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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

201**3** 

**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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning 010CT 2013, and ending 20 14 D Employer identification number Check if applicable C Name of organization Kiwanis Club of Las Vegas, NM Community Service Foundation Address change 35-2274827 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 505 454-0819 City or town, state or province, country, and ZIP or foreign postal code Terminated G Gross receipts \$ 207 755 Amended return Las Vegas, New Mexico 87701-4315 Application pending F Name and address of principal officer John Spencer, HC 69 Box 20-I H(a) Is this a group return for subordinates? Yes Vo No Sapello, NM 87745 H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions) ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 501(c)(3) 501(c) ( Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization Corporation 7 Trust Association ☐ Other ▶ M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities 
To uphold the Objects of Kiwanis International, to provide service to our community, to extend the opportunity of membership to all persons of goodwill, and to dedicate ourselves Activities & Governance to serving the children of the world. Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 10 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) . . . 6 30 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) 8 87,803 200,019 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 156 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6.118 4.760 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 94,020 204,935 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 6,979 4,628 14 Benefits paid to or for members (Part IX, column (A), In (A) Salaries, other compensation, employee benefits (Part ix Column (A), lines 15 56,570 79,125 Professional fundraising fees (Part IX, column (A), line MAP 16a Total fundraising expenses (Part IX, column (D), ling 25) Other expenses (Part IX, column (A), lines 11a-116-11f-2A6 17 46,074 41,918 18 Total expenses. Add lines 13-17 (must equal Part IX, column 105,467 129,827 19 Revenue less expenses Subtract line 18 from line 12 -11,447 75,108 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 45,818 121,163 21 Total liabilities (Part X, line 26) . 1.952 2,190 22 Net assets or fund balances. Subtract line 21 from line 20 43,866 118,973 Part II Signature Block 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 nacc Sign Signature of officer Date Here ora C. Type or print name and title Print/Type preparer's name Paid Check [] If John D Goodwin self-employed P01471226 Preparer Firm's EIN ▶ 85-0390537 **Use Only** Firm's address ► PO Box 2999, Las Vegas, NM 87701-2999 Phone no 575 760-4844

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Yes No

	90 (2013) Pag
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	To uphold the Objects of Kiwanis International, to provide service to our community, to extend the opportunity of membership to all
	persons of goodwill, and to dedicate ourselves to serving the children of the world. To promote youth and youth activities in and around Las Vegas, New Mexico.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.
4a	(Code. ) (Expenses \$ 124,180 including grants of \$ 21) (Revenue \$ 197,006)
74	First Born of Northern New Mexico - Home visitation program for new families and their newborns Provides parents and primary ca
	providers with education and support to encourage normal growth and development. Helped 35+ families Home visits averaged 15
	Received \$1,521 in in-kind bookkeeping/accounting services. This amount is not included in the above revenue figure
4b	(Code: ) (Expenses \$ 4,917 including grants of \$ 4,531) (Revenue \$ 7,929)
	Designated grants for youth-oriented projects, ranging from \$50 to \$500. 600+ people benefited.  Received \$110 in in-kind advertising services. This amount is not included in the above revenue figure.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)

 4d
 Other program services (Describe in Schedule O.)

 (Expenses \$ including grants of \$ ) (Revenue \$ )

 4e
 Total program service expenses ▶ 129,097

Form 99			F	eage 3
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	[ <del></del>	Yes	No
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. 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	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, · · · · · · · ·
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	, "i	<b>√</b>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Division in the second	11c		<b>v</b>
d		11d		1
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	<del></del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.			1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<b>✓</b>
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		<b>√</b>
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	-	<b>√</b>
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
	If "Yes," complete Schedule G, Part III	19		<b>✓</b>
20 a		20a	L	<b>✓</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<u></u>

Form 99	0 (2013)		1	Page <b>4</b>
Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>v</b> ✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		<b>√</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	. \$1	No.	****
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  Schedule L, Part IV	28a		<b>∀</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b		<b>▼</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		√ ✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>√</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part ii, III, or IV, and Part V, line 1	34		<b>✓</b>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b>√</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	_	✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37 38	<b>1</b>	✓
			n <b>990</b>	(2013)

