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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.

▶ 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

_			ar year	r, or tax year beginning	October 01	, 2008, and end	ling Septen	nber 30	), 2	0 09
В	Check if a		Please	C Name of organization			D Empk	yer ide	ntification	number
닕	Address of	•	use IRS label or	Civitan Club of Owens	boro Kentucky, Ir	ıc	26	!	00668	71
<b>7</b>	Name cha Initial retu	nange print or Number and street (or PO box, if mail is not delivered to street address). Room/suite E Tele					Room/suite E Telep	elephone number		
뷝	Termination		type. See	1701 Fawn Drive		1	( 270	))	683-2	2952
Ħ	Amended		Specific	City or town, state or countr	ry, and ZIP + 4		F Group	Exem	ntion —	
Ħ		on pending	Instruc- tions.	Owensboro, KY 42303	3-1843		Numb		<b>▶</b>	5431
==	• Section	on 501(c)(3)		tations and 4947(a)(1) nonex	empt charitable tru	sts must attach	G Accounting me Other (specify)	thod	✓ Cash	Accrual
	Websit	www	//circ/ia	ab/edu			H Check ▶ 🗾			
				nly one) — 🔽 501(c) ( <b>4</b> ) ◀	/	7/->/4> 🗍 507	required to atta 990-EZ, or 990		ieauie B (F	·orm 990,
_						7(a)(1) or 527		<u>:</u>		
				on is not a section 509(a)(3) si			ots are normally <b>not</b>	more th	an \$25,00	0 A return is
				ization chooses to file a return	<del></del>	i	) / 5 000 53			
				ne 9 to determine gross receip				▶ \$		`
ľ	art I	Revenue,	, Expe	enses, and Changes in	Net Assets or I	Fund Balances (	See the instruct	ions to	or Part I.	.)
	1	Contribution	ns, gifts	s, grants, and similar amoui	nts received			1		<del></del>
	2	Program s	ervice i	revenue including governr	ment fees and cont	racts		2		
	3	Membersh	ip dues	s and assessments .				3		3,360.
	4	Investment	t incom	ne				4		
	5a	Gross amo	ount fro	om sale of assets other the	an inventory	5a				
	ь			er basis and sales expens	•	5b		]		
	С			sale of assets other than in		e 5b from line 5a) (a	attach schedule)	5c		
Revenue	6			ivities (complete applicable parts of	• `	, ,	,	,		
Je.	а			ot including \$	, ,	• •	CONTINUE 2 ILL	1		
è	"	reported o			01 0011111	6a	560			
		•		enses other than fundraisir		6b	283.	1		
	C		•	oss) from special events ar	• .		******	6c		277.
	7a			,	•	7a	10,421	55		
				ventory, less returns and a	allowarices	7b		1		
	b	Less cost	•		, , (Oudstonet Lee 71)	h		7c		10,421.
	C			oss) from sales of inventor	y (Subtract line 7b	from line /a)		8		10,421.
	8	Other reve		escribe	70. and 9		)	9		14,058
_						INTERNAL REVENUE		+		
	10			ar amounts paid (attach so	chedule) .	RECEIVED		10		7,633.
		11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits DEC 3 0 2011					111	11		
Expenses	12						12			
en	13							13		
×	14	COMMITTAL IN					IRECTOR	14		
ш	15	WAIL UN JES						15		
	16				Livents, Dues & F	ees, Promotions,	-	16		4,005.
	17	lotal expe	enses.	Add lines 10 through 16	•	•	<u> </u>	17		11,638.
ţ	18	Excess or	(deficit	t) for the year (Subtract lin	e 17 from line 9)			18		2,420.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with						-		
Ä	}			e reported on prior year's				19		2,495
É	20		~	net assets or fund balance	, ,	,		20		
_	21			nd balances at end of year				21		4,915.
P	art II	Balance :	Sheet	s. If Total assets on line 2	25, column (B) are	\$2,500,000 or mor	e, file Form 990 ii	nstead	of Form	990-EZ
			(5	See the instructions for Pa	art II )		(A) Beginning of	year	(B) End	of year
22	: Cast	h, savings, a	and inv	estments			2,4	95. 22	?	4,915.
23		d and buildii		•	,			23		
24		er assets (de	_	· • • • • • • • • • • • • • • • • • • •				24	l	
25		al assets				,	2,4	95. 25	5	4,915.
26		al liabilities (	(descrit	be <b>▶</b>	<u> </u>			0. 26	6	0.
27	Net	assets or f	und ba	alances (line 27 of column	า (B) <b>must</b> agree w	ith line 21)	2,4			4,915.
Fo	Privac	y Act and Pa	aperwo	rk Reduction Act Notice, se	e the Instruction fo	r Form 990.	Cat No 106421			0-EZ (2008)

