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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundation)

- Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2013

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 10-01-2013, and ending 09-30-2014		
B Check if applicable	C Name of organization KIWANIS CLUB OF BATTLE CREEK	D Employer identification number 38-6090538
Address change	Number and street (or P O box, if mail is not delivered to street address) 2435 WEST TERRITORIAL ROAD	Room/suite
Name change		E Telephone number (269) 963-2042
Initial return		
Terminated		
Amended return		F Group Exemption Number ►
Application pending	City or town, state or province, country, and ZIP or foreign postal code BATTLE CREEK, MI 49015	

G Accounting Method Cash Accrual Other (specify) ► _____**H** Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I** Website: ► _____**J** Tax-exempt status (check only one) 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 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 ► \$ 111,046**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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 34,315
	2 Program service revenue including government fees and contracts	2 7,923
	3 Membership dues and assessments	3 5,550
	4 Investment income	4 2,346
	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 0
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	b Gross income from fundraising events (not including \$ 0 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 58,907
	c Less direct expenses from gaming and fundraising events	6c 32,998
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 25,909
	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 2,005
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 78,048
	10 Grants and similar amounts paid (list in Schedule O)	10 46,695
Net Assets	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	13 350
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 7,964
	17 Total expenses. Add lines 10 through 16 ►	17 55,009
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 23,039
	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)	19 145,453
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21 Net assets or fund balances at end of year Combine lines 18 through 20 ►	21 168,492

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	91,375	22 114,543
23 Land and buildings	55,628	23 55,628
24 Other assets (describe in Schedule O)		24
25 Total assets	147,003	25 170,171
26 Total liabilities (describe in Schedule O)	1,550	26 1,679
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	145,453	27 168,492

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?

PROVIDE POSITIVE COMMUNITY PROGRAMS FOR ALL

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 PROGRAMS FOR CHILDREN, SPIRITUAL AIMS, COMMUNITY SERIVCE, SCHOLARSHIPS AND CONSERVATION
(Grants \$ 46,695) If this amount includes foreign grants, check here

28a 11,245

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) 11,245**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
See Additional Data Table				

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	No
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	0
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	39a	0
a Initiation fees and capital contributions included on line 9	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 ► _____	40b	No
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	40c	
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 ► _____	40d	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____	40e	No
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	40f	
41 List the states with which a copy of this return is filed ► MI	41	
42a The organization's books are in care of ► JACQUELINE WHIDBY Telephone no ► (269) 963-2042 Located at ► 237 N UDRICKS DR BATTLE CREEK, MI ZIP + 4 ► 49037	42b	No
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)?	42c	No
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 .	42d	
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42e	No
If "Yes," enter the name of the foreign country ► _____	42f	
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 ? Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	43	
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

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

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

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		No

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48		No

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

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

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49b		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 0

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. 0

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	***** Signature of officer LAMAR HUNSICKER PRESIDENT Type or print name and title	2014-12-07 Date
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Paid Preparer Use Only	Print/Type preparer's name ELDON VINCENT	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name <input type="checkbox"/> ELDON J VINCENT CPA PLC			Firm's EIN <input type="checkbox"/>	
	Firm's address <input type="checkbox"/> 105 W MICHIGAN AVENUE MARSHALL, MI 49068			Phone no (269) 789-0730	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:
Software Version:
EIN: 38-6090538
Name: KIWANIS CLUB OF BATTLE CREEK

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
M SEAN DUGAN PAST PRESIDENT	5	0	0	0
JACK GOTTHARD TRUSTEE	1	0	0	0
ANDREW EMERSON TRUSTEE	1	0	0	0
JAMES HAADSMA TRUSTEE	1	0	0	0
ANDREW RAINES SECRETARY	4	0	0	0
LAMAR HUNSICKER PRESIDENT ELECT	5	0	0	0
CHARLES STALLARD TRUSTEE	1	0	0	0
DON STILWELL PRESIDENT	5	0	0	0
JACQUELINE WHIDBY TREASURER	5	0	0	0
BRENT FAST TRUSTEE	1	0	0	0
RICHARD SNOOK TRUSTEE	1	0	0	0

