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Extended to August 15, 2016

Short Form

OMB No 1545-1150

Form **990-EZ**

Return of Organization Exempt From Income Tax

2014

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

Department of the Treasury
Internal Revenue ServiceA For the 2014 calendar year, or tax year beginning **OCT 1, 2014** and ending **SEP 30, 2015**

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

The Kiwanis Club of Norfolk, Nebraska

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. Box 345

Room/suite

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

Norfolk, NE 68701

D Employer identification number

47-6038731

E Telephone number

402-371-7111

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶I Website: ▶ **N/A**H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(10) (insert no.) ☐ 4947(a)(1) or ☐ 527K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

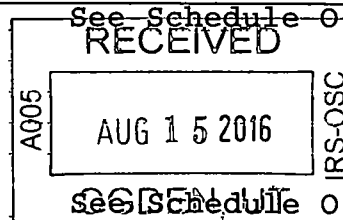
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ **90,438.****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	45,117.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	21,678.
	4	Investment income	4	88.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ 20,107. 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	23,555.	
c	Less: direct expenses from gaming and fundraising events	6c	21,827.	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,728.	
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	68,611.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	20,239.
	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	1,622.
	16	Other expenses (describe in Schedule O)	16	40,795.
	17	Total expenses. Add lines 10 through 16	17	62,656.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,955.
	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	15,870.
	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	21,825.



LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

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SCANNED SEP 07 2016

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	15,870.	22	21,825.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	15,870.	25	21,825.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,870.	27	21,825.

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? Assist youth and provide fellowship.

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; optional for others.)

28 Assist area youth.		28a	
(Grants \$ 20,239.) If this amount includes foreign grants, check here ☐			20,239.
29 Provide fellowship for members.		29a	
(Grants \$) If this amount includes foreign grants, check here ☐			38,529.
30 Operate campground free of charge for youth (Norfolk Kiwanis Youth Camp Inc. 47-6034903)		30a	
(Grants \$) If this amount includes foreign grants, check here ☐			3,888.
31 Other program services (describe in Schedule O)		31a	
(Grants \$) If this amount includes foreign grants, check here ☐			
32 Total program service expenses (add lines 28a through 31a)		32	62,656.

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
Brandon Doke				
Past-President	0.00	0.	0.	0.
Shallie Wolf				
President	0.00	0.	0.	0.
Heidi McNally				
President-Elect	0.00	0.	0.	0.
Shari Thomas				
Vice-President	0.00	0.	0.	0.
Jeff Jones				
Treasurer	0.00	0.	0.	0.
Candace Allen				
Secretary	0.00	0.	0.	0.
Tiffany Pokorny				
Director	0.00	0.	0.	0.
Celise Swanson				
Director	0.00	0.	0.	0.
Tim Lyon				
Director	0.00	0.	0.	0.
Tom Chambers				
Director	0.00	0.	0.	0.
Greg Jorgensen				
Director	0.00	0.	0.	0.
Zak Kopf				
Director	0.00	0.	0.	0.

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 Sch. 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	N/A	
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
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	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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
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	N/A	
section 4912	N/A	
section 4955	N/A	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	N/A
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
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	None	
42a The organization's books are in care of	Jeff Jones	
Located at	1506 N 1st Street Norfolk, NE, Norfolk, NE	
Telephone no.	402-371-7111	
ZIP + 4	68701	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside of 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 and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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)	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 ☐

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

	Yes	No
47		

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

48		
----	--	--

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

49a		
-----	--	--

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

49b		
-----	--	--

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
N/A				

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." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 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

Date

Jeff Jones, Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Danny Fuerhoff, CPA

CPA

8/12/16

P00026845

Firm's name Christensen Brozek Faltys PC

Firm's EIN 20-1430448

Firm's address P.O. Box 1264

Phone no. 402-371-1160

Norfolk, NE 68702

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

☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Name of the organization

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number
47-6038731

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.

- d ☒ In-person solicitations

- ☐
- 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
		Yes	No			
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.

		(a) Event #1 Peanut Sales	(b) Event #2 Vending Machines	(c) Other events None	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	38,480.	5,182.		43,662.
	2 Less Contributions	18,373.			18,373.
	3 Gross income (line 1 minus line 2)	20,107.	5,182.		25,289.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	18,373.	3,454.		21,827.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				21,827.
	11 Net income summary. Subtract line 10 from line 3, column (d)				3,462.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
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 conducts gaming activities _____

a Is the organization licensed to conduct 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 conduct 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 conducted 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 G (Form 990 or 990-EZ)		THE RICHMOND	
Part IV	Supplemental Information (continued)		

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

The Kiwanis Club of Norfolk, Nebraska

Employer identification number
47-6038731

Form 990-EZ, Part I, Line 4, Other Investment Income:

Description of Property:

Amount:

Interest Income

88.

