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## Short Form

OMB No. 1545-1150

## Return of Organization Exempt From Income Tax

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

(except private foundations)

Form 990-EZ

2013

Department of the Treasury  
Internal Revenue Service

- 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](http://www.irs.gov/form990).

Open to Public  
Inspection

A For the 2013 calendar year, or tax year beginning OCTOBER 01 , 2013, and ending SEPTEMBER 30 , 2013

B Check if applicable.

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

KIWANIS INTERNATIONAL K00359 HASTINGS

D Employer identification number

47-6032856

Number &amp; street (or P.O. box, if mail is not delivered to street addr.)

Room/  
suite

P O BOX 1293

(402) 462-8814

City or town, state or province, country, and ZIP or foreign postal code

HASTINGS NE 68902

F Group Exemption

Number ►

G Accounting Method

 Cash Accrual

Other (specify) ►

H Check ►  if the organization is not

I Website: ► N/A

J Tax-exempt status (check only one) --  501(c)(3)  501(c)( 4 )  (insert no.)  4947(a)(1) or  527K 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 ..... ► \$ 52,403

## 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 9,508
	2 Program service revenue including government fees and contracts .....	2
	3 Membership dues and assessments .....	3 7,841
	4 Investment income .....	4 39
	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
EXPENSES	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 35,015
	c Less: direct expenses from gaming and fundraising events .....	6c 8,939
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .....	6d 26,076
	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 43,464
	10 Grants and similar amounts paid (list in Schedule O) .....	10 15,073
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
	14 Occupancy, rent, utilities, and maintenance .....	14
	15 Printing, publications, postage, and shipping .....	15
	16 Other expenses (describe in Schedule O) .....	16 34,070
	17 Total expenses. Add lines 10 through 16 .....	17 49,143
NET ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9) .....	18 -5,679
	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 45,333
	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 39,654

For Paperwork Reduction Act Notice, see the separate instructions.

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.....	45,333	22 39,654
23 Land and buildings.....	0	23 0
24 Other assets (describe in Schedule O).....	0	24 0
<b>25 Total assets.....</b>	<b>45,333</b>	<b>25 39,654</b>
<b>26 Total liabilities (describe in Schedule O).....</b>	<b>0</b>	<b>26 0</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>45,333</b>	<b>27 39,654</b>

**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?

What is the organization's primary exempt purpose? 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 SEE ATTACHMENT #1**

(Grants \$  If this amount includes foreign grants, check here . . . . . ►

29

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ► 29aa

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).

**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, & deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHMENT #2				

**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	X
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	X
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	X
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	X
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	X
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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>	37b	X
b Did the organization file Form 1120-POL for this year? ....	38a	X
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? ....	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved ....	39a	
39 Section 501(c)(7) organizations. Enter.	39b	
a Initiation fees and capital contributions included on line 9 ....		
b Gross receipts, included on line 9, for public use of club facilities ....		
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	X
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 ....		
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	X
41 List the states with which a copy of this return is filed ► <b>NONE</b>		
42a The organization's books are in care of ► <b>SEE ATTACHMENT #3</b>	Telephone no. ► _____	ZIP + 4 ► _____
Located at ► _____		
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)? ....	42b	X
If "Yes," enter the name of the foreign country: ► _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? ....	42c	X
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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>		
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year? ....	44c	X
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	N/A
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ....	45a	X
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	X



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2013

**Department of the Treasury  
Internal Revenue Service**

► Attach to Form 990 or Form 990-EZ.

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

► Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

**Open to Public  
Inspection**

**Name of the organization**

KIWANIS INTERNATIONAL K00359 HASTINGS

**Employer identification number**

47-6032856

**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.

- |          |                                  |          |                                       |
|----------|----------------------------------|----------|---------------------------------------|
| <b>a</b> | Mail solicitations               | <b>e</b> | Solicitation of non-government grants |
| <b>b</b> | Internet and email solicitations | <b>f</b> | Solicitation of government grants     |
| <b>c</b> | Phone solicitations              | <b>g</b> | Special fundraising events            |
| <b>d</b> | 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					
<b>Total</b>					

- 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.

		(a) Event #1 PANCAKE DA (event type)	(b) Event #2 GOLF TOURN (event type)	(c) Other events 4 (total number)	(d) Total events (add col. (a) through col. (c))
		18,135	8,185	8,488	34,808
1	Gross receipts .....				
2	Less: Contributions.....				
3	Gross income (line 1 minus line 2) .....	18,135	8,185	8,488	34,808
4	Cash prizes .....				
5	Noncash prizes .....				
6	Rent/facility costs... ..				
7	Food and beverages.....				
8	Entertainment .....				
9	Other direct expenses.....	3,617	3,484	1,838	8,939
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				► 8,939
11	Net income summary. Subtract line 10 from line 3, column (d) .....				► 25,869

**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) thru col. (c))
1	Gross revenue.....				
2	Cash prizes .....				
3	Noncash prizes .....				
4	Rent/facility costs.....				
5	Other direct expenses .....				
6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
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 \_\_\_\_\_

- 11 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 .....  Yes  No
- b An outside facility .....  Yes  No
- 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 to be 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 (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**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 N (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 K00359 HASTINGS

