmond		72-602	8022	Р	age 4
46 Did th	he organization engage, directly or indirec	tly, in political campaid	n activities on behalf of	or in opposition to	, sa , -	Yes	No
candi	idates for public office? If 'Yes,' complete	Schedule C, Part I			46		X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	s only ons must answer o	questions 47-49b ar	nd 52, and complet	e the tab	les	
	Check if the organization used Schedule	e O to respond to any o	question in this Part VI_				
47 Did th	he organization engage in lobbying activiti	ues or have a section 50	01(h) election in effect d	uring the tax year? If 'Ye	es.'	Yes	No
comp	olete Schedule C, Part II				47		
	e organization a school as described in se			ule E	48 49 a		
	he organization make any transfers to an es,' was the related organization a section		related organization.		49 b		
50 Com	plete this table for the organization's five h	highest compensated ei	mployees (other than off	icers, directors, trustees	and key		
empi	oyees) who each received more than \$100	J,000 of compensation	from the organization in	(d) Health benefits,			
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC)	contributions to employee benefit plans, and deferred compensation	(e) Estimated other com		
		-					
f Total	I number of other employees paid over \$1	00,000 >		<u> </u>			
51 Com	plete this table for the organization's five logical person in the organization. If there is	highest compensated in	ndependent contractors v	who each received more	than \$100,	000 of	:
	Name and address of each independent contractor paid		(b) Type	of service	(c) Comp	ensatio	n
				··-			
							
							
52 Did t	I number of other independent contractors he organization complete Schedule A? No itable trusts must attach a completed Sche	ote: All section 501(c)(3		7(a)(1) nonexempt	► □Yes	 ; [No
	s of perjury declarathat I have examined this return, including complete Diclaration of preparer (other than office		and statements, and to the best of	of my knowledge and belief, it is	-		
Trac, correct, t	► K X X (0 (0)			10/29/1	3		
Sign Here	Rebecca Spano	198		Treasurer			
	Type or print name and title Print/Type preparer's name	Preparer's signature	Date	P	TIN		
Daid		Self-Prepared	10/29/	Check If self-employed			
Paid Preparer	Firm's name ▶						
Use Only	Firm's address ►			Firm's EIN Phone no			
May the IP	RS discuss this return with the preparer sh	own above? See instru	ctions	Flight no	► Yes		No
					Form 9 9		,

72-6028022

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

20

Open (o) Rublic

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Name of the organization					Emplo	yer identificat	tion number
Kiwanis Club of Hammond 72-6028022							
Part I Fundraising Activities. Comp	plete if the organ	nization an ete this pa	swered 'Ye	es' to Form 990, Part IV	/, line 17		
1 Indicate whether the organization	raised funds thre	ough any o	of the follow	wing activities Check a	III that apply		
a Mail solicitations			е	Solicitation of non-	government g	rants	
b nternet and email solicitation:	s		f	Solicitation of gove	rnment grants	i	
c Phone solicitations			g	Special fundraising	events		
d In-person solicitations							
2 a Did the organization have a written	n or oral agreem	ent with a	nv individi	ial (including officers, d	firectors trust	ees or kev	
employees listed in Form 990, Pai	rt VII) or entity ii	n connecti	on with pro	ofessional fundraising s	ervices?	ooo o, may	Yes No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	idividuals or enti ne organization	ities (fundr	aisers) pui	rsuant to agreements u	inder which the	e fundraise	er is to be
(i) Name and address of individual	(ii) Activity	(III) Did	fundraiser	(iv) Gross receipts	(v) Amount	paid to	(vi) Amount paid to
or entity (fundraiser)		have custo	dy or control ibutions?	from activity	(or retaine fundraiser	ea by) listed in	(or retained by) organization
					column	(i)	• · g= · · · = · · · ·
		Yes	No	,			,
1							
2							
3							
4							
5							
6							
7		-					
8							
9				- <u></u>			
10				·			
	- 	 					.,,
Total			•		Ĺ		
3 List all states in which the organiz or licensing	ation is register	ea or licen	sea to son	cit contributions or has	been notified	it is exemp	ot from registration
5							
					-		
					-	-	
		- -					
					-		
	-						
						-	
							

72-6028022 Schedule G (Form 990 or 990-EZ) 2012 Kiwanis Club of Hammond Page 2 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. (c) Other events (d) Total events (a) Event #1 (b) Event #2 (add column (a) None Bike Ride Tour Strawberry Fes through column (c)) REVENUE (event type) (event type) (total number) Gross receipts 11,831 8,685. 20,516. 2 Less Charitable contributions 2,141 2,141. Gross income (line 1 minus line 2) 9,690 8,685 18,375. Cash prizes Noncash prizes DIRECT Rent/facility costs 750. 750. 7 Food and beverages. 2,141 5,042 7,183. Entertainment Other direct expenses 6,165. 6,165 Direct expense summary Add lines 4 through 9 in column (d) 14,098. Net income summary Combine line 3, column (d), and line 10 4,277 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. (b) Pull tabs/Instant (d) Total gaming (c) Other gaming (a) Bingo REVENUE bingo/progressive bingo (add column (a) through column (c)) 1 Gross revenue 2 Cash prizes EXPENSES DIRECT 3 Non-cash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 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

