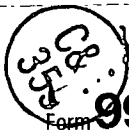


Extended to August 15, 2018

2949225105506 8



Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016

Open to Public
InspectionDepartment 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.

A For the 2016 calendar year, or tax year beginning OCT 1, 2016 and ending SEP 30, 2017

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

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
NumberG Accounting Method: ☒ Cash ☐ Accrual Other (specify) _____

I Website: N/A

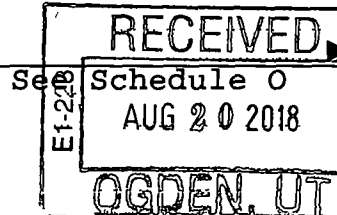
H Check ☒ if the organization is
not required to attach Schedule B
(Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c) (10) (insert no.) ☐ 4947(a)(1) or ☐ 527K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

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

\$ 85,146.

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	43,185.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A))
3	Membership dues and assessments	3	17,139.	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	101.	21	Net assets or fund balances at end of year. Combine lines 18 through 20
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				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	Gross income from fundraising events (not including \$ 19,352. 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	24,721.		
6c	Less: direct expenses from gaming and fundraising events	6c	21,898.		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,823.		
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	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	63,248.		
10	Grants and similar amounts paid (list in Schedule O)	10	20,579.		
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	577.		
16	Other expenses (describe in Schedule O)	16	38,287.		
17	Total expenses. Add lines 10 through 16	17	59,443.		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,805.		
19	Net assets or fund balances at beginning of year (from line 27, column (A))	19	18,467.		
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	22,272.		



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

Form 990-EZ (2016)

6 9/16

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	18,467.	22	22,272.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	18,467.	25	22,272.
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)	18,467.	27	22,272.

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.		
(Grants \$ 20,579.) If this amount includes foreign grants, check here ☐	28a	20,579.
29 Provide fellowship for members.		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	35,611.
30 Operate campground free of charge for youth (Norfolk Kiwanis Youth Camp Inc. 47-6034903)		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	3,253.
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a)	32	59,443.

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
Heidi McNally Past-President	0.00	0.	0.	0.
Luke Korth Director	0.00	0.	0.	0.
Kurt Dostal Director	0.00	0.	0.	0.
Jason Love Director	0.00	0.	0.	0.
Kelly Wacker Director	0.00	0.	0.	0.
Greg Jorgensen Director	0.00	0.	0.	0.
Zak Kopf Director	0.00	0.	0.	0.
Linda Pelc Director	0.00	0.	0.	0.
Diane Mouchka Director	0.00	0.	0.	0.
Shari Thomas President	0.00	0.	0.	0.
Jared Dahlkoetter President-Elect	0.00	0.	0.	0.
Celise Swanson Vice-President	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 the United States?	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

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

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

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

	Yes	No
47		
48		
49a		
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

Candace Allen, Secretary

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

Danny Fuerhoff, CPA

8/13/18

P00026845

Firm's name ▶ McMill CPA 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

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2016

Open to Public Inspection

Employer identification number
47-6038731

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☒ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

- ☐ Yes ☐ No

- | (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 | | | |
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| 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" on 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 (add col. (a) through col. (c))
		Peanut Sales (event type)	Vending Machines (event type)	None (total number)	
Revenue	1 Gross receipts	39,635.	4,438.		44,073.
	2 Less: Contributions	19,352.			19,352.
	3 Gross income (line 1 minus line 2)	20,283.	4,438.		24,721.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	20,283.	1,615.		21,898.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				21,898.
	11 Net income summary. Subtract line 10 from line 3, column (d)				2,823.

Part III Gaming. Complete if the organization answered "Yes" on 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 ☐ No12 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

b An outside facility

13a	%
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

Part IV	Supplemental Information <i>(continued)</i>
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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

2016

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

101.

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

Activity Classification: Youth Services

Grantee Name: Boy/Cub Scout Troop Pack 122

Grantee Address: P.O. Box 345 Norfolk, NE 68701

Amount Given:

2,028.

Activity Classification: Youth Services

Grantee Name: K Kids, Builders Club & Key Club

Grantee Address: P.O. Box 345 Norfolk, NE 68701

Amount Given:

360.