Form 990-EZ, Part I, Line 10, Grants and Allocations:

Activity Classification: Youth Services

Grantee Name: Boy/Cub Scout Troop Pack 122

Grantee Address: Norfolk, NE 68701

Amount Given:

2,028.

Activity Classification: Youth Services

Grantee Name: K Kids, Builders Club & Key Club

Grantee Address: Norfolk, NE 68701

Amount Given:

1,992.

Activity Classification: Youth Services

Grantee Name: Christmas Shopping Spree for Needy Children

Grantee Address: Norfolk, NE 68701

Property Description: Christmas Gifts & Meals

Amount Given:

2,400.

Activity Classification: Youth Services

Grantee Name: YMCA

Grantee Address: 301 W. Benjamin Norfolk, NE 68701

Amount Given:

1,100.

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Name of the organization

The Kiwanis Club of Norfolk, Nebraska

Employer identification number
47-6038731

Activity Classification: Youth Services

Grantee Name: Kiwanis Int'l Foundation

Grantee Address: 3636 Woodview Trace Indianapolis, IN 46268

Amount Given: 5,590.

Activity Classification: Youth Services

Grantee Name: NE-IA Foundation

Grantee Address: 11765 Amos Gates Drive Bellevue, NE 68123

Amount Given: 490.

Activity Classification: Youth Services

Grantee Name: The Zone

Grantee Address: Norfolk, NE 68701

Amount Given: 500.

Activity Classification: Youth Services

Grantee Name: Scholarships

Grantee Address: Norfolk, NE 68701

Property Description: College Scholarships

Amount Given: 2,000.

Activity Classification: Youth Services

Grantee Name: Norfolk Area Chamber of Commerce Foundation

Grantee Address: 609 W. Norfolk Ave. Norfolk, NE 68701

Property Description: 2/3 Building Pledge

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OMB No 1545-0047

2014

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Name of the organization

The Kiwanis Club of Norfolk, Nebraska

Employer identification number
47-6038731

Amount Given: 333.

Activity Classification: Youth Services

Grantee Name: NE-IA Kiwanis Key Leader Camp

Grantee Address: 501 Raider Drive Williamsburg, IA 52361

Amount Given: 375.

Activity Classification: Youth Services

Grantee Name: N.E. Nebraska Child Advocacy Center

Grantee Address: 1500 Koenigstein Ave. Norfolk, NE 68701

Amount Given: 500.

Activity Classification: Youth Services

Grantee Name: TeamMates

Grantee Address: 6801 "O" Street Lincoln, NE 68510

Amount Given: 250.

Activity Classification: Youth Services

Grantee Name: Norfolk Public Schools

Grantee Address: 801 Riverside Blvd. Norfolk, NE 68701

Amount Given: 450.

Activity Classification: Youth Services

Grantee Name: Salvation Army

Grantee Address: 112 N. 7th Street Norfolk, NE 68701

Amount Given: 441.

SCHEDULE O
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OMB No. 1545-0047

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Name of the organization

The Kiwanis Club of Norfolk, Nebraska

Employer identification number
47-6038731

Activity Classification: Youth Services

Grantee Name: Norfolk Philanthropy Council

Grantee Address: Norfolk, NE 68701

Property Description: Youth Philanthropy Sponsor

Amount Given: 615.

Activity Classification: Youth Services

Grantee Name: City of Norfolk

Grantee Address: 309 N 5th Street Norfolk, NE 68701

Property Description: Junior Fire

Amount Given: 250.

Activity Classification: Youth Services

Grantee Name: Norfolk Rescue Mission

Grantee Address: 111 N 9th Street Norfolk, NE 68701

Property Description: Back to School

Amount Given: 320.

Activity Classification: Youth Services

Grantee Name: Norfolk Catholic Schools

Grantee Address: 2300 Madison Ave Norfolk, NE 68701

Property Description: Post Prom

Amount Given: 100.

Activity Classification: Youth Services

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Name of the organization

The Kiwanis Club of Norfolk, Nebraska

Employer identification number
47-6038731

Grantee Name: SMILE Inc

Grantee Address: 54646 832 Rd Madison, NE 68748

Amount Given: 255.

Activity Classification: Youth Services

Grantee Name: Norfolk Family Coalition

Grantee Address: PO Box 1041 Norfolk, NE 68701

Amount Given: 250.

Total included on Form 990-EZ, line 10 20,239.

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

Description of Other Expenses:	Amount:
Meals	23,347.
Int'l & District Dues	8,902.
Membership Development	440.
Misc & Awards	1,107.
Conferences & meetings	1,700.
Website	375.
Supplies	989.
Taxes	46.
Camp expenses	3,889.
Total to Form 990-EZ, line 16	40,795.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly,
or indirectly, to pay premiums on a personal benefit contract.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

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Name of the organization

The Kiwanis Club of Norfolk, Nebraska

Employer identification number
47-6038731

The organization, did not, during the year, pay any premiums, directly,
or indirectly, on a personal benefit contract.