Form **990** (2013)

P'art	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a -0	<u>-</u> [:,:]	3. 3.	31 71
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>.                                    </u>	378	33
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	Sales Control	Ya da	تَعَدُّدُ
_	reportable gaming (gambling) winnings to prize winners?	1c	<b>V</b>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	7 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
٠.	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	1	1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	· ·	
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . ´ .	3a 3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	<u> </u>	
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country:	<del>-</del> -		-
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	ľ,		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7. P. A.	**	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	شار هندنا		
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١.
	required to file Form 8282?	7c		<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	ـــُنـــــــــــــــــــــــــــــــــ	عد شد	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	100		× 7,
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	30,		,
	organization, have excess business holdings at any time during the year?	8		-Neo
9	Sponsoring organizations maintaining donor advised funds.	Ţ,		1.
а	Did the organization make any taxable distributions under section 4966?	9a	Ena4 24	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	10 m	47.64	, ,
а	Initiation fees and capital contributions included on Part VIII, line 12	٫ . ا	(i, ),	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	] ; ,		1. 3
11	Section 501(c)(12) organizations. Enter	٠		₩.
а	Gross income from members or shareholders	_ `````	**	
b	Gross income from other sources (Do not net amounts due or paid to other sources		\$\frac{\chi_{\chi_{\chi}}^{\chi_{\chi}}}{\chi_{\chi_{\chi}}^{\chi_{\chi}}}	1
	against amounts due or received from them.)	تسنيب	ي براء گف هڪ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . [12b]		<b>X</b>	1 %
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-	1.3	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1.39% egg. «	7 m F.
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	Mary Mary	100
IJ	the organization is licensed to issue qualified health plans	1971		7 × 1 × 1
С	Enter the amount of reserves on hand	- Trans		ļ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	A* **	1
	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		†

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	structi						
Soction	on A. Governing Body and Management	• •	<u> </u>	<u>. Ц</u>					
Secu	on A. Governing Body and Management		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year.  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	3 A		4					
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<i>-</i>					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>					
6 7a									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b	•	1					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.								
а	The governing body?	8a	<b>✓</b>						
b	Each committee with authority to act on behalf of the governing body?	8b							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		<b>✓</b>					
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue C</u>		,					
			Yes	No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<b>√</b>					
110		10b		<del>                                     </del>					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	7 .	<b>-</b>					
b 100	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		المرسد ا					
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		<b>✓</b>					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c							
13	Did the organization have a written whistleblower policy?	13		/					
14	Did the organization have a written document retention and destruction policy?	14		1					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		1					
b	Other officers or key employees of the organization	15b		<b>1</b>					
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		10 mm						
b	with a taxable entity during the year?	16a		<b>√</b>					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Secti	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ New Mexico								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)					
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			/, and					
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	;						
	organization: ► John D Goodwin, 1320 6th St, Las Vegas, New Mexico 87701-4315, 505 454-0819								

orm	990	(201	3)

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees,	Highest Compensated Employees	, and
	Independent Contractors			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; k.y employees; highest compensated employees, and former such persons.

☐ Check this box if neither the organization nor	any related	d orga	anız	atıo	n co	ompe	nsa	ted any curren	t officer, director	, or trustee
				(C Pos	<b>C)</b>			(D) Reportable		
(A) Name and Title	(B) Average hours per week (list any	box, office	ot ch unles	eck s pe d a d	more rson	than o is both or/trust	an ee)		(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) John Spencer	2									
President & Director		✓		✓				-0-	-0-	-0-
(2) Mary Cole	11									
President Elect & Director		✓		✓				-0-	-0-	-0-
(3) Patrick Rucker	5			١.				1		
Secretary & Director		<b>/</b>		✓			<u> </u>	-0-	-0-	-0-
(4) John Goodwin	2									
Treasurer & Director	<b></b>	/	<u> </u>	✓			_	-0-	-0-	-0-
(5) Lora Conley	11			١,						
Immediate Past President & Director.		<b>✓</b>		✓			-	-0-	-0-	-0-
(6) Robert Amaı	11	,								
Director		<b>/</b>	┞	ļ		ļ		-0-	-0-	-0-
(7) Erin Gılland	11	,								
Director		<b>/</b>	-	-	├	-	┡	-0-	-0-	-0-
(8) Joyce Litherland	11	,					ļ			
Director	ļ	1	ļ	<del> </del>	<u> </u>		ļ	-0-	-0-	-0-
(9) Henry Trujillo	11						l	_		
Director	ļ	1	<u> </u>	<del> </del>	├	1	┝	-0-	-0-	-0-
(10) Susan Tsyitee	11									
Director	ļ	<b>/</b>	<u> </u>	├	-		├	-0-	-0-	-0-
(11) Louise Hoogerhuis	32	-	}			1				
Executive Director	ļ	-	<u> </u>	<u> </u>	1		ļ	36,928	-0-	-0-
(12)		1								
(13)										
(14)					T					