Activity Classification: Youth Services

Grantee Name: Christmas Shopping Spree for Needy Children

Grantee Address: P.O. Box 345 Norfolk, NE 68701

Property Description: Christmas Gifts & Meals

Amount Given:

2,880.

Activity Classification: Youth Services

Grantee Name: Kiwanis Int'l Foundation

Grantee Address: 3636 Woodview Trace Indianapolis, IN 46268

Amount Given:

5,500.

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

Schedule O (Form 990 or 990-EZ) (2016)

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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

The Kiwanis Club of Norfolk, Nebraska

Employer identification number
47-6038731

Activity Classification: Youth Services

Grantee Name: NE-IA Foundation

Grantee Address: 11765 Amos Gates Drive Bellevue, NE 68123

Amount Given: 500.

Activity Classification: Youth Services

Grantee Name: The Zone

Grantee Address: 228 W Braasch Ave Norfolk, NE 68701

Amount Given: 500.

Activity Classification: Youth Services

Grantee Name: Scholarships

Grantee Address: P.O. Box 345 Norfolk, NE 68701

Property Description: College Scholarships

Amount Given: 2,000.

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: 685.

SCHEDULE O
(Form 990 or 990-EZ)

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OMB No 1545-0047

2016

Open to Public
Inspection

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: P.O. Box 714 Norfolk, NE 68701

Property Description: Youth Philanthropy Sponsor

Amount Given: 1,000.

Activity Classification: Youth Services

Grantee Name: Norfolk Rescue Mission

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

Amount Given: 175.

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

Grantee Name: Norfolk Area Community Foundation

Grantee Address: 8100 South 15th Street, Suite A Lincoln, NE 68712

Property Description: Embrace Park

Amount Given: 1,250.

Activity Classification: Youth Services

Grantee Name: Read Aloud Norfolk

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Schedule O (Form 990 or 990-EZ) (2016)

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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OMB No 1545-0047

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Open to Public
Inspection

Name of the organization

The Kiwanis Club of Norfolk, Nebraska

Employer identification number
47-6038731

Grantee Address: PO Box 441 Norfolk, NE 68702-0411

Amount Given: 1,282.

Activity Classification: Youth Services

Grantee Name: Parent to Parent Network

Grantee Address: 328 W Norfolk Ave Norfolk, NE 68701

Amount Given: 200.

Activity Classification: Youth Services

Grantee Name: JC Penney "Shop with a Cop"

Grantee Address: 1700 Market Lane Norfolk, NE 68701

Amount Given: 250.

Activity Classification: Youth Services

Grantee Name: Northeast Nebraska Child Advocacy Center

Grantee Address: 1500 Koenigstein Ave Norfolk, NE 68701

Amount Given: 500.

Activity Classification: Youth Services

Grantee Name: Norfolk Family Coalition

Grantee Address: 333 W Norfolk Ave Norfolk, NE 68701

Amount Given: 250.

Activity Classification: Youth Services

Grantee Name: Y.M.C.A.

Grantee Address: 301 W. Benjamin Ave. Norfolk, NE 68701

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

Schedule O (Form 990 or 990-EZ) (2016)

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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OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

The Kiwanis Club of Norfolk, Nebraska

Employer identification number
47-6038731

Amount Given: 500.

Activity Classification: Youth Services

Grantee Name: Lutheran High Northeast

Grantee Address: 2010 N 37th St. Norfolk, NE 68701

Property Description: Post Prom

Amount Given: 100.

Activity Classification: Youth Services

Grantee Name: City of Norfolk--Nat'l Night Out

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

Property Description: Prizes for children

Amount Given: 269.

Total included on Form 990-EZ, line 10 20,579.

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

Description of Other Expenses:	Amount:
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Meals	18,876.
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Int'l & District Dues	9,368.
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Membership Development	465.
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Misc & Awards	1,991.
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Conferences & meetings	3,424.
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Website	360.
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Supplies	504.
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Camp expenses	3,253.
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Taxes	46.
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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

2016

Open to Public
Inspection

Name of the organization

The Kiwanis Club of Norfolk, Nebraska

Employer identification number
47-6038731

Total to Form 990-EZ, line 16

38,287.

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.

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

Employer identification number
47-6038731

[illegible]