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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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 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.

OMB No. 1545-1150

2013

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning OCTOBER 01, 2013, and ending SEPTEMBER 30, 2014

B Check if applicable:	C Name of organization	D Employer identification number
<input checked="" type="checkbox"/> Address change	KIWANIS INTERNATIONAL K00359 HASTINGS	47-6032856
<input type="checkbox"/> Name change	Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite	E Telephone number
<input type="checkbox"/> Initial return	P O BOX 1293	(402) 462-8814
<input type="checkbox"/> Terminated	City or town, state or province, and ZIP or foreign postal code	F Group Exemption Number
<input type="checkbox"/> Amended return	HASTINGS NE 68902	
<input type="checkbox"/> Application pending		
G Accounting Method	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____		
I Website: N/A		
J Tax-exempt status (check only one) -- <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no.) 4947(a)(1) or 527		
K Form of organization: <input checked="" 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. \$ 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	
	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	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	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	15,073
	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
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)

SCANNED JUN 04 2015

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.		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).		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)?		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		X
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		X
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		X
36		
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	X
37b		
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
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	
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	X
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
40e		
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	SEE ATTACHMENT #3	
Located at	Telephone no.	
	ZIP + 4	
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	42b	X
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.? If "Yes," enter the name of the foreign country	42c	X
42c		
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	
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
44d		
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
45b		

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

	Yes	No
46		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

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

Yes	No

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

Yes	No

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

Yes	No

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

Yes	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

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 *Karen L Kempf* Signature of officer *Karen L Kempf* Date *4-30-2015*
Type or print name and title *President*

Paid Preparer Use Only Print/Type preparer's name MAUREEN MOHLMAN Preparer's signature *maureen mohlman* Date *4/16/15* Check ☐ if self-employed PTIN P00582261 Firm's name H AND R BLOCK Firm's EIN 470825616 Firm's address 1011 W 2ND ST Phone no. 402-462-5282

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

Yes	No
X	

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at 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

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) fund- raiser 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 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))
	1 Gross receipts	18,135	8,185	8,488	34,808
	2 Less:				
	Contributions				
	3 Gross income (line 1 minus line 2)	18,135	8,185	8,488	34,808
DIRECT EXPENSES	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.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" 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 | 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 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 (iii) 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.

OMB No. 1545-0047

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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 10-01-201 3 and ending 09-30-201 3
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 10-01-201 3 and ending 09-30-201 3 ⁴
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 SACHTLEBEN 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

Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number

2013 DETAIL STATEMENTSKIWANIS 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

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

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

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