(15)  (16)  Narve and this work per law and the programation of related programation and related to those listed above) who received more than \$100,000 of compensation from the organization and related organization. Report compensation from the organization. Report compensation from	Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, aı	nd F	lighes	st C	ompensated E	mployees (co	ntinu	ed)		
Name and title   Name															
Name and title   Name		(A)	(B)	(do n				e than o	one	(D)	(E)		(	(F)	
Week Bit at 2   Week Bit at 3   Week Bit at		Name and title		box, ι	unles	s pe	rson	ıs both	an	1 '					
Process file   Process					er and	_	Irect		, ,	1 '		om			
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155   165				irec ec	흌	cer	<u> </u>	hest	mer			C)			
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115   115			]	ee .	ste			nsa							
117   118   119					°			l ē							
(17) (18) (20) (21) (22) (23) (24) (25)  1b Sub-total (26) (27) (28) (29) (29)  2 Total from continuation sheets to Part VIII, Section A (27) (28) (29) (29) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(15)														-
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(20)  (21)  (22)  (23)  (25)  1b Sub-total  Contractors to nontinuation sheets to Part VII, Section A  Total from continuation sheets to Part VII, Section A  Total (add lines to and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Programs of the complete Schedule J for such individual  Total quality in the complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Total individual  Total individual in the individual individu	(16)											$\top$			
(20)  (21)  (22)  (23)  (25)  1b Sub-total  Contractors to nontinuation sheets to Part VII, Section A  Total from continuation sheets to Part VII, Section A  Total (add lines to and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Programs of the complete Schedule J for such individual  Total quality in the complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Total individual  Total individual in the individual individu				]											
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(21)   (22)   (23)   (24)   (25)	31			1								-			
(21)   (22)   (23)   (24)   (25)	(19)								Г			İ			
(21)   (22)   (23)   (24)   (25)	3			1											
(21)   (22)   (23)   (24)   (25)	(20)						İ								••
[22]  [23]  [24]  [25]  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A) (B)  Name and business address  Description of services  Compensation  None	35			1											
[22]  [23]  [24]  [25]  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A) (B)  Name and business address  Description of services  Compensation  None	(21)														
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(23)   (24)   (25)   (25)   (25)   (25)   (25)   (25)   (27)   (27)   (28)   (28)   (29)	(22)					1	<b>†</b>		T			-			
(24)   (25)	3		·												
(24)   (25)	(23)														
25   15   15   15   15   15   15   15	3			1				1				İ			
25   15   15   15   15   15   15   15	(24)											_			
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Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Description of services  (C)  Compensation  None	1b	Sub-total			٠.		•	<del></del>	▶			_			
d Total (add lines 1b and 1c)	С	Total from continuation sheets to Part	VII. Section	n A					<b>•</b>			$\neg$			
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Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4								าก ล	and other com	nensation from	n the	<u> </u>	28.2	5. y. %
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	•														
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for services rendered to the organization? If "Yes," complete Schedule J for such person	5										zation or indiv	ıdııa		200.7	<u>▼</u>
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  None  2 Total number of independent contractors (including but not limited to those listed above) who														353	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  None  2 Total number of independent contractors (including but not limited to those listed above) who	Section	<del></del>		, ,											<u> </u>
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  None  2 Total number of independent contractors (including but not limited to those listed above) who			component	ed in	den	and	lant	conti	ract	ore that receive	ed more than	\$100	1 000 of	:	
year  (A) Name and business address  None  Total number of independent contractors (including but not limited to those listed above) who	•		,												¥
(A) Name and business address  None  Total number of independent contractors (including but not limited to those listed above) who			Joir Joinpo	· · · · · · · · · · · · · · · · · · ·	J., .,	J		, C. I. C. I. C.	, .	your origing wi		0 0.6	jui iizuti	),, o ta	_
None  None  Total number of independent contractors (including but not limited to those listed above) who		·							Т	(0)			(C)		
2 Total number of independent contractors (including but not limited to those listed above) who			dress								services			ation	
2 Total number of independent contractors (including but not limited to those listed above) who	None			-					$\vdash$	•		<del>-</del>	<u>.</u>		
	None								$\vdash$						
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		Total number of independent contract	ore Include	ng h	ı <del>,</del> -	·~+	lim	tod +	<u></u>	hose listed at	0/(0) 1/45=	^			
	2								o ii	nose nsieu ao	ove, who	~ <b>6</b>		,	٠.

