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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No. 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning AUGUST 1 , 2008, and ending JULY 31 , 20 09

B Check if applicable:
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

EARL COLLINS KIWANIS FOUNDATION OF THE MISSOURI-ARKANSAS DISTRICT OF KIWANIS INTERNATIONAL

Number and street (or P.O box, if mail is not delivered to street address) Room/suite: C/O ARNOLD W. ZIMMERMAN, JR. 8660 GRANT ROAD 303

City or town, state or country, and ZIP + 4: SAINT LOUIS, MO 63123-1040

D Employer identification number: 43 : 6052800

E Telephone number: (314) 843-2766

F Group Exemption Number . . ▶

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting method: ☑ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ www.moarkkiwanis.org/public_district/pub_Content.aspx?Page=348

J Organization type (check only one)— ☑ 501(c) (3) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ▶☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 47,115

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	24,192
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	22,407
	5a	Gross amount from sale of assets other than inventory	5a 21		
	b	Less: cost or other basis and sales expenses	5b 192		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	-171
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 3,504 of contributions reported on line 1)	6a 0		
	b	Less: direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a 495		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	495
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	46,923
Expenses	10	Grants and similar amounts paid (attach schedule)		10	20,000
	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	722
	16	Other expenses (describe ▶)		16	
	17	**Total expenses.** Add lines 10 through 16 ▶		17	20,722
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	26,201
	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	659,572
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	685,773

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Part II **Balance Sheets.** If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	659,572	22	685,773
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	659,572	25	685,773
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	659,572	27	685,773

SCANNED APR 05 2010

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SCHOLARSHIPS AND SUPPORT OF YOUTH

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, or other relevant information for each program title.

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)
28	STUDENT SCHOLARSHIPS TO VARIOUS INDIVIDUALS SEE SCHEDULE)	
	(Grants $ 16,500) If this amount includes foreign grants, check here ▶ ☐	28a 16,500
29	SUPPORT OF MISSOURI-ARKANSAS DISTRICT KEY CLUB	
	(Grants $ 1,500) If this amount includes foreign grants, check here ▶ ☐	29a 1,500
30	KIWANIS INTERNATIONAL FOUNDATION _ MATCHING SCHOLARSHIPS	
	(Grants $ 2,000) If this amount includes foreign grants, check here ▶ ☐	30a 2.000
31	Other program services (attach schedule)	
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	31a
32	**Total program service expenses** (add lines 28a through 31a) ▶	32 20,000

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE SCHEDULE ATTACHED	ALL VOLUNTEERS	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a NONE			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
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 unpaid at the start of the period covered by this return?	38a		✓
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 ▶ NONE ; section 4912 ▶ NONE ; section 4955 ▶ NONE			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ NONE			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ NONE			
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		✓

41 List the states with which a copy of this return is filed. ▶ NOT REQUIRED

42a The books are in care of ▶ BILLY CLAIBORN Telephone no. ▶ (417) 862-5311

Located at ▶ 1345 BATTLEFIELD, SPRINGFIELD, MO ZIP + 4 ▶ 65801-2817

			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: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		✓
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: ▶	42c		✓

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

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		✓
48	Is the organization operating 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(s) a section 527 organization?		

50 Complete this table for the 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 address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the 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 address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

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

Arnold W. Zimmerman, Jr. — Signature of officer — 3-12-10 — Date

ARNOLD W. ZIMMERMAN, JR., CPA, TRUSTEE AT LARGE AND FINANCE CHAIRMAN

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no ▶ ( )

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

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
EARL COLLINS KIWANIS FOUNDATION OF THE MISSOURI-ARKANSAS DISTRICT OF KIWANIS INTERNATIONAL	43 : 6052800

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: (Please check only **one** organization.)

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).** (Attach Schedule H.)

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 33⅓ % 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 33⅓ % 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).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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–Other

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 it 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?

	Yes	No
(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? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		

h Provide the following information about the organizations the organization supports.

