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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

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 10/01, 2013, and ending 9/30, 2014

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

C

**KIWANIS CLUB OF THOUSAND OAKS CHARITABLE
FOUNDATION**
P. O. BOX 1791
THOUSAND OAKS, CA 91358

D Employer identification number
77-0441218

E Telephone number
805-497-6966

F Group Exemption Number

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: ▶ N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

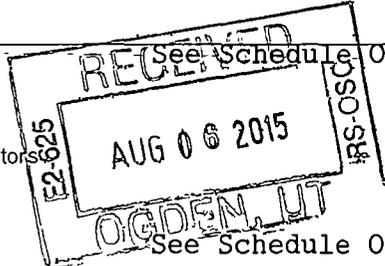
K Form of organization Corporation Trust Association Other

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 ▶ \$ 117,869.

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

		1	2	3	4	5 a	5 b	5 c	6 a	6 b	6 c	6 d	7 a	7 b	7 c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
REVENUE	1	Contributions, gifts, grants, and similar amounts received			25,686.																									
	2	Program service revenue including government fees and contracts																												
	3	Membership dues and assessments																												
	4	Investment income			148.																									
	5a	Gross amount from sale of assets other than inventory		500.																										
	5b	Less cost or other basis and sales expenses		500.																										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		See Schedule O																										
	6	Gaming and fundraising events																												
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																												
	6b	Gross income from fundraising events (not including \$ <u>17,810.</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		30,259.																										
6c	Less: direct expenses from gaming and fundraising events		21,762.																											
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			8,497.																										
7a	Gross sales of inventory, less returns and allowances		61,276.																											
7b	Less cost of goods sold		44,662.																											
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			16,614.																										
8	Other revenue (describe in Schedule O)																													
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			50,945.																										
10	Grants and similar amounts paid (list in Schedule O)																													
11	Benefits paid to or for members			21,659.																										
12	Salaries, other compensation, and employee benefits																													
13	Professional fees and other payments to independent contractors																													
14	Occupancy, rent, utilities, and maintenance			1,459.																										
15	Printing, publications, postage, and shipping			47.																										
16	Other expenses (describe in Schedule O)			14,376.																										
17	Total expenses. Add lines 10 through 16			37,541.																										
18	Excess or (deficit) for the year (Subtract line 17 from line 9)			13,404.																										
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)			70,667.																										
20	Other changes in net assets or fund balances (explain in Schedule O)		See Schedule O																											
21	Net assets or fund balances at end of year Combine lines 18 through 20			71,026.																										



BAA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2013)

SCANNED AUG 27, 2015

69 4

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O 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
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)?		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		
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
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37 a <u>0.</u>		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b <u>N/A</u>	
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9	39 a <u>N/A</u>	
b Gross receipts, included on line 9, for public use of club facilities	39 b <u>N/A</u>	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> <u>0.</u> ; section 4912 <input type="checkbox"/> <u>0.</u> ; section 4955 <input type="checkbox"/> <u>0.</u>		
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		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 <input type="checkbox"/> <u>0.</u>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> <u>0.</u>		
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		X
41 List the states with which a copy of this return is filed <input type="checkbox"/> <u>None</u>		

42 a The organization's books are in care of WILLIAM STEELE Telephone no 805-479-3453
 Located at 375 BETHANY STREET THOUSAND OAKS CA ZIP + 4 91360

	Yes	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)? If 'Yes,' enter the name of the foreign country <input type="checkbox"/> _____	42 b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: <input type="checkbox"/> _____	42 c	X

See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.**

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 <input type="checkbox"/> 43 <input type="checkbox"/> N/A <input type="checkbox"/> N/A		
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	44 a	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	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	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	44 d	
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a	X
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)	45 b	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