<b>-</b>	200 57	(0000
⊾ ⊬orm	990-F7	120081

, dill 555 E2 (2555)					rage Z
Part III Statement of Program Service Acco					Expenses
What is the organization's primary exempt purpose?	Philanthropy, Voluntarism	, and Grant Makii	ng		uired for 501(c)(3)
Describe what was achieved in carrying out the organ	nization's exempt purposes. Ii	n a clear and cond	use manner.		(4) organizations 4947(a)(1) trusts.
describe the services provided, the number of persons					onal for others)
28 To build good citizenship by providing a volur	teer organization dedicated	to serving indivi	dual and		
community needs, with an emphasis on helpir					
	9.6356.3				
(Grants \$ 7,633.) If this amount in	ncludes foreign grants, check			28a	7,633.
· · · · · · · · · · · · · · · · · · ·				20a	1,000.
29					
(O ) ( )					1
(Grants \$ ) If this amount in				29a	
30					
	ncludes foreign grants, check	here .	<u> </u>	30a	
31 Other program services (attach schedule) .	•	•			
	ncludes foreign grants, check	here	▶ □	31a	
32 Total program service expenses (add lines 28a			<u> </u>	32	7,633.
Part-IV List of Officers, Directors, Trustees, and Ke	ey Employees. List each one eve	en if not compensate	ed. (See the in:	structio	ons for Part IV.)
(a) Name and address	(b) Title and average hours per week	(c) Compensation	(d) Contribution		(e) Expense account and
(a) Name and address	devoted to position	(If not paid, enter -0)	employee benefit deferred compe	pians & nsation	other allowances
Steve Teasley	President, 4 hrs				
Owensboro, KY 42303	Tresident, 4 mg	-0-		-0-	-0-
John Armstrong	President Elect, 4hrs				
Owensboro, KY 42303	Freshaent Elect, 41115	-0-		-0-	-0-
Iulia Millar	Connectors Alban				
Owensboro, KY 42303	Secretary, 4 hrs	-0-		-0-	-0-
Jonnifor Lindson					
Owensboro, KY 42303	Treasurer, 9hrs	-0-		-0-	-0-
Josephine Bigger			<del>  "</del>		
	Board Member, 2 hrs	-0-	}	-0-	-0-
Owensboro, KY 42303 Robert Hood		-0-		-0-	-0-
	Board Member, 2 hrs	-0-		-0-	-0-
Owensboro, KY 42303		-0-		-0-	
Tommy Malone	Board Member, 2 hrs				•
Owensboro, KY 42303		-0-		-0-	-0-
			1		
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			1		
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		<u> </u>			
		†	<del> </del>		
•					
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Par	t 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		<b>√</b>
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		<b>√</b>
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			
а	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		✓_
	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 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 <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		✓
	Section 501(c)(7) organizations Enter		İ	
	Initiation fees and capital contributions included on line 9		İ	
b	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. section 4911 ▶			
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		✓
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .			
d	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		<b>√</b>
41	List the states with which a copy of this return is filed. ► Kentucky			
<b>42</b> a	The books are in care of ▶ John Armstrong Telephone no. ▶ (270	) 68 42303-	33-295 1843	52
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	42b	Yes	No ✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the US?  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 <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year .			<b>▶</b> [
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		<b>✓</b>
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		1
		00/	\ <u></u>	

Form 990-EZ	<u>``</u>						Page 4
Part VI	Section 501(c)(3) organizations only. and complete the tables for lines 50 ar	All section 501(and 51.	c)(3) organız	ations mus	t answer quest	ions 46–4	19
<b>46</b> Did th	he organization engage in direct or indirect p	olitical campaign a	ctivities on be	half of or in	opposition to	Ye	s No
candi	idates for public office? If "Yes," complete So	chedule C, Part I				46	1
	he organization engage in lobbying activities?					47	<b>√</b>
	e organization operating a school as describe				te Schedule E .	48	1
	he organization make any transfers to an exe		related organ	nization?		49a	<b>-</b>   ✓
<b>50</b> Comp	es," was the related organization(s) a section plete this table for the five highest compensation received more than \$100,000 of compensation.	ted employees (oth		rs, directors		49b   y employe	es) who
(a) N	Name and address of each employee paid more than \$100,000	(b) Title and avera hours per week devoted to position	1 11	ompensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expe account other allow	and
 No	one						
		* · · · · · · · · · · · · · · · · · · ·					
Total numb	per of other employees paid over \$100,000 ▶	<del></del>					
	plete this table for the five highest compensation from the organization. If there is no		intractors wh	o each recei	ved more than \$	100,000 of	
	(a) Name and address of each independent contractor p	aid more than \$100,000		<b>(b)</b> Typ	e of service	(c) Comper	sation
Noi	ne						
	,						
Total numb	per of other independent contractors each re-	ceiving over \$100,0	00 ▶				
	Under penalties of perjury. Leclare that I have examin and belief it is true, correct, and complete Declaration	ed this return, including on of preparer (other tha	accompanying s n officer) is base	chedules and s d on all inform	ation of which prepar	er has aný kr	nowledge nowledge
Sign Here	Signature of officer  Stave Tanalau Brasidant	F		D	12/20/2 ate	0//	
	Steve Teasley, President Type or print name and title						
Paid	Preparer's signature		Date	Check if self-	Preparer's Identifying	Number (See	nstructions
Preparer's				employed ►	<u> </u>		

Preparer's

Use Only

Firm's name (or yours if self-employed), address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? See instructions

EIN

Phone no ► (

## Civitan Club of Owensboro Kentucky, Inc. Statement of Program Service Accomplishments October 2008 through September 2009

Date	Date Name						
Charitable Contributions							
10/04/08	Civitan International Foundation	\$	523				
11/01/08	Civitan International Foundation		483				
12/17/08	Civitan International Foundation		485				
01/05/09	Civitan International Foundation		537				
02/15/09	Civitan International Foundation		544				
03/03/09	Civitan International Foundation		487				
04/11/09	Civitan International Foundation		728				
05/05/09	Civitan International Foundation		595				
05/14/09	Special Olympics of Kentucky		628				
05/31/09	Civitan International Foundation		508				
06/22/09	American Cancer Society		150				
07/01/09	Civitan International Foundation		749				
08/04/09	Civitan International Foundation		669				
09/01/09	Civitan International Foundation		548				
		\$	7,633				