(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 col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,888	22,938	18,715	26,190	24,192	108,928
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 1-3	16,888	22,938	18,715	26,190	24,192	108,923
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.						108,923

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	16,888	22,938	18,715	26,190	24,192	108,923
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,294	20,061	27,384	27,951	22,407	116,097
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.)		966	1,180	470	495	3,111
11 **Total support.** Add lines 7 through 10						228,131

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 2008 (line 6, column (f) divided by line 11, column (f))	14	47.75 %
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	49.15 %

16a **33⅓ % support test—2008.** If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33⅓ % support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2008.** 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—2007.** 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33⅓ % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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 IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A - PART II - LINE 10 - GAIN OR LOSS FROM SALE OF SECURITIES

2004	$ 8,066
2005	9,374
2006	13,300
2007	1,085
2008	-171

EARL COLLINS KIWANIS FOUNDATION OF THE MISSOURI-ARKANSAS DISTRICT OF KIWANIS INTERNATIONAL

c/o Arnold W. Zimmerman, Jr.
8660 Grant Road, Apt. 303
St. Louis, MO 63123-1040

ID No. 43-6052800 **YEAR 7-31-09**

FORM 990EZ - PART I - LINE 1 - CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS RECEIVED

Contributions	$ 20,688
Special Events Contributions (Line 6a - Special Events)	3,504
	$ 24,192

EARL COLLINS KIWANIS FOUNDATION OF THE MISSOURI-ARKANSAS DISTRICT OF KIWANIS INTERNATIONAL

c/o Arnold W. Zimmerman, Jr.
8660 Grant Road, Apt. 303
St. Louis, MO 63123-1040

ID No. 43-6052800 YEAR 7-31-09

FORM 990EZ - PART I - LINE 5C - GAIN OR LOSS ON SALE OF ASSETS OTHER THAN INVENTORY

Date Sold	Description	Shares	Proceeds	Cost	Gain/-Loss
1/06/2009	Wells Fargo	.7615	$ 21	$ 192	$ -171

EARL COLLINS KIWANIS FOUNDATION OF THE MISSOURI-ARKANSAS DISTRICT OF KIWANIS INTERNATIONAL

c/o Arnold W. Zimmerman, Jr.
8660 Grant Road, Apt. 303
St. Louis, MO 63123-1040

ID No. 43-6052800 **YEAR 7-31-09**

FORM 990EZ - PART I - LINE 6 - SPECIAL EVENTS AND ACTIVITIES

	Silent Auction	Mid Year Shows	Total
Gross receipts	$2,094	$1,410	$3,504
Less contributions	-2,094	1,410	-3,504
Gross revenue	0	0	0
Less direct expenses		0	0
Net Income	$ 0	$ 0	$ 0

EARL COLLINS KIWANIS FOUNDATION OF THE MISSOURI-ARKANSAS DISTRICT OF KIWANIS INTERNATIONAL

c/o Arnold W. Zimmerman, Jr.
8660 Grant Road, Apt. 303
St. Louis, MO 63123-1040

ID No. 43-6052800 **YEAR 7-31-09**

FORM 990EZ - PART I - LINE 7 - GROSS SALES OF INVENTORY

	Cookbooks	Total
Gross sales	$ 495	$ 495
Less cost of goods sold	0	0
Gross profit	$ 495	$ 495

EARL COLLINS KIWANIS FOUNDATION OF THE MISSOURI-ARKANSAS DISTRICT OF KIWANIS INTERNATIONAL

c/o Arnold W. Zimmerman, Jr.
8660 Grant Road, Apt. 303
St. Louis, MO 63123-1040

ID No. 43-6052800 **YEAR 7-31-09**

FORM 990EZ - PART III - PROGRAM SERVICE ACCOMPLISHMENTS

See List Attached	Scholarships	$16,500
Missouri - Arkansas District Key Club	Youth Services	1,500
Kiwanis International Foundation	Matching Scholarships	2,000
		$20,000