Sche	dule G (Form 990 or 990-EZ) 2012	2 Kiwanis Clu	ub of Han	nmond		72-6028	8022	Page 3
	Does the organization operate ga				-		Yes	No
12	Is the organization a grantor, ben administer charitable gaming?	eficiary or trustee o	f a trust or a	member of a par	tnership or other entity f	ormed to	Yes	□ No
12	Indicate the accordance of accord		_			1 1		
	Indicate the percentage of gamine The organization's facility	g activity operated i	n			12-		%
	An outside facility					13 a	····	<u></u>
	Enter the name and address of the	ne person who prepa	ares the organ	nization's gaming	/special events books a			-
	Name >		-		. 			
	Address •	-						
15 a	Does the organization have a con	itact with a third par	tv from whom	n the organization	receives gaming reven	ue?	Yes	□No
	If 'Yes,' enter the amount of game							
	of gaming revenue retained by th							
C	If 'Yes,' enter name and address	of the third party						
	Name •							₋
	Address •			· 				
16	Gaming manager information							
	Name •							
	Gaming manager compensation	► \$ 						
	Description of services provided	·						
	Director/officer	Employee		Independent	contractor			
17	Mandatory distributions							
ā	Is the organization required under state gaming license?	r state law to make	charitable dis	stributions from th	ne gaming proceeds to r	etain the	Yes	∏No
t	Enter the amount of distributions	required under state	e law to be di	stributed to other	exempt organizations of	or spent in th	ne	
	organization's own exempt activit							
Pai	columns (III) and (v), this part to provide a	and Part III, Iin	es 9, 9b, 1	10b, 15b, 15c,	, 16, and 1/b, as a	iired by P pplicable.	art I, line Also coi	: 2b, mplete
								
		 						
	· · · · · · · · · · · · · · · · · · ·							
-	· · · · · · · · · · · · · · · · · · ·							
								
					· 			

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public

Employer identification number

Kiwanis Club of Hammond	72-6028022
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
Civic/Social Organization	
Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishm	nents
The Hammond Kiwanis Club assists and monetarily supports va	rious charities and
elementary/high schools in the community as well as providi	ng assistance to
individuals and other organizations - Budgeted \$16,400.00.	
Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishm	nents
The Hammond Kiwanis Club sponsors programs at local area el	ementary schools,
Bringing Up Grades (BUGS) and Terrific Kids, Perfect Attend	ance Ceremonies etc. to
encourage and acknowledge individual students for improving	their grades and/or
achieving academic excellence on a periodic basis throughou	t the school year -
Budgeted \$2,900.00.	

2012 Schedule	O - Supplemental Information		Page 2
	Kiwanis Club of Hammond		72-6028022
Form 990-EZ, Part I, Line 8 Other Revenue Miscellaneous Income		Total	141. 141.
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid In Ex	ccess of \$5,000		
Donee's Name: Cash Amount Given:	Various Projects	\$	10,777.
Donee's Name: Cash Amount Given:	Various Charities	\$	5,343.
Payments to Affiliates Name: Address: Purpose of payment: Amount:	- Kiwanis International 3636 Woodview Trace Indianapolis, IN 46268 Dues	\$	7,329.
Form 990-EZ, Part I, Line 16 Other Expenses Advertising and Promotion Banquets, Meetings & Dinners Conferences, Conventions, and Moues & Subscription Exp. Meeting Meals Expense Office Expense Shirts, Hats, Pins Expense	Meetings	\$ Total \$	734. 1,462. 3,529. 295. 16,466. 2,439. 305. 25,230.
Form 990-EZ, Part IV List of Officers, Directors, Trustees, an	Average Hours Compen- Per Week Devoted sation	Health Benefits & Contrib- bution to EBP & DC	Expense Account & Other Allowances
Name and Address George Anthon Director	2 \$ 0.		
Eric Dosch Director	2 0.	0.	0.

20	1	2
ZU	ı	_

Schedule O - Supplemental Information

Page 3

Kiwanis Club of Hammond

72-6028022

Form 990-EZ, Part IV (continued) List of Officers, Directors, Trustees, and Key Employees

Name and Address	Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- bution to EBP & DC	Expense Account & Other Allowances
Phillips Lowentritt, Jr. Director	2	\$ 0.	\$ 0.	\$ 0.
Jean Johnson Director	2	0.	0.	0.
Arlene Anzalone Director	2	0.	0.	0.
Jennifer Barnes Director	2	0.	0.	0.
Joseph Miller Director	2	0.	0.	0.
David Keys Director	2	0.	0.	0.
Vic Couvillion Director	2	0.	0.	0.
Sidney Guedry, Jr. Director	2	0.	0.	0.
Terry King President	5	0.	0.	0.
Judy Couvillion Vice President	3	0.	0.	0.
Joseph Morris Vice President	3	0.	0.	0.
Stephanie Kropog Secretary	5	0.	0.	0.
Rebecca Spano Treasurer	5	0.	0.	0.
	Total	\$ 0.	\$ 0.	<u>\$0.</u>