Part	VIII	Statement of Reve		nanca ar nata ta	ony lino in thic	Dort VIII		
, ,	٠ ٪	Check if Schedule O	Contains a res	porise or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	1a		٧ ,		. 2	
Grants	Ь	Membership dues			```	, , ,	<b>6</b> 9	
פֿ פֿ	c	Fundraising events .		40	4 · [\$,			<b>\</b> *
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations			1	3. 1.	٠,	<b>[</b>
nila	e	Government grants (conf		114,116	**************************************	, as-1, f	<i>.</i>	<u>'</u>
Sir	f	All other contributions, gi		114,110		* * . ^ .		,
uti her	•	and similar amounts not inc		85,863	^ ,	,		
걸	g	Noncash contributions includ		1,631	*	* * *		` '
Cont	h	Total. Add lines 1a-11	·	1,031	200,019			,
	<del>'''</del>	Total: 7100 illinoo ia 71		Business Code	^		Ola marine of marine	Name of the second
Program Service Revenue	2a					المناه المناشرة		
ě	b	••••						
8							<del></del>	
ΞŽ	C						· · · · · · · · · · · · · · · · · · ·	
Š	d							
튵	e	All other program con						<del>-</del>
<u>5</u>	T	All other program serv					<u> </u>	<u> </u>
	3	Total. Add lines 2a-29 Investment income				· · · · · · · · · · · · · · · · · · ·	T	T
	l 3	and other similar amo		enus, interest,		4.50		
	۱.		•		156	156		
	4	Income from investment	· ·	ona proceeds				
	5	Royalties	(i) Real	(II) Personal				S
		0	(i) i ieai	(ii) r ersonar	, , , , , , , , , , , , , , , , , , , ,	***		
	6a	Gross rents			" :· ·	7 254		9,
	b	Less: rental expenses			,	, ^	1 .	*-
	C	Rental income or (loss)		L				\$
	_d	Net rental income or (		(ii) Other				
	7a	Gross amount from sales of	(i) Securities	(ii) Other	7-8,34			
	١.	assets other than inventory						7. 3
	b	Less cost or other basis			., ., ., .,		2	
		and sales expenses .				S esc.	\$ \$	14
	С	Gain or (loss)	L	<u> </u>	لأتقادها فالمكتب فالمستان			avail
	d	Net gain or (loss)		<u> ▶</u>				
venue	8a	Gross income from fu events (not including \$	ındraısıng 40					and a second sec
æ		of contributions reporte	ed on line 1c).				* ,	
Other Reve		See Part IV, line 18 .	$\cdots$	6,436	. C 49	<u> </u>	- CO	e.
Ę	b	Less: direct expenses	s <b>b</b>	2,820	` · · · · · · · · · · · · · · · · · · ·			<u>r</u>
	С	Net income or (loss) f		events . >	3,616			
	9a	Gross income from ga	aming activities.		*, ,, ,, , ,	<u>.</u>	^, ·	<b>1</b> .
		See Part IV, line 19 .	a	1	, ,	,,	•	
	b	Less: direct expenses	s <b>b</b>			L	* '	
	С	Net income or (loss) f	rom gaming act	ivities ▶			l	
	10a	Gross sales of in	ventory, less	·				
		returns and allowance	es a	1,144				•
	ь	Less: cost of goods s	sold <b>b</b>	•	*	1	1	
	С	Net income or (loss) f	rom sales of inv	entory . ►	1,144			
		Miscellaneous R		Business Code			10	
	11a							
	b							
	С							
	d	All other revenue .						1
	e	Total. Add lines 11a-	-11d	▶		1//	, 9	
	12	Total revenue See II			204 025	150		1

