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<b>A For the 2013 calendar year, or tax year beginning 10-01-2013 , and ending 09-30-2014</b>		
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Kiwanis International Club of Valparaiso  Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 1661  City or town, state or province, country, and ZIP or foreign postal code Valparaiso, IN 463841661	<b>D</b> Employer identification number 35-6022047  <b>E</b> Telephone number  <b>F</b> Group Exemption Number 0026

<b>G Accounting Method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>I Website:</b> ▶ <u>N/A</u>		
<b>J Tax-exempt status</b> (check only one) <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 93,394

<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)	
	Check if the organization used Schedule O to respond to any question in this Part I <span style="float: right;"><input checked="checked" type="checkbox"/></span>	

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	2,220
	2	Program service revenue including government fees and contracts . . . . .	2	3,259
	3	Membership dues and assessments . . . . .	3	23,560
	4	Investment income . . . . .	4	
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	b	Less cost or other basis and sales expenses . . . . .	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6	Gaming and fundraising events . . . . .		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	64,355
c	Less direct expenses from gaming and fundraising events . . . . .	6c	25,711	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	38,644	
7a	Gross sales of inventory, less returns and allowances . . . . .	7a		
b	Less cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe in Schedule O) . . . . .	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	67,683	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	40,818
	11	Benefits paid to or for members . . . . .	11	81
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	3,000
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	
	15	Printing, publications, postage, and shipping . . . . .	15	578
	16	Other expenses (describe in Schedule O) . . . . .	16	18,452
	17	Total expenses. Add lines 10 through 16 . . . . .	17	62,929
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	4,754
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	34,392
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21	39,146

Part II

Balance Sheets

(see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments . . . . .	55,818	22	57,688
23 Land and buildings . . . . .		23	
24 Other assets (describe in Schedule O) . . . . .		24	508
25 Total assets . . . . .	55,818	25	58,196
26 Total liabilities (describe in Schedule O) . . . . .	21,426	26	19,050
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	34,392	27	39,146

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

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

What is the organization's primary exempt purpose?  
Charitable Civic Service

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table

(Grants \$ )

If this amount includes foreign grants, check here

28a

29

(Grants \$ )

If this amount includes foreign grants, check here

29a

30

(Grants \$ )

If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O )  
(Grants \$ ) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV

List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
John Hunter President	010 00	0		
Richard Serletic Treasurer	005 00	0		

Form 990-EZ (2013)

Part V

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of Richard Serletic Telephone no (219) 548-9906 Located at 61 Indiana Ave Suite A Valparaiso, IN ZIP + 4 46383		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041? Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . .		
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		No
49b	If "Yes," was the related organization a section 527 organization? . . . . .		No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<input type="text"/>	2014-12-08	
	Signature of officer	Date	
Paid Preparer Use Only	Richard Serletic Treasurer		
	Type or print name and title		
	Print/Type preparer's name Richard Serletic	Preparer's signature	Date 2014-12-08
	Firm's name <input type="checkbox"/> Certified Financial Group LLC	Firm's EIN <input type="checkbox"/>	
	Firm's address <input type="checkbox"/> 61 Indiana Ave Suite A Valparaiso, IN 46383		Phone no (219) 548-9906
May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Additional Data

Software ID: 13000230  
Software Version: 13.6.0.0  
EIN: 35-6022047  
Name: Kiwanis International Club of Valparaiso

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 Leadership training for High School Youth Educational enhancements Scouting (Grants \$ 7,305) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	
29 Support for youth and young children (Grants \$ 3,750) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30 Provide support for local service agencies (Grants \$ 4,100) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
Promote agriculture and conservation (Grants \$ 400) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			
Athletics and recreation for youth and disabled (Grants \$ 1,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			
Provide support for youth music and arts (Grants \$ 1,500) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			
Veterans Day Program (Grants \$ 396) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			
Support for disabled and handicapped (Grants \$ 1,500) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
Kiwanis International Club of Valparaiso

Employer identification number  
35-6022047

Part I Fundraising Activities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
- ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- 
-

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>Chicken Barbecue Dinner</u>	<u>Citrus Sales</u>	<u>5</u>	(add col (a) through col (c))	
			(event type)	(event type)	(total number)		
1	Gross receipts	. . .	10,426	11,096	42,833	64,355	
2	Less Contributions	. .					
3	Gross income (line 1 minus line 2)	. . .	10,426	11,096	42,833	64,355	
Direct Expenses	4	Cash prizes	. . .				
	5	Noncash prizes	. .		245	245	
	6	Rent/facility costs	. .	350	1,537	1,887	
	7	Food and beverages	.	4,838	6,863	6,987	
	8	Entertainment	. . .				
	9	Other direct expenses	.	242	4,649	4,891	
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					(25,711)
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					38,644

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No



13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name  .....

Address  .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No


b If "Yes," enter the amount of gaming revenue received by the organization  \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party  \$ \_\_\_\_\_


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

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ 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](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization Kiwanis International Club of Valparaiso	Employer identification number 35-6022047
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part III, Line 31	Promote agriculture and conservation Grants and allocations 400, Program service expenses 0
Form 990-EZ, Part III, Line 31	Athletics and recreation for youth and disabled Grants and allocations 1,000, Program service expenses 0
Form 990-EZ, Part III, Line 31	Provide support for youth music and arts Grants and allocations 1,500, Program service expenses 0
Form 990-EZ, Part III, Line 31	Veterans Day Program Grants and allocations 396, Program service expenses 0
Form 990-EZ, Part III, Line 31	Support for disabled and handicapped Grants and allocations 1,500, Program service expenses 0
Form 990-EZ, Part I, Line 10, Grants Paid	Activity , Grantee Program Service Expenses, Cash Grant 20,370, Relationship
Form 990-EZ, Part I, Line 16, Other Expenses	Meals and entertainment 400
Form 990-EZ, Part I, Line 16, Other Expenses	Conferences, conventions, and meetings 274
Form 990-EZ, Part I, Line 16, Other Expenses	Supplies 1,245
Form 990-EZ, Part I, Line 16, Other Expenses	Web Hosting 527
Form 990-EZ, Part I, Line 16, Other Expenses	Bond 849
Form 990-EZ, Part I, Line 16, Other Expenses	District and International dues 13,453
Form 990-EZ, Part I, Line 16, Other Expenses	Insurance 1,704
Form 990-EZ, Part II, Line 24, Other Assets	Deposit Beginning of year 0, End of year 508
Form 990-EZ, Part II, Line 26, Liabilities	Dues Payable Beginning of year 17,560, End of year 14,850
Form 990-EZ, Part II, Line 26, Liabilities	Duneland Emergency Fund Beginning of year 2,490, End of year 2,012
Form 990-EZ, Part II, Line 26, Liabilities	Due Foundation Beginning of year 50, End of year 0
Form 990-EZ, Part II, Line 26, Liabilities	Due Riley Beginning of year 1,326, End of year 1,988
Form 990-EZ, Part II, Line 26, Liabilities	Glee Club payable Beginning of year 0, End of year 200

TY 2013 Compensation Explanation

**Name:** Kiwanis International Club of Valparaiso

**EIN:** 35-6022047

**Software ID:** 13000230

**Software Version:** 13.6.0.0

Person Name	Explanation
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