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2015

Open to Public Inspection

Form 990-EZ

# Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private 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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service**A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016****B Check if applicable** Address change Name change Initial return Final return/terminated Amended return Application pending**C Name of organization**

KIWANIS CLUB OF ELKHART

**D Employer identification number**

35-6030744

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

PO BOX 802

**F Telephone number**

(574) 238-2296

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

ELKHART, IN 46515

**H 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:** ► <http://kiwanisclubofelkhart.org>**J Tax-exempt status** (check only one) -  501(c)(3)  501(c)( 4)  (insert no)  4947(a)(1) or  527**K Form of organization**  Corporation  Trust  Association  Other SERVICE CLUB**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 ► \$ 44,919****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	
	2 Program service revenue including government fees and contracts . . . . .	2	
	3 Membership dues and assessments . . . . .	3	10,665
	4 Investment income . . . . .	4	2,043
	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	9,589
	c Less direct expenses from gaming and fundraising events . . . . .	6c	812
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	8,777
	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	22,622
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9	44,107
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	20,021
	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	500
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	875
	15 Printing, publications, postage, and shipping . . . . .	15	
	16 Other expenses (describe in Schedule O) . . . . .	16	26,990
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17	48,386
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-4,279
	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	28,645
	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	24,366



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O	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	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a	
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	No
b Section 501(c)(3), 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	40c	
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 ► _____	40d	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____	40e	No
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed ► IN		
42a The organization's books are in care of ► KELLEY NEASE Telephone no ► (574) 238-2296 Located at ► 56738 DIAMOND DRIVE ELKHART, IN ZIP + 4 ► 46516		
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	No
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	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/> 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	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

Yes	No
<b>46</b>	No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	Yes	No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**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 . . . . .

<b>47</b>	
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**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

<b>48</b>	
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>	
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**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 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 Kelley Nease CFO CFO Type or print name and title	2017-05-15 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name KELLEY L NEASE	Preparer's signature	Date 2017-05-15	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► CHECKS & BALANCES LLC			Firm's EIN ►	
	Firm's address ► 56738 DIAMOND DRIVE ELKHART, IN 46516			Phone no (574) 238-2296	

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

## Additional Data

**Software ID:** 15000290  
**Software Version:** 15.3.0.0  
**EIN:** 35-6030744  
**Name:** KIWANIS CLUB OF ELKHART

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

<b>Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</b>	<b>Expenses</b> (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
<p>The main focus is to assist and empower youth Riley Childrens Hospital, Kiwanis Intl causes, the local Salvation Army, Elkhart Comm Schools and the Boy Scouts Yearly we award 5,000 in scholarships to <b>28</b> local youth (Grants \$ 20,021)      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<b>28a</b>

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

(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
ROBERT BUTLER  President	000 00	0		
STEVE BROWN  President Elect	000 00	0		
KEVIN WIRT  Vice President	000 00	0		
BRIAN BARNARD  Secretary	000 00	0		
KELLEY NEASE  Treasurer	000 00	0		
PAT MCCUALEY  Past President	000 00	0		
RALPH BRADLEY  Board Member	000 00	0		
MIGUEL PEREZ  Board Member	000 00	0		
KEN FISHER  Board Member	000 00	0		
SUEANN VONGUNTE  Board Member	000 00	0		
JODI SPATARO  Board Member	000 00	0		
JON HOUSAND  Board Member	000 00	0		
RICK DAVIS  Board Member	000 00	0		
RON BONDURANT  Board Member	000 00	0		
SHAUN MAWHORTER  Board Member	000 00	0		

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

(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
RICHARD WHITE  Board Member	000 00	0		

**TY 2015 Compensation Explanation****Name:** KIWANIS CLUB OF ELKHART**EIN:** 35-6030744**Software ID:** 15000290**Software Version:** 15.3.0.0

Person Name	Explanation
ROBERT BUTLER	Volunteer
STEVE BROWN	Volunteer
KEVIN WIRT	Volunteer
BRIAN BARNARD	Volunteer
KELLEY NEASE	Volunteer
PAT MCCUALEY	Volunteer
RALPH BRADLEY	Volunteer
MIGUEL PEREZ	Volunteer
KEN FISHER	Volunteer
SUEANN VONGUNTEM	Volunteer
JODI SPATARO	Volunteer
JON HOUSAND	Volunteer
RICK DAVIS	Volunteer
RON BONDURANT	Volunteer
SHAUN MAWHORTER	Volunteer
RICHARD WHITE	Volunteer

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

**2015****Open to Public  
Inspection**Name of the organization  
KIWANIS CLUB OF ELKHART**Employer identification number**  
35-6030744**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 8, Other Revenue	Weekly Meeting Meals Revenue 14,695
Form 990-EZ, Part I, Line 8, Other Revenue	Member Donations from Weekly Meeting ie Fines, Christmas Auction 7,517

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 8, Other Revenue	Rental of Scout Cabin Owned by Club 410
Form 990-EZ, Part I, Line 10, Grants Paid	Activity , Grantee COMMUNITY STUDENT PROGRAMS, Cash Grant 10,128, Relationship

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Supplies 260
Form 990-EZ, Part I, Line 16, Other Expenses	Club Liability Insurance 750

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Elkhart County Personal Property Tax for Owned Property-Scout Cabin 25
Form 990-EZ, Part I, Line 16, Other Expenses	Insurance for Owned Property-Scout Cabin 735

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Member Awards/Supplies 238
Form 990-EZ, Part I, Line 16, Other Expenses	Membership Dues Paid to Kiwanis - From Income Line 38,593

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Weekly Club Meeting Meals Expense 14,328
Form 990-EZ, Part I, Line 16, Other Expenses	Club Promotion 1,421

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Quickbooks Online Program 287
Form 990-EZ, Part I, Line 16, Other Expenses	Bank Account Fees 353