Form 990 (2013) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, (A) Total expenses 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . 4,628 4,628 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 36,928 36,928 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 33,846 33,846 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,459 Other employee benefits 9 1,459 10 Payroll taxes . . . . . . . . . 6,892 6,892 11 Fees for services (non-employees): Management Legal . Accounting . . . . . 4,024 4,024 Lobbying . . . . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . 385 385 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . 701 701 Advertising and promotion . . 12 7,483 13 Office expenses 7,483 . . 14 Information technology . 15 Royalties . . . . . . . . 16 Occupancy . . . 9,624 9,624 6,504 17 6,504 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings ... 1,137 1,137 19 20 . . . . 21 Payments to affiliates . . . 22 Depreciation, depletion, and amortization 23 4,429 4,083 345 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) First Born Licensing 1,077 1,077 Youth Meals 138 b 138 Business Registration Fees 135 С 135 Training 10,309 10,309 d All other expenses Dues, Rounding 128 128 Total functional expenses. Add lines 1 through 24e 129,097 730 25 129,827 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and 

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 Cash-non-interest-bearing 7,018 101,765 2 Savings and temporary cash investments . 2 37,986 3 3 4 Accounts receivable, net 9,468 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L. . . . . 6 Notes and loans receivable, net . . . . . Inventories for sale or use . . . . . 8 8 Q Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 10b 10c 11 Investments—publicly traded securities . . . 11 9,079 12 Investments-other securities See Part IV, line 11 1.3 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 . . . 814 15 817 16 Total assets. Add lines 1 through 15 (must equal line 34). 45,818 16 121,163 17 Accounts payable and accrued expenses . . . 17 338 18 Grants payable . 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . . . 1,614 25 Total liabilities. Add lines 17 through 25 26 1,952 26 2,190 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . 28.720 30,492 Temporarily restricted net assets . . . . 28 2,171 28 343 29 14,927 90,328 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 45,818 121,163 Total liabilities and net assets/fund balances . 34 43,866 118,973

If the organization changed either its oversight process or selection process during the tax year, explain in

Schedule O

Form **990** (2013)

