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Short Form

Return of Organization Exempt From Income Tax

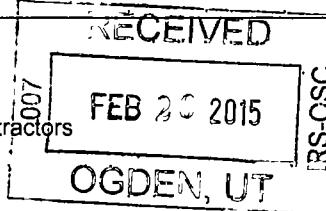
2013

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-EZ and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning		10/1/2013	, and ending	9/30/2014
B Check if applicable		C Name of organization		
<input type="checkbox"/> Address change		KIWANIS CLUB OF ELKHART		
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		
<input type="checkbox"/> Initial return		PO BOX 802		
<input type="checkbox"/> Terminated		City or town	State	ZIP code
<input type="checkbox"/> Amended return		ELKHART	IN	46515
<input type="checkbox"/> Application pending		Foreign country name	Foreign province/state/county	Foreign postal code
G Accounting Method		<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ► _____
I Website: ► N/A		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)		
J Tax-exempt status (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		<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association
		<input type="checkbox"/> 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 ► \$ 49,344				
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>				
Revenue	1 Contributions, gifts, grants, and similar amounts received	5a	1	
	2 Program service revenue including government fees and contracts	5b	2	
	3 Membership dues and assessments		3	10,262
	4 Investment income		4	2,627
	5a Gross amount from sale of assets other than inventory		5c	0
	b Less cost or other basis and sales expenses			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			
	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 \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	14,638	
c Less direct expenses from gaming and fundraising events	6c	1,253		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	13,385		
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	0	
8 Other revenue (describe in Schedule O)		8	21,817	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	48,091	
Expenses	10 Grants and similar amounts paid (list in Schedule O)		10	23,244
	11 Benefits paid to or for members		11	
	12 Salaries, other compensation, and employee benefits		12	
	13 Professional fees and other payments to independent contractors		13	500
	14 Occupancy, rent, utilities, and maintenance		14	1,200
	15 Printing, publications, postage, and shipping		15	
	16 Other expenses (describe in Schedule O)		16	25,773
	17 Total expenses. Add lines 10 through 16		17	50,717
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-2,626
	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	31,835
	20 Other changes in net assets or fund balances (explain in Schedule O)		20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	29,209
 FEB 20 2015 OGDEN, UT RS-CSC				

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2013)

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	31,835	22 29,209
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	31,835	25 29,209
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	31,835	27 29,209

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? COMMUNITY SERVICE & DONATIONS TO YOUTH CAUSES

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

Expenses

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

28 The main focus is to assist and empower youth Riley Childrens Hospital, Kiwanis Int'l causes, the local Salvation Army, Elkhart Comm Schools and the Boy Scouts. Yearly we award \$5,000 in scholarships to local youth	(Grants \$ 23,244) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a
29			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a
30			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a
32 Total program service expenses. (add lines 28a through 31a)		► <input type="checkbox"/>	32 0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position Hr/WK	(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
See Attached List All positions are volunteer and unpaid	Hr/WK			
	Hr/WK			

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

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

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

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a
 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

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

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a
 b Did the organization file Form 1120-POL for this year? 37b

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a
 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter
 a Initiation fees and capital contributions included on line 9 39a
 b Gross receipts, included on line 9, for public use of club facilities 39b

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, 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
 c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c
 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d
 e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e

41 List the states with which a copy of this return is filed ► IN

42 a The organization's books are in care of ► KELLEY NEASE Telephone no ► (574) 238-2296
 Located at ► 56738 DIAMOND DRIVE City ELKHART ST IN ZIP + 4 ► 46516 42b

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. 42c

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 ► _____

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

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a
 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
 c Did the organization receive any payments for indoor tanning services during the year? 44c
 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a
 b 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

	Yes	No
33	X	
34	X	
35a	X	
35b		
35c	X	
36	X	
37a		
37b	X	
38a	X	
38b		
39a		
39b		
40b	X	
40c		
40d		
40e	X	
41		
42a		
42b	X	
42c	X	
43		
44a	X	
44b	X	
44c	X	
44d		
45a	X	
45b	X	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		X		