EARL COLLINS KIWANIS FOUNDATION OF THE MISSOURI-ARKANSAS DISTRICT OF KIWANIS INTERNATIONAL

c/o Arnold W. Zimmerman, Jr.
8660 Grant Road, Apt. 303
St. Louis, MO 63123-1040

ID No. 43-6052800 **YEAR 7-31-09**

FORM 990EZ – LINE 28 – STUDENT SCHOLARSHIPS

DIV.	NAME	ADDRESS	AMOUNT
1	Meinhardt, Katie K.	BB1 Box 95, Kahoka, MO 63445	$ 750
2	Lewis, Amber L.	29032 310th St., Fairfax R 3, MO 64446	750
3	Schlueter, Cayanne M.	25449 CR 321, Carrollton, MO 64633	750
4	Dimmitt, Emily K.	19209 E.255 St., Harrisonville, MO 64701	750
5	Ridgway, Elizabeth A.	18666 Hwy FF, Mexico, MO. 65265	750
6	Huff, Ashley M.	41 Countrywood Dr., St. Peters MO 63376	750
7	Wiegman, Megan E.	511 N. Clay Ave., Ferguson, MO 63135	750
8	Spitzmiller, Suzette, A.	PO Box100, Pilot Knob, MO 63663	750
9	Mosier, Lucy F.	1412 Westhampton View Ct., Chesterfield MO 63005	750
10	Thompson, Aaron M.	1900 Old Hwy 50, W., Union, MO 63084	750
11	Allcorn, Kristen N.	2840 Southgate Loop, Sedalia, MO 65301	750
12	Long, Emily K.	1115 E. Highland, Carthage, MO 64836	750
13	Shelenhamer, Garret R.	3851 S. 117th Rd., Bolivar, MO 65613	750
14	Beydler, Rachel A	708 Linden Ln., Sikeston, MO 63801	750
15	Johnson, Renee E.	5617 Millcreek Rd., Hot Springs, AR 71901	750
16	Gore, Jordan K.	104 N. Brickey St., Osceola, AR 72370	750
17	Jenkins, Kyliegh N	N. 40 Luster St., Batesville, AR 72501	750
18	Cunningham, Stephen M.	3581 Buzzard Roost Rd., Mountain Home, AR 72653	750
19	Wiegmann, Jennifer A.	18248 Cozy Cabin Rd., Springdale, AR 72764	750
20	Hula, Jennifer, A.	2905 Genoa Rd., Texarkana, AR 71854	750
21	Valdez, Valarie L.	100000 Yellowpine Ln., Little Rock, AR 72204	750
22	Kizer, Kerri, A.	PO Box 2753, Pine Bluff, AR 71613	750
23	Bowers, Brandi L.	35 Fontaine St., Clarksville, AR 72830	750
8	Stocum, Kaylee E. (Note)	RR1 Box 14A, Arcadia, MO 63621	-750
	TOTAL		$ 16,500

Note – By action of the Board of Trustees on 02/21/2009 an uncashed check dated 09/18/2006 was reinstated