3b

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization						E	mployer id	entificatio	n number		
Kiwanıs Club of Las Veg									74827		
		r <b>ity Status</b> (All orga			· · · · · · · · · · · · · · · · · · ·	· · · · ·		nstri <u>'ctic</u>	ons.		
The organization is not  1	a private foundate vention of church in section a cooperative hose earch organization operated for the cooperated for the cooperated for the cooperated for that normally ection 170(b)(1) trust described in that normally on that normally on that normally on that normally	tion because it is: (Formes, or association of 170(b)(1)(A)(ii). (Attacspital service organization operated in conjuncts.)	r lines 1 t churches th Schedi tion desc ction with ge or unit al unit de I part of t II.) (vi). (Cor an 331/3%	through 1 s describe ule E) cribed in s a hospita versity ov scribed in its suppo	1, check ed in section 1 al descril whed or or ort from a art II.)	only one tion 170(b)(1)(bed in se operated 170(b)(1 a government on contri	box.) (b)(1)(A)(ii). ction 17( by a go ()(A)(v). mental un	vernment	(iii). Ente	neral p	oublic gross
support from acquired by the state of the st	gross investme ne organization a n organized and	nt income and unrel fter June 30, 1975. Se operated exclusively	ated busee section to test for	siness tax n 509(a)(a or public s	xable ind <b>2).</b> (Com safety. Se	come (les plete Pari ee <b>sectio</b>	s section t III.) n 509(a)(	n 511 ta <b>4).</b>	x) from	busine	esses
purposes of c 509(a)(3). Che a ☐ Type I e ☐ By checking t	bne or more publick the box that on the box Type this box, I certify indation manage	nd operated exclusive of supported organizes the type of supported in the supported organization of the support	nizations supportin I–Functio is not co	described ng organiz nally integ ntrolled d	d in sect zation an grated lirectly of	ion 509(a d comple d 🔲 - r indirecti	a)(1) or se ete lines 1 Type III-N y by one	ection 50 1e through Ion-function or more	9(a)(2) S gh 11h. tionally ir disqualifi	See <b>se</b> itegratied per	ection ted rsons
f If the organiz organization, o	ation received a check this box . 17, 2006, has the	a written determination						•	oe III sup	oportir	ng 
(i) A person (III) below,	who directly or i the governing bo	ndirectly controls, eithody of the supported on described in (i) abo	organızat	ion? .	her with	persons 	describe	d in (ii) ai	nd 11g(i 11g(ii	<del> </del>	No
		a person described in on about the supporte				•			11g(iii	)	
(i) Name of supported organization	(iı) EIN	(ui) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis governing	organization sted in your document?	the orga col (i) sup	ou notify nization in of your port?	organizai (i) organi U	s the tion in col zed in the S ?	(viı) Amou sı	nt of mo	onetary
			Yes	No	Yes	No	Yes	No	<del> </del>		
(A)											
(B)											
(C)											
(D)											
(E)						7	4	· ·			
	1	1	F	1	1 2	1 '	I	1	1		

						=0/1 \//:/5\/ ··			
Part	Support Schedule for Organiza								
	(Complete only if you checked th						llify under		
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, p	lease comple	te Part III.)			
	on A. Public Support			·		<del></del>			
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					-			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge			:					
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4.	`. <		34 J. Co. 1 . 4.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	on B. Total Support			T					
Calen	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the support of the form 990 is for the first five years.	he organizatıoı	ons)		n, or fifth tax y	12 ear as a sectio	n 501(c)(3)		
	organization, check this box and stop he			· · · · ·		<u> </u>	. ▶ 🗌		
Secti	on C. Computation of Public Support					1			
14	Public support percentage for 2013 (line					14	<u>%</u>		
15 16a	Public support percentage from 2012 Sc 331/3% support test—2013. If the organization quality and stop here. The organization quality support test—2013 and stop here.	zation did not	check the box			/3% or more, c	heck this . ▶ □		
b	331/3% support test—2012. If the organ check this box and stop here. The organ	nization did no	ot check a bo	x on line 13 o		e 15 is 33 <sup>1</sup> / <sub>3</sub> %			
17a	10 40 40 and 66								
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organizate Explain in Part IV how the organization in proceed organization.	ition meets the	e "facts-and-c	ircumstances"	' test, check tl	his box and <b>st</b>	op here.		
40	supported organization			 2 160 165 17			· ► 📙		
18	Private foundation. If the organization dinstructions		DOX ON LINE 13	o, ioa, ioo, 1/ 	a, or 170, cnec	K unis dox and	. ▶ □		

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	2,733	2,733	86,560	87,803	200,019	379,848
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,512	11,159	8,593	9,911	4,760	43,935
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3	12,245	13,892	95,153	94,714	204,799	420,803
b	received from disqualified persons  Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b				1-1111		
8	<b>Public support</b> (Subtract line 7c from line 6.)						420,803
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
9	Amounts from line 6	12,245	13,892	95,153	94,714	204,799	420,803
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	297	138	139	99	156	829
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	297	138	139	99	156	829
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					-	
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	12,928	14,587	96,097	96,725	204,955	425,292
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	n's first, secon	id, third, fourth		ear as a sectio	n 501(c)(3) ▶ □
Secti	ion C. Computation of Public Suppo	rt Percentag	е				
15	Public support percentage for 2013 (line	8, column (f) d	ivided by line	13, column (f))		15	98 94 %
_16	Public support percentage from 2012 Sc			<u> </u>		16	97.54 %
Secti	ion D. Computation of Investment In						
17	Investment income percentage for 2013				mn (f))	17	1.94 %
18	Investment income percentage from 201	2 Schedule A,	Part III, line 17	·		18	0.41 %
19a	331/3% support tests—2013. If the organ 17 is not more than 331/3%, check this box	and stop here	. The organizat	ion qualifies as	a publicly supp	orted organizat	on . 🕨 📝
b	331/3% support tests—2012. If the organi line 18 is not more than 331/3%, check this						
	Brigate foundation If the organization d						_