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
48	<input type="checkbox"/>			
49a	<input type="checkbox"/>			
49b	<input type="checkbox"/>			

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

(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
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
f Total number of other employees paid over \$100,000				

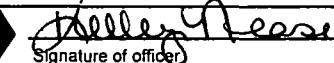
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

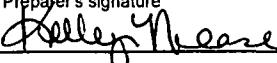
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
d Total number of other independent contractors each receiving over \$100,000		

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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

Sign Here		Date 2/17/2015
	Signature of officer Kelley Nease CFO	
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name Kelley Nease	Preparer's signature 	Date 2/17/2015	Check <input type="checkbox"/> if self-employed	PTIN P00461187
	Firm's name ► Checks & Balances LLC	Firm's EIN ► 20-3670709			
Firm's address ► 56738 Diamond Dr, Elkhart, IN 46516	Phone no 574-238-2296				

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

Yes No

Part II

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

		(a) Event #1 Spaghetti Day (event type)	(b) Event #2 Trivia Night (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	3,661	2,577	7,700	13,938
	2 Less Contributions			0	0
	3 Gross income (line 1 minus line 2)	3,661	2,577	7,700	13,938
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs	300	270	0	570
	7 Food and beverages	582		0	582
	8 Entertainment			0	0
	9 Other direct expenses	100		0	100
	10 Direct expense summary Add lines 4 through 9 in column (d)			► (1,252)
	11 Net income summary Subtract line 10 from line 3, column (d)			►	12,686

Part III

Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			► (0)
	8 Net gaming income summary Subtract line 7 from line 1, column (d)			►	0

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?
b If "No," explain

Yes No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes No

b If "Yes," explain

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013Open to Public
Inspection

Name of the organization

KIWANIS CLUB OF ELKHART

Employer identification number

35-6030744

Form 990-EZ, Part I, Line 8, Other Revenue Weekly Meeting Meals Revenue 13,786

Form 990-EZ, Part I, Line 8, Other Revenue Member Donations from Weekly Meeting ie. Fines,

Christmas Auction 7,366

Form 990-EZ, Part I, Line 8, Other Revenue Rental of Scout Cabin Owned by Club 665

Form 990-EZ, Part I, Line 10, Grants Paid Activity Grantee Various Youth and Student

Community Groups Elkhart IN, Cash Grant 18,309,

Form 990-EZ, Part I, Line 16, Other Expenses Club Liability Insurance 750

Form 990-EZ, Part I, Line 16, Other Expenses Elkhart County Personal Property Tax for Owned

Property-Scout Cabin 23

Form 990-EZ, Part I, Line 16, Other Expenses Insurance for Owned Property-Scout Cabin 691

Form 990-EZ, Part I, Line 16, Other Expenses Member Awards/Supplies 916

Form 990-EZ, Part I, Line 16, Other Expenses Membership Dues Paid to Kiwanis - From Income

Line 3 7,178

Form 990-EZ, Part I, Line 16, Other Expenses Weekly Club Meeting Meals Expense 12,384

Form 990-EZ, Part I, Line 16, Other Expenses Club Promotion 2,821

Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous Club Events & Costs 723

Form 990-EZ, Part I, Line 16, Other Expenses Quickbooks Online Program 287

2013-2014

Kiwanis Club of Elkhart
Election of Club Officers and Board Members
Held at the Tuesday September 3rd Club Meeting

Past President Doug Mulvaney presided over the election of club officers and board members for the club year that starts October 1, 2013 through September 30, 2014.

The slate consists of the following:

President Kirk Elliott

President Elect	Pat McCauley
Vice President	Ryon Wheeler
Secretary	Tammy Yowell
Treasurer	Shaun Mawhorter
Past President	Doug Mulvaney

2014

R.J. Butler
Stephanie Patka
Ryan Graham
Richard White

2015

Ralph Bradley
Jim Spitters
Meridith Eells

2016

Ron BonDurant
Kelley Nease
Rene Choler
Bruce Beyler