	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

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
47		X
48		X
49 a		X
49 b		

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
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	Signature of officer: <i>William Steele</i>		Date: <i>7/27/15</i>		
	Type or print name and title: WILLIAM STEELE		Treasurer		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BRUCE BERMAN CPA	<i>Bruce Berman CPA</i>	<i>7/17/15</i>		P00366521
	Firm's name ▶ Berman & Berman	Firm's EIN ▶ 77-0617761		Phone no (805) 497-6966	
Firm's address ▶ 50 W. Hillcrest Dr. Ste. 218		Thousand Oaks, CA 91360			

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

Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (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 CLUB OF THOUSAND OAKS CHARITABLE FOUNDATION	Employer identification number 77-0441218
----------------------------------------------------------------------------------------	-----------------------------------------------------

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%

16 a 33-1/3% support test – 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33-1/3% support test – 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17 a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	21,091.	17,879.	45,463.	16,484.	25,686.	126,603.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	60,011.	86,529.	102,361.	103,096.	92,035.	444,032.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	81,102.	104,408.	147,824.	119,580.	117,721.	570,635.
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6)						570,635.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	81,102.	104,408.	147,824.	119,580.	117,721.	570,635.
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	368.	178.	336.	148.	148.	1,178.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	368.	178.	336.	148.	148.	1,178.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13 Total Support. (Add lns 9,10c, 11 and 12)	81,470.	104,586.	148,160.	119,728.	117,869.	571,813.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.79 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.53 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.21 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.47 %

19 a 33-1/3% support tests – 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3% support tests – 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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
		<u>BREWFEST</u> (event type)	<u>VARIOUS FUNDRA</u> (event type)	<u>None</u> (total number)	(add column (a) through column (c))
REVENUE	1	Gross receipts	36,067.	12,002.	48,069.
	2	Less: Charitable contributions	11,411.	6,399.	17,810.
	3	Gross income (line 1 minus line 2)	24,656.	5,603.	30,259.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	465.		465.
	7	Food and beverages		2,997.	2,997.
	8	Entertainment		175.	175.
	9	Other direct expenses	16,435.	1,690.	18,125.
	10	Direct expense summary Add lines 4 through 9 in column (d)			21,762.
	11	Net income summary. Subtract line 10 from line 3, column (d)			8,497.

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 column (a) through column (c))
		1	Gross revenue		
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No _____	Yes _____ % No _____	Yes _____ % 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 _____

10 a 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 contact 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

Name of the organization

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

2013

**Open to Public
Inspection**

KIWANIS CLUB OF THOUSAND OAKS CHARITABLE
FOUNDATION

Employer identification number

77-0441218

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

THE MISSION OF THE CHARITABLE FOUNDATION OF THE KIWANIS CLUB OF THOUSAND OAKS IS
TO PROVIDE SUPPORT AND ACTIVE HANDS-ON SERVICE BENEFITING CHILDREN, FAMILIES AND
THOSE IN NEED THROUGH THE PARTICIPATION OF OUR VOLUNTEERS.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

PROVIDED VARIOUS SERVICE PROGRAMS IN THE LOCAL COMMUNITY RELATED SPECICALLY TO
YOUTH. THE ORGANIZATION DEVOTED APPROXIMATELY 2,556 SERVICE HOURS TO 11 SERVICE
AND FUND RAISING PROJECTS SPECIFICALLY RELATED TO YOUTH. THE APPROXIMATE NUMBER OF
CHILDREN SERVED WAS 6,825. THE ORGANIZATION PROVIDED FUNDING IN THE FORM OF GRANTS
AND OTHER AMOUNTS TOTALING \$13,222 AND PROGRAM SERVICE EXPENSES OF \$6,315.

Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

PROVIDED VARIOUS SERVICE PROGRAMS IN THE LOCAL COMMUNITY INCLUDING ASSISTANCE TO
ELDERLY, THE HANDICAPPED AND OTHER DISADVANTAGED CITIZENS OF ALL AGES. THE
ORGANIZATION DEVOTED APPROXIMATELY 7194 SERVICE HOURS TO 50 SERVICE, FUND RAISING
PROJECTS AND COMMUNITY SERVICE PROJECTS. THE ORGANIZATION PROVIDED FUNDING IN THE
FORM OF GRANTS AND OTHER AMOUNTS PAID TO INDIVIDUALS AND OTHER NOT-FOR-PROFIT
ORGANIZATIONS TOTALING \$7,294 AND PROGRAM SERVICE EXPENSES OF \$4,317.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or
indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or
indirectly, on a personal benefit contract? No

7/13/15

03:16PM

**Form 990-EZ, Part I, Line 5c
 Net Gain (Loss) from Noninventory Sales**

Donated Personal Property

Gross Sales Price: 500.
 Cost or Other Basis: 500.

Total Gain (Loss) Publicly Traded Securities \$ 0.
 Total Net Gain (Loss) From Noninventory Sales \$ 0.

**Form 990-EZ, Part I, Line 10
 Grants and Similar Amounts Paid In Excess of \$5,000**

Donee's Name: MISC. GRANTS & SIMILAR AMTS. PD
 Relationship of Donee: NONE
 Cash Amount Given: \$ 21,659.

**Form 990-EZ, Part I, Line 16
 Other Expenses**

Bank and credit card fees	\$ 562.
Board expenses	184.
Charter fees (1)	1,060.
Convention expense (1)	1,516.
Food and supplies (2)	6,123.
Insurance	384.
International dues (1)	175.
Key leader camp (1)	756.
Office supplies	315.
Officer training conferenc (1)	489.
Professional fees	449.
Rewards and support (1)	43.
Special guest day	1,629.
State taxes and fees	45.
Supplies	213.
Tax and license	48.
Telephone	385.
Total	<u>\$ 14,376.</u>

**Form 990-EZ, Part I, Line 20
 Other Changes In Net Assets Or Fund Balances**

Depreciation not reported in prior years Total \$ -13,045.
 (1) Service Leadership Program Total \$ -13,045.
 (2) Service Events

KIWANIS CLUB OF THOUSAND OAKS CHARITABLE
FOUNDATION

77-0441218

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Inventories	\$ 0.	\$ 1,189.
Machinery and Equipment	13,045.	0.
Notes and Loans Receivable	1,949.	0.
Total	<u>\$ 14,994.</u>	<u>\$ 1,189.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accrued expenses	\$ 1,704.	\$ 1,912.
Grants payable	0.	5,000.
Sales tax payable	250.	232.
Total	<u>\$ 1,954.</u>	<u>\$ 7,144.</u>

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

<u>Name and Title</u>	<u>Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Health Benefits & Contrib- ution to EBP & DC</u>	<u>Estimated Amount Of Other Compen.</u>
RANDY SENZIG President	2	\$ 0.	\$ 0.	\$ 0.
SAN LEE President Elect	2	0.	0.	0.
MIKE MATHEWS Vice President	2	0.	0.	0.
GLORIA DYOK Secretary	0	0.	0.	0.
WILLIAM STEELE Treasurer	2	0.	0.	0.
STEVEN HOLT Immed Past Pres	2	0.	0.	0.
JIM STEPHENSON Asst. Secretary	2	0.	0.	0.
CHUCK HUFFER Asst. Treasurer	2	0.	0.	0.

KIWANIS CLUB OF THOUSAND OAKS CHARITABLE
FOUNDATION

77-0441218

Form 990-EZ, Part IV (continued)

List of Officers, Directors, Trustees, and Key Employees

Name and Title	Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- ution to EBP & DC	Estimated Amount Of Other Compen.
NICK CIGAN Director	2	\$ 0.	\$ 0.	\$ 0.
WENDI STUART Director	2	0.	0.	0.
KATY PORTER Director	2	0.	0.	0.
DAVE KLEIN Director	2	0.	0.	0.
BARBARA GREEN Director	2	0.	0.	0.
CRAIG BURNS Director	2	0.	0.	0.
FRANK FABREGA Director	2	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.