EARL COLLINS KIWANIS FOUNDATION OF THE MISSOURI-ARKANSAS DISTRICT OF KIWANIS INTERNATIONAL

c/o Arnold W. Zimmerman, Jr.
8660 Grant Road, Apt. 303
St. Louis, MO 63123-1040

ID No. 43-6052800 YEAR 7-31-09

FORM 990EZ – PART IV – OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

Office	First	Last	Address	City	ST	Zip
01 Trustee	Bill	Webber	5006 Wyaconda	Hannibal	MO	63401
02 Trustee	Ruby	Woodson	70 NE Highway Y	Trenton	MO	64683
03 Trustee	Jerry	McCarter	499 Trail Ridge Rd..	Richmond	MO	64085
04 Trustee	Raymond	Handy	4224 E. 52nd St..	Kansas City	MO	64130
05 Trustee	Elda	Kurzejeski	4651 S Scott Blvd	Columbia	MO	65203
06 Trustee	Robert N	Thompson	#4 Sailmast Ct	Lake St. Louis	MO	63367
07 Trustee	Don	Gores	24 Cardigan	Ferguson	MO	63135
08 Trustee	Judy	Burnette	3679 Colonia Pl Dr.	Saint Louis	MO	63125
09 Trustee	John	Gruender	14635 Rogue River Dr.	Chesterfield	MO	63017
10 Trustee	Wayne	Dothage	544 Randy Dr.	Washington	MO	63090
11 Trustee	Jim	Lipsey	1032 El Dorado Ct	Jefferson City	MO	65101
12 Trustee	Marge	Bull	15427 Country Road 130	Carthage	MO	64836
13 Trustee	Paul	Sherman	1108 E. Walnut St.	Springfield	MO	65806
14 Trustee	Wayne	Nesslein	2545 Meadow Lane	Cape Girardeau	MO	63701
15 Trustee	George	Carbine	30 Ciclamor Way	Hot Springs Village	AR	71909
16 Trustee	Ralph E	Wilson, Jr	P.O Box 506	Osceola	AR	72370
17 Trustee	Gary	Baker	122 Atchison Pl.	Batesville	AR	72501
18 Trustee	Dale	Garner	1513 Windsor Dr	Harrison	AR	72601
19 Trustee	Don E.	Schaefer	1297 Deane St	Fayetteville	AR	72703
20 Trustee	Dr Tom	Sullivan	2317 W 15th St	Russellville	AR	72801
21 Trustee	Billie	Howard	163 Jim Corbett Rd	Beebe	AR	72012
22 Trustee	Bob	Rhinehart	3500 Cherry St	Pine Bluff	AR	71603
23 Trustee	Floyd	Young	P.O Box 195	Hope	AR	71802
President	Dave	Woodson	70 NE Highway Y	Trenton	MO	64683
Vice President	Roger	Sherman	937 Sikes Ave.	Sikeston	MO	63801
Immediate Past President	Les	Mace	2516 S Sheridan	Springfield	MO	65804
Secretary	Barbara	Rhinehart	3500 Cherry St	Pine Bluff	AR	71603
Treasurer	Billy	Claiborn	2316 E Harrison	Springfield	MO	65802
Trustee @ Large	Arnold	Zimmerman, Jr	8814 Woodfox Drive	Saint Louis	MO	63127
Trustee @ Large	J Troy	Massey	P O Box 536	Harrison	AR	72602

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☑
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	EARL COLLINS KIWANIS FOUNDATION OF THE MO-ARK DISTRICT OF K. I.	43 6052800
	Number, street, and room or suite no. If a P.O. box, see instructions. c/o Arnold W. Zimmerman, Jr. 8814 Woodfox Drive	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Saint Louis, MO 63127-1438	

Check type of return to be filed (file a separate application for each return):

☐ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☑ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ Billy Claiborn, 1345 E. Battlefield, Springfield, MO 65804-3603

Telephone No. ▶ (417) 837-5214 FAX No. ▶ (417) 837-5290

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)_____. If this is for the whole group, check this box . . . . . ▶ ☐. If it is for part of the group, check this box . . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MARCH 15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20_____ or

▶ ☑ tax year beginning AUGUST 1, 20 08, and ending JULY 31, 20 09.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . ▶ ☐
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization		**Employer identification number**
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no If a P O box, see instructions.		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions.		

Check type of return to be filed (File a separate application for each return):

☐ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ _____
Telephone No. ▶ (_____) _____ FAX No. ▶ (_____) _____
• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . . . . . ▶ ☐ . If it is for part of the group, check this box. . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until _____, 20_____.
5 For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
7 State in detail why you need the extension _____

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Arnold W. Zimmerman, Jr. Title ▶ C. P. A. Date ▶ 12-13-09