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To 5-17-10 EXTENDED

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 \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public Inspection

		of the Treasury enue Service		assets les ➤ The organization may		00 at the end of the copy of this return to			rements		Inspe	ection	
The state of the			tober 1, 2008				September 30 , 20						
_					D Emp	D Employer identification number							
		diess change Use IRS Kiwanie International DawnRusters Metairie							2	3-7447429			
		liabel or I						E Tele	E Telephone number				
님		Initial return Terminated								504-838-8568			
H									F Gro	F Group Exemption			
H		ation pending	Instruc- tions	Metairie, LA 70005-	1532					nber I	•	n/a	
==	• 5	action 501(c)(3)	organiz	rations and 4947(a)(1)	nonexempt	charitable trusts	must attach	G Acc	counting M	ethod	✓ Cash	Accrual	
	- 0.			npleted Schedule A (ner (specify				
_								H Che	eck ▶ 🗸	if the o	organization	is not	
ı	Web	site:▶ www	.dawnb	usters.org				req	uired to at	tach S	chedule B (F	orm 990,	
J	Tax-e	exempt status (check o	nly one) — 🗸 501(c) (4) ◀ (inse	rt no) 🔲 4947(a)(1) or 5	27 990)-EZ, or 99	0-PF)			
_	Chec			zation is not a section !				s receipts ar	e normally	not m	ore than \$25	5,000. A	
	Form		•	turn is not required, be			_						
L	Add lı	nes 5b, 6b, and 7	b, to line	e 9 to determine gross re	eceipts; if \$500	0,000 or more, file F	orm 990 inste	ad of Form 9	990-EZ	\$		49,866	
	art			enses, and Chan						ction	s for Part	l.)	
	1	Contribution	ons, gif	ts, grants, and simila	ar amounts r	eceived				1			
\equiv	2	Program s	ervice i	evenue including go	vernment fe	es and contract	s			2			
@I.O.7	3	_		and assessments.						3		20,085	
S	4	Investmen	tincom	ne						4		42	
~` ∌	5	a Gross amo	ount fro	m sale of assets oth	er than inve	ntory	. 5a						
		b Less: cost	or othe	er basis and sales ex	cpenses		. 5b						
֓֞֝֞֝֟֝֓֓֓֓֟֝֓֓֓֓֓֟֝֓֓֓֓֓֟֓֓֓֓֓֟֓֓֓֓֓֓֟֓֓֓֓֓֡֓֡֓֡֓֡		c Gain or (lo	ss) fron	n sale of assets othe	er than inven	tory (Subtract li	ne 5b from l	ıne 5a) .		5c			
. =	6 6	Special event	s and ac	tivities (complete applicab	le parts of Scho	edule G). If any amou	ınt is from <mark>gan</mark>	ning, check he	ere 🕨 🔲				
ָּבֶּי נְבָּי ק	<u> </u>	a Gross reve	enue (no	ot including \$		of contribut	tions						
Reven	2	reported on line 1)											
3		b Less: direc	ct expe	nses other than fund	draising expe	enses	. 6b						
3		c Net incom	e or (lo:	ss) from special evei	nts and activ	vities (Subtract I	ne 6b from	lıne 6a) .		6c		20,100	
)	7	a Gross sale	s of inv	entory, less returns	and allowar	ices	. 7a	_					
		b Less: cost	of goo	ds sold			. 7b						
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							7c				
	8)	8		9,681		
_	9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8							<u>.]. ▶</u>	9		49,908	
	10	Grants and	d sımıla	r amounts paid (atta	ich schedule	e)	Ē		٠٠١	10		20,863	
	11	Benefits paid to or for members						• `]. •	11		4,207		
ď	3 12			mpensation, and en				/ 2HiH.	• •	12			
Sester	13		Professional fees and other payments to independent contractors							13			
Š	<u>ا</u> 14			utilities, and mainte			Car:	مري.	. #	14		9,013	
ŭ	^j 15		Finding, publications, postage, and snipping						15		1,446		
	16	•	•	describe > See sta						16		13,353	
_	_ 17			Add lines 10 through						17		48,882	
¥	18			for the year (Subtra		•				18		1,026	
ď	3 19			nd balances at begin							i		
Ă	É	•	_	e reported on prior y	•					19		20,179	
Not Accete	20		_	net assets or fund b	•	•				20		04.005	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20							•	21	d of C	21,205	
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 in: (See the instructions for Part II.) (A) Beginning of years.													
	_	(of year			
		Cash, Savings, and invostments						2	0,179		21,205		
											23		
				pe ►							24	21,205	
		Total assets						·		0,179	26	21,203	
	26	Total liabilitie	s (desc	cribe ► nalances (line 27 of	column (P)	nuet agree with	line 21\	一' ├──		0.179		21,205	
_	. 7	MAT SCRATE A	* ************************************	Talances illne 77 of .	COMPONDED AND F	THIST SUITED WITH	m IH / 11			. u. 1 (7)		41.400	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2009)



Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	1.)		Expenses		
What	t is the organization's primary exempt purpose?	Services adolescent through high school age children				(Required for section		
Desc	cribe what was achieved in carrying out the org	panization's exempt purposes. In a clear and concise				501(c)(3) and 501(c)(4)		
manı		izations and section a)(1) trusts; optional						
	program title.				for ot			
28	Services and contributions to indigent/neglected chi	Idren, construction of handic	capped ramps	-				
	Funding of accelerated reading programs for area el							
	'							
	(Grants \$) If this amount	includes foreign grants, che	ook here	. ▶ □	28a	7.194		
29	Youth services, purchasing clothes and Christmas p			·	200	7,100		
25	high school Key clubs in New Orleans/Metairie, Loui	ciana aroa						
	ingli school key clubs in New Orleans/Metaine, Loui	Sialla alea		•••••				
	(O a start)	. • □	20-	11,549				
		includes foreign grants, chi	eck nere	. • •	29a	11,545		
30	Contributions to Kiwanis foundations and other Kiw	anis ciub service projects						
						0.400		
		includes foreign grants, che			30a	2,120		
31	, , , , , , , , , , , , , , , , , , , ,							
		includes foreign grants, chi			31a			
	Total program service expenses (add lines 28a				32	20,863		
Par	List of Officers, Directors, Trustees, and Key							
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributed employee benefit		(e) Expense account and		
	(b) Name and address	devoted to position	enter -0)	deferred compe	nsation	other allowances		
Stev	e Ghergich	Bussident 42 haves						
1341	Aris, Metairie, LA 70005	President, 12 hours	-0-		-0-	-0-		
Davi	d Michler	4-43/0 6 5						
205	S. Murat, New Orleans, LA 70119	1st VP, 6 hours	-0-	ļ	-0-	-0-		
	lneich							
	Phosphor, Metairie, LA 70005	Treasurer, 4 hours	-0-	i	-0-	-0-		
	rne Poias							
	45th St., Metairie, LA 70001	Secretary, 4 hours	-0-		-0-	-0-		
3003	45th St., Metallie, EA 70001							
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		Yes	No
33	description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? 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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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	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		
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		√
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 period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Initiation fees and capital contributions included on line 9	1 /		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1 !		
40 a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			,
е	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		<u> </u>
41	List the states with which a copy of this return is filed. ▶ Louisiana			
42a	The organization's books are in care of ▶ Joe Ineich Telephone no. ▶	504 <i>-</i> 83	8-8568	3
	Located at ► 1134 Phosphor Ave., Metairie, LA ZIP + 4 ►	70005	-1532	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	$\overline{}$	Yes	
	account)?	42b		✓,
	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.	40.		
С	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	i	
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			
AE.	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		لـــا
		ր 43 <u>։</u> ա 990	-F7	(2000)

i	•		_	23.7447	429 Page 4
Part V		section 4947(a)(1) nor 47(a)(1) nonexempt ch nd 51.			
	Did the organization engage in direct or indirect andidates for public office? If "Yes," complete	t political campaign activ	rities on behalf of o	or in opposition to	Yes No
	Did the organization engage in lobbying activities				46
	s the organization a school as described in section				48
	Old the organization make any transfers to an e		ted organization?		49a
b If	f "Yes," was the related organization a section Complete this table for the organization's five h	527 organization?			49b
50 C	complete this table for the organization's live in employees) who each received more than \$100	ignest compensated emp. .000 of compensation fro	m the organization	. If there is none, en	ter "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		(e) Expense
	otal number of other employees paid over \$10	0.000			
	Complete this table for the organization's five 100,000 of compensation from the organization	on. If there is none, enter	"None."	otors who each reco	eived more than
	(a) Name and address of each independent contracto	T paid more man \$100,000		ype of service	(c) Compensation
d T	otal number of other independent contractors	each receiving over \$100	,000 ▶		
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including accomp n of preparer (other than officer)	panying schedules and s is based on all information	tatements, and to the bes	st of my knowledge any knowledge
Sign Here	Signature of officer Joe (preich, Treasurer Type or print name and title			Date /	10, 2010
Paid Preparer	Preparer's signature	Date	Check if self- employed ▶ [Preparer's identifying nur	nber (See instructions)
Use Only	yours if self-employed),	-		Phone no	
May the	IRS discuss this return with the preparer show	n above? See instruction		▶ [Yes No

KIWANIS DAWNBUSTERS OF METAIRIE, LA. FORM 990-EZ, September 30, 2009 EIN: 23-7447429

STATEMENT 1

Line 10:

Total

Community service Kiwanis foundations Interdivisional projects Key Clubs Youth services	\$ 7,194 920 1,200 9,737
Total	<u>\$ 20,863</u>
Line 16:	
Board expenses District dues International dues Interclub Recognition Miscellaneous Social	\$ 664 2,431 5,123 232 1,782 2,131 990

<u>\$ 13,353</u>