Employer identification number

47-6032856

GRANTS PAID OUT  
BACKPACK PROGRAM  
BIG BROTHERS  
BOXCAR KIDS  
BOY SCOUTS  
BRAIN TEAM  
CHILDRENS MUSEUM  
DUNCAN FIELD  
FARM SAFETY  
FOOD 4 THOUGHT  
GIVING TREE  
HASTINGS MUSEUM  
KAH  
LEGION BASEBALL  
LIBRARY  
LIONS  
MOPS  
REVIVE  
TEAMMATES  
THE BRIDGE  
YWCA  
SALVATION ARMY

# 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning

10-01-2013, and ending

09-30-2013

Name of Organization

KIWANIS INTERNATIONAL K00359 HASTINGS

Employer Identification Number

47-6032856

## Part III - Statement of Program Service Accomplishments

Grants and allocations

Amount includes foreign grants

Program service expenses

Exempt Purpose Achievements

SUPPORTING PROGRAMS THAT PROVIDE SERVICES TO CHILDREN AND YOUTH

# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning

10-01-2013, and ending

09-30-2013

Name of Organization

KIWANIS INTERNATIONAL K00359 HASTINGS

Employer Identification Number

47-6032856

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
JOHN BOLTZ PAST PRESIDENT	0.00	0	0	0
NEIL GROTHEN PRESIDENT	0.00	0	0	0
KAREN KEMPF PRESIDENT ELECT	0.00	0	0	0
JIM KREBSBACH TREASURER	0.00	0	0	0
JOAN BITTFIELD SECRETARY	0.00	0	0	0
MIKE HOWIE VICE PRESIDENT	0.00	0	0	0
LEE SAATHOFF DIRECTOR	0.00	0	0	0
DAN PAULEY DIRECTOR	0.00	0	0	0
GREG SCHULTZ DIRECTOR	0.00	0	0	0
CLYDE SACHLEBEN DIRECTOR	0.00	0	0	0
DON JANNSEN DIRECTOR	0.00	0	0	0
RUSSANNE ERICKSON DIRECTOR	0.00	0	0	0
ROGER SELLEY DIRECTOR	0.00	0	0	0
SUSAN PRICE DIRECTOR	0.00	0	0	0

# 990 BOOKS ARE IN CARE OF

ATTACHMENT 3 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning

10-01

, and ending

09-30-2014

Name of Organization

KIWANIS INTERNATIONAL K00359 HASTINGS

Employer Identification Number

47-6032856

Part V - Line 42a

Individual Name ..... JIM KREBSBACH

or

Business Name:

Street Address ..... 1328 N BALTIMORE AVE

U.S. Address:

Zip code 68901

City HASTINGS

State NE

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number .....

Fax Number .....

## 2013 DETAIL STATEMENTS

KIWANIS INTERNATIONAL K00359 H  
47-6032856

PAGE 1

### STATEMENT #1 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1)

BANQUET.....	386
BRAIN.....	100
GUMBALL.....	276
HUSKER HARVEST.....	300
MISC.....	2,442
SKIP A MEAL.....	139
WISHING WELL.....	33
CONTRIBUTIONS.....	4,752
MEALS.....	1,080
 TOTAL CARRIED TO EZ1 LINE 1.....	9,508

### STATEMENT #2 - GRANTS AND SIMILAR AMTS PAID (990-EZ PG 1 LINE 10)

BACKPACK.....	645
BIG BROTHERS.....	500
BOXCAR KIDS.....	500
BOY SCOUTS.....	400
BRAIN TEAM.....	1,055
CHILDRENS MUSEUM.....	250
DUNCAN FIELD.....	1,500
FARM SAFETY.....	400
FOOD 4 THOUGHT.....	500
GIVING TREE.....	300
HASTINGS MUSEUM.....	515
KAH.....	1,500
LEGION BASEBALL.....	200
LIBRARY.....	4,933
LIONS.....	125
MOPS.....	250
REVIVE.....	500
TEAMMATES.....	300
THE BRIDGE.....	100
YWCA.....	300
SALVATION ARMY.....	300
 TOTAL CARRIED TO 990-EZ PG 1 LINE 10.....	15,073

### STATEMENT #3 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

OFFICE.....	1,046
NEWSLETTER.....	800
BANQUET.....	408
MISC.....	40
DUES.....	8,350
MEALS.....	1,090
BANK.....	11
BOWLING.....	749

**2013 DETAIL STATEMENTS**

KIWANIS INTERNATIONAL K00359 H  
47-6032856

PAGE 2

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SALES TAX.....	1,659
DICTIONARY.....	1,253
SHOPPING SPREE.....	600
MEMBERSHIP.....	165
SCHOLARSHIP.....	750
DISTRICT AND INTL GIFTS.....	924
TSHIRTS.....	336
INSURANCE.....	1,026
CONTRIBUTION.....	14,860
ROUNDING.....	3
 TOTAL CARRIED TO EOEZ PG 1 LINE 16.....	34,070

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**STATEMENT #4 - REVENUES INCLUDED IN 990 (990-EZ PG 1 LINE 1B(I))**

GOLF.....	8,185
PANCAKE.....	18,135
TACKY TOUR.....	2,970
PARKING.....	1,920
OLYMPICS.....	643
JULY 4.....	2,955
ADJUSTMENT.....	207
 TOTAL CARRIED TO 990-EZ PG 1 LINE 1B(I).....	35,015

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**STATEMENT #5 - GROSS RECEIPTS (SCH G, PART II LINE C-1)**

TACKY TOUR.....	2,970
JULY 4.....	2,955
SERVICE CLUB OLYMPICS.....	643
PARKING.....	1,920
 TOTAL CARRIED TO SCH G, PART II LINE C-1.....	8,488

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