#### **SCHEDULE D** (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	Club of Las Vegas, NM Community Service Foundat	35-2274827	
Part			nds or Accounts.
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised turids	(b) i unus and other accounts
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)  Aggregate value of grants from (during year)		<del></del>
	Aggregate value at end of year		<del> </del>
	Did the organization inform all donors and donor	r advisors in writing that the assets h	neld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gra-	nt funds can be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or f	for any other purpose
	conferring impermissible private benefit?	<u> </u>	· · · · · · · · · Yes 🗌 No
Part			
	Complete if the organization answered		
	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	· _	- · · · · · · · · · · · · · · · · · · ·
	Protection of natural habitat	☐ Preservation o	of a certified historic structure
	☐ Preservation of open space Complete lines 2a through 2d if the organization h	oold a gualified consequation contribution	on in the form of a consequence
	easement on the last day of the tax year	iela a qualifiea conservation contribution	Held at the End of the Tax Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easemen		
	Number of conservation easements on a certified		2c
	Number of conservation easements included in	• •	<u> </u>
	historic structure listed in the National Register		· 2d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or teri	minated by the organization during the
	tax year ►		
	Number of states where property subject to conse		
	Does the organization have a written policy re		
	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation	n easements during the year
-	<b>-</b>		amonto di una the vecs
7	Amount of expenses incurred in monitoring, inspe  ▶ \$	ecting, and emorcing conservation easi	ements during the year
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i)
	•		· · · · · · · · · · · · Yes · No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	
•	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem	nents.	
Part			
	Complete if the organization answered		
	If the organization elected, as permitted under SI		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
	If the organization elected, as permitted under the state of art, between transverse are other armited		
	works of art, historical treasures, or other similar public sorrice, provide the following amounts rela-		ducation, or research in furtherance of
	public service, provide the following amounts rela	_	<u>.</u>
	<ul><li>(i) Revenue included in Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>		• \$
2	If the organization received or held works of ar	t. historical treasures, or other simila	er assets for financial dain provide the
	following amounts required to be reported under		
	Revenue included in Form 990, Part VIII, line 1		
	Assets included in Form 990. Part X		• \$