2013

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

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.Department of the Treasury
Internal Revenue ServiceName of the organization
KIWANIS CLUB OF BATTLE CREEK

Employer identification number

38-6090538

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 <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input type="checkbox"/> 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
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				0	0	0

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

MI

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	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		<u>FLOWER SALES</u> (event type)	<u>PEANUT SALES</u> (event type)	<u>1</u> (total number)	
1	Gross receipts . . .	54,205	3,464	9,474	67,143
2	Less Contributions . . .				0
3	Gross income (line 1 minus line 2) . . .	54,205	3,464	9,474	67,143
4	Cash prizes . . .				0
5	Noncash prizes . . .				0
6	Rent/facility costs . . .				0
7	Food and beverages . . .				0
8	Entertainment . . .				0
9	Other direct expenses . . .				0
10	Direct expense summary Add lines 4 through 9 in column (d)				► (0)
11	Net income summary Subtract line 10 from line 3, column (d)				► 67,143

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))
1	Gross revenue				0
2	Cash prizes				0
3	Non-cash prizes				0
4	Rent/facility costs				0
5	Other direct expenses				0
6	Volunteer labor	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes 0 % <input checked="" 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? 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	0 %
b An outside facility	13b	0 %

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

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.**2013****Open to Public
Inspection**Name of the organization
KIWANIS CLUB OF BATTLE CREEK

Employer identification number

38-6090538

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 8	Other Revenue MEALS Amount 2005
Part I, line 10	Activity Grantee Name YOUNG CHILDREN PRIORITY ONE Grantee Address Amount 5647 Relationship
Part I, line 10	Activity Grantee Name YOUTH SERVICES Grantee Address Amount 4594 Relationship
Part I, line 10	Activity Grantee Name HUMAN SPIRITUAL SERVICES Grantee Address Amount 4050 Relationship
Part I, line 10	Activity Grantee Name COMMUNITY SERVICES Grantee Address Amount 2043 Relationship
Part I, line 10	Activity Grantee Name YOUTH CONSERVATION AREA Grantee Address Amount 6401 Relationship
Part I, line 10	Activity Grantee Name DISCOVERY FILMS Grantee Address Amount 7903 Relationship
Part I, line 10	Activity Grantee Name YOUTH SPONSORSHIPS Grantee Address Amount 153 Relationship
Part I, line 10	Activity Grantee Name KIWANIS HEBBLE SCHOLARSHIP Grantee Address Amount 6546 Relationship
Part I, line 10	Activity Grantee Name KIDS AGAINST HUNGER Grantee Address Amount 5885 Relationship
Part I, line 10	Activity Grantee Name PROJECT ELIMINATE Grantee Address Amount 2973 Relationship
Part I, line 10	Activity Grantee Name OTHER PROJECTS Grantee Address Amount 500 Relationship
Part I, line 16	Description BANK CHARGES Amount 105
Part I, line 16	Description STATE INTERNATIONAL DUES Amount 2295
Part I, line 16	Description MEMBERSHIP FEES Amount 1069
Part I, line 16	Description CONVENTIONS MEETINGS Amount 594
Part I, line 16	Description PUBLIC RELATIONS MEMBERSHIP Amount 490
Part I, line 16	Description MEALS Amount 1959
Part I, line 16	Description OFFICE SUPPLIES Amount 621
Part I, line 16	Description PHONE EMAIL Amount 237

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 16	Description PRESIDENT FUND Amount 94
Part I, line 16	Description INSURANCE Amount 500
Part I, line 26	Description PRIOR YEAR TIMING ADJUSTMENTS BOY Amount 1550 EOY Amount 1679