

2017

Open to Public Inspection

Form **990-EZ** (2017)

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	33,925	22 36,443
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	33,925	25 36,443
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,925	27 36,443

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)	Expenses
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Check if the organization used Schedule O to respond to any question in this Part III ☐ (Required for section 501(c)

What is the organization's primary exempt purpose? (3) and 501(c)(4)

COMMUNITY SERVICE DONATIONS TO YOUTH CAUSES

<p>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.</p>	<p>others)</p>
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28		
See Additional Data Table		

(Grants \$) If this amount includes foreign grants, check here . . . ☐ **28a**

29	29a
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(Grants \$) If this amount includes foreign grants, check here . . . ☐

30	30
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(Grants \$) If this amount includes foreign grants, check here ☐

21. Other (check all that apply)		
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31 Other program services (describe in Schedule U) ☐

(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a
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32 Total program service expenses (add lines 28a through 31a)	32
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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. ☐

[illegible]

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 Form 990-T 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 Form 1120-POL for this year?	37b	No
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	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b Section 501(c)(3), 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	No
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 ▶ _____		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
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)?	42b	No
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 U S ?	42c	No
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 <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

		Yes	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	46	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
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	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	
49b	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
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		2019-03-04 Date		
	Kelley Nease Treasurer Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KELLEY L NEASE	Preparer's signature	Date 2019-03-04	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: 17005317
Software Version: 18.2.0.0
EIN: 35-6030744
Name: KIWANIS CLUB OF ELKHART
















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

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 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 local youth (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		28a	

Form 990EZ, 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
KEVIN WIRT  President	000 00	0		
NEAL THOMAS  President Elect	000 00	0		
DOUG GANGER  Vice President	000 00	0		
CHRIS POTRAZ  Secretary	000 00	0		
KELLEY NEASE  Treasurer	000 00	0		
PAT MCCAULEY  Past President	000 00	0		
JEAN CREASBAUM  Board Member	000 00	0		
J WHITMER  Board Member	000 00	0		
GEORGE FREESE  Board Member	000 00	0		
TOM SIBAL  Board Member	000 00	0		
JODI SPATARO  Board Member	000 00	0		
STEVE BROWN  Board Member	000 00	0		
RALPH BRADLEY  Board Member	000 00	0		
RON BONDURANT  Board Member	000 00	0		
SUEANN VONGUNTEN  Board Member	000 00	0		

Form 990EZ, 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
RICHARD WHITE  Board Member	000 00	0		
PATRICK BAILEY  Board Member	000 00	0		
SHELBY HERMS  Board Member	000 00	0		

TY 2017 Compensation Explanation**Name:** KIWANIS CLUB OF ELKHART**EIN:** 35-6030744**Software ID:** 17005317**Software Version:** 18.2.0.0

Person Name	Explanation
KEVIN WIRT	Volunteer
NEAL THOMAS	Volunteer
DOUG GANGER	Volunteer
CHRIS POTRAZ	Volunteer
KELLEY NEASE	Volunteer
PAT MCCAULEY	Volunteer
JEAN CREASBAUM	Volunteer
J WHITMER	Volunteer
GEORGE FREESE	Volunteer
TOM SIBAL	Volunteer
JODI SPATARO	Volunteer
STEVE BROWN	Volunteer
RALPH BRADLEY	Volunteer
RON BONDURANT	Volunteer
SUEANN VONGUNTEN	Volunteer
RICHARD WHITE	Volunteer
PATRICK BAILEY	Volunteer
SHELBY HERMS	Volunteer

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)
		Beverage Service at Local Music Festivals (event type)	Spaghetti Day (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	9,950	4,667		14,617
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	9,950	4,667		14,617
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		300		300
	7 Food and beverages		637		637
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				937
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				13,680

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				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
13 Indicate the percentage of gaming activity conducted in							
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">13a</td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: right;">%</td> </tr> <tr> <td>13b</td> <td></td> <td style="text-align: right;">%</td> </tr> </table>	13a		%	13b		%
13a		%					
13b		%					
b An outside facility							

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 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).

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
KIWANIS CLUB OF ELKHART

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

2017

**Open to Public
Inspection**

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 10,602

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 8, Other Revenue	Member Donations from Weekly Meeting ie Fines, Christmas Auction 15,320

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 8, Other Revenue	Rental of Scout Cabin Owned by Club 535

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Conferences, conventions, and meetings 1,325

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Club Liability Insurance 783

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Kiwanis Meetings Special Events Christmas, Past Presidents, Installation of Officers, etc 922

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Lt Governor Contribution 250

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Member Awards/Supplies 189

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Membership Dues Paid to Kiwanis - From Income Line 3 7,258

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Weekly Club Meeting Meals Expense 11,676

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Club Promotion 619

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Quickbooks Online Progran 342

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Sponsored Club - Key Clubs Support 1,390

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Local Community Students Programs/ Awards 9,523