Part	III Organizations Maintaining									
3	Using the organization's acquisition, collection items (check all that apply).		sion, and of	ther recor	ds, chec	ck any of th	e follov	wing that are a s	ignificant	use of its
а	☐ Public exhibition			d l	Loan	or exchang				
b	☐ Scholarly research			e	☐ Othe	r				
С	☐ Preservation for future generations									
4	Provide a description of the organization XIII.	tion's	collections	and expla	in how t	hey further	the org	ganization's exen	npt purpo	ose in Part
5	During the year, did the organization								ar	
	assets to be sold to raise funds rather			ained as p	art of th	e organizati	on's co	ollection?	Ye	es 🗌 No
Part	Complete if the organization 990, Part X, line 21.			" to Forr	n 990, F	Part IV, line	9, or	reported an am	ount on	Form
1a	Is the organization an agent, trustee included on Form 990, Part X? .	, cust				or contribut				es 🗌 No
b	If "Yes," explain the arrangement in P	art XII	I and compl	ete the fo	llowing t	able:	_			
								A	mount	
С	Beginning balance					•	10	_		
d	Additions during the year						10			
e	Distributions during the year	•					16	<del></del>		
f	Ending balance		 				<u>11</u>	<del></del>	<u>л П v</u> .	
2a	Did the organization include an amou If "Yes," explain the arrangement in P							-		
b Par	t V Endowment Funds.	art An	ii. Check her	e ii uie e	фанало	iii iias been	provid	eu in Fait Aiii .	<u> </u>	<u> </u>
ı aı	Complete if the organization	n ansı	vered "Yes	" to Form	n 990 F	Part IV line	10			
	Complete if the organization		Current year	(b) Pric		(c) Two year		(d) Three years back	k (e) Four	years back
1a	Beginning of year balance	<u></u>		<u> </u>	<u> </u>	<del>                                     </del>				<del></del>
b	Contributions			<del> </del>						
c	Net investment earnings, gains, and losses								:	
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance		·							
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as									
а	Board designated or quasi-endowme			%						
b	Permanent endowment ▶									
С	Temporarily restricted endowment		%							
	The percentages in lines 2a, 2b, and									
3a	Are there endowment funds not in th	e pos	session of t	ne organi	zation th	at are neid	and ac	iministered for tr	ње Г	
	organization by								0-(1)	Yes No
	(i) unrelated organizations						•		3a(i) 3a(ii)	
ь	(ii) related organizations			 required o	 In Schoo	 Jula 82			3b	
4	Describe in Part XIII the intended use			•					00	
Par										
, 41	Complete if the organization			s" to For	n 990. I	Part IV. line	11a.	See Form 990.	Part X. I	ıne 10.
	Description of property		(a) Cost or o	ther basis	(b) Cost	or other basis	(c)	Accumulated depreciation	(d) Boo	
	I and		(1)1463(1)		· · · · ·			Application to the		
1a	Land	•	ļ		<b></b>		<u> </u>	. L. &		
b	Buildings	•	}							
c d	Leasehold improvements	•		-				+		<del> </del>
a e	Other			<del></del>	<del>                                     </del>		<del>                                     </del>			
	. Add lines 1a through 1e (Column (d)	must e	egual Form 9	990. Part	X. colum	n (B), line 1	)c.) .	•		<del> </del>

	Complete if the organization answered "Yes" to Fo	iiii 330, i ditiy, iiik	, 11b. occ 1 onn 550,	raith, iiie 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	valuation
1) Financial	derivatives	<del>                                       </del>		
•	neld equity interests			- , ,-
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			£ 2
Part VIII	Investments—Program Related.	000 Deat IV I.m.	11- C F 000	Dart V. Irra 10
	Complete if the organization answered "Yes" to Fo	<del></del>	<del>,</del>	
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-year	
(1)				
(2)	,			
(3)				
(4)				
(5) (6)		<del></del>		
(7)				
(8)				
(9)			-	
	(b) must equal Form 990, Part X, col (B) line 13.) ▶		, , , , , , , , , , , , , , , , , , , ,	**
Part IX	Other Assets.	<del></del>	<del></del>	
raitia				
Partix	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line	e 11d. See Form 990,	Part X, line 15.
Partix		rm 990, Part IV, line	e 11d. See Form 990,	Part X, line 15.
	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line	e 11d. See Form 990,	•
(1)	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line	e 11d. See Form 990,	•
(1)	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line	e 11d. See Form 990,	•
(1) (2) (3) (4)	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line	e 11d. See Form 990,	•
(1) (2) (3) (4)	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line	e 11d. See Form 990,	•
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, lind	e 11d. See Form 990,	•
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line	e 11d. See Form 990,	•
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line	e 11d. See Form 990,	•
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line		•
(1) (2) (3) (4) (5) (6) (7) (8) (9) <b>Total.</b> (Colu	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line	e 11d. See Form 990,	•
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" to Form (a) Description  imm (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to Form			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Complete if the organization answered "Yes" to Form (a) Description  Imm (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" to Foliane 25.			(b) Book value
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#### SCHEDULE O (Form 990 or 990-EZ)

## 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Name of the organization	Employer identification number
Kiwanis Club of Las Vegas, NM Community Service Foundation	35-2274827
Form 990, Part VI, Line 11b. Treasurer reviews completed Form 990 with President bel	oro Procident cione
roini 330, Part VI, Line Tib. Treasurer reviews completed Form 330 with President be	ore President signs
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