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Fgm 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

Open to Public Inspection

Processor   Proc	_		2008 calendar year, or tax	year beginning	OCT 1,	20	800		and endi	ing SEE	<u> 30</u>	) <u>,</u>	2009
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Section 501(c)(3) organizations and 4947(s)(1) nenexempt thankfulle trusts must attach a completed   Schedule A (Form 990 or 990-EZ)   Website: N/A   H Chick   Lift the organizations and 4947(s)(1) (in generating)   H (chick only one)   Lift the organization shall be restaurable trusts must attach a completed   Schedule A (Form 990 or 990-EZ)   H (Chick   Lift the organization is not section 501(c)(3) supporting organization and sits government for some treguesed, but if the organization not observed that the organization chooses to file a return, be sure to file a complete return.   H Chick   Lift the organization chooses to file a return, be sure to file a complete return.   H Chick   Lift the organization chooses to file a return, be sure to file a complete return.   H Chick   Lift the organization chooses to file a return, be sure to file a complete return.   H defines 50, and 70, to file the following organization chooses to file a return, be sure to file a complete return.   H defines 50, and 70, to file the following organization or more file to file a complete return.   H defines 50, and 70, to file the following organization organization and its government flower than 50, one transport the organization chooses to file a return, be sure to file a complete return.   H defines 50, and 70, to file the file and 50, and 70, and	Г	Termi	- Specific D O BOX 3	287							574 534-5397		
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Section 501(e)(3) organizations and 4917(s)(1) nenexempt bariable trusts must attach a completed Schedule A (Form 990 or 990-EZ)  Website: ▶ N/A  9 Organization type (check only one)— X   501(c)( 4 ) ■ (reserved)  10 A   10   10   10   10   10   10   10	Ē	— return Applica		= :									
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Legured, but if the organization chooses to file a return, be sure to file a complete return.													
Add lines 5b, 6b, 2nd 7b, 1c line 9 to determine pross recents; (\$\$,000,000 or more, title Form 990-recent   \$\$ 162,065.   Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)								ross re	eceipts are r	normally <b>not</b> i	more t	han \$2	25,000. A return is not
Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part 1)  1   Contributions, gifts, grants, and similar amounts received   1   144,823. 2   Program service revenue including government less and contracts   2   16,049. 3   Membership dues and assessments   3   16,049. 4   Investment income   4   460. 5   Gross amount from sale of assets other than inventory   5   5   5   5   5   5   5   5   5											···-		460 065
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But a Scross amount from sale of assets other than inventory b b. Less; cost or other hasis and sales expenses c and of (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)  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	Membership dues and assessme	nts							Ĺ	3	
b Less; cost or other basis and sales expenses		4	Investment income						ı		Ĺ	4	460.
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17   Total expenses. Add lines 10 through 16		1					S	EE	STATE	MENT 1	L)[		
18   Excess or (deficit) for the year (Subtract line 17 from line 9)   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)   20   Other changes in net assets or fund balances (attach explanation)   20   Very changes in net assets or fund balances (attach explanation)   20   Very changes in net assets or fund balances at end of year. Combine lines 18 through 20   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.    Cash, savings, and investments   (A) Beginning of year   (B) End of year				ough 16									
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)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  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	_				e 9)						-		
Part     Balance Sheets.   If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.    Cash, savings, and investments   (A) Beginning of year   (B) End of year	ets					(A))					Ī		
Part     Balance Sheets.   If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.    Cash, savings, and investments   (B) End of year   (B) End of year	SSI	"				(, ,)						19	78 268
Part     Balance Sheets.   If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.    Cash, savings, and investments   (A) Beginning of year   (B) End of year	et /	20									r		70,200
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       78, 268. 22       94, 642.         23 Land and buildings       23         24 Other assets (describe ►       )       24         25 Total assets       78, 268. 25       94, 642.         26 Total liabilities (describe ►       )       0. 26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       78, 268. 27       94, 642.	Ž	1		· ·		0							94 642
(See the instructions for Part II.)  22	P						0.000 or m	nore, fi	le Form 990	) instead of F	orm 99		
22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe ►  25 Total assets  26 Total liabilities (describe ►  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  832171  832171  832171  832171  832171  832171  832171	Ŀ	<u></u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del>, _ , _ ,</del>	<del>-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	, .,				T	<del></del>
23 Land and buildings 24 Other assets (describe ▶ ) 24  25 Total assets	22	) Cael	·	,					(7.)			199	
24       Other assets (describe)       )       24         25       Total assets       78,268.25       94,642.         26       Total liabilities (describe)       )       0.26       0.         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       78,268.27       94,642.         832171       10.26 </td <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>, , , 2</td> <td></td> <td></td> <td></td>			•							, , , 2			
25 Total assets  26 Total liabilities (describe ►  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  832171  832171  832171  832171  832171  832171  832171									\ <del> </del>			$\neg$	
26 Total liabilities (describe ► ) 0 . 26 0 .  27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 78, 268 . 27 94, 642 .  832171									'	72 1	268		94 642
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  832 171  832 171  For 200 F7 (2000)									,	10,2			
832171 LUA 5 Science Advantage and Parketing and the Instruction for 5 and 200			-	of column (R) must an	ree with line 21	١			' <del> </del>	78 2			
	832						ructions fo	r Forn	n 990.	, , , , ,			Form <b>990-EZ</b> (2008)

For	m 990-EZ (2008) KIWANIS INTERNATIONAL CLU	JB OF GOSHEN		35-	62103	60 Page 2
P	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		1	penses
Wh	at is the organization's primary exempt purpose? SEE STATEMENT	. 3		-	(Required	for 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt purposes. In		escribe the services			ganızatıòns and ) trusts; optional
	evided, the number of persons benefited, or other relevant information for each p		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		for others	
_	FUNDS SPENT TO FURTHER OUR CLUB'S E		DING			
	EXPENSES FOR CLUB MEETINGS AND OTHE				[	
		<u> </u>				
	(Grants \$ ) If this amount includes foreign	grante, chock horo		$\overline{}$	28a	96,892.
29	The tries amount includes loreign	grants, check here			204	00,002.
23					1 1	
				<del>_</del>		
	(Grants \$ ) If this amount includes foreign	grants, check here			29a	<del></del>
30					1 1	
		1100			1	
	(Grants \$ ) If this amount includes foreign	grants, check here	<b>&gt;</b>	إسا	30a	
31	Other program services (attach schedule)				1	
	(Grants \$ ) If this amount includes foreign	grants, check here			31a	
	Total program service expenses (add lines 28a through 31a)			<b>&gt;</b>	32	96,892.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the	e instructions t	for Part IV)
					ontributions	
	(a) Name and address	(b) Title and average hours	(c) Compensation	1 .0 .	employee	(e) Expense
	(a) Name and address	per week devoted to position	(If not paid, enter -0- )		efit plans & leferred	account and other allowances
		position	-0- )		pensation	outer allowances
KI	EVIN DEARY	PAST PRESIDEN	лт.	1		
	O. BOX 287, GOSHEN, IN 46527	0.00	٥.		0.	0.
	LAN MACKOWIAK	PRESIDENT	0.	+	<u> </u>	
		-1	_		0	_
	O. BOX 287, GOSHEN, IN 46527	0.00	0.	<del> </del>	0.	0.
	OGER SHIPLEY	PRESIDENT ELE	l		•	
	O. BOX 287, GOSHEN, IN 46527	0.00	0.		0.	0.
	ORETTA SALCHERT	VICE PRESIDEN	Į.		_	_
	O. BOX 287, GOSHEN, IN 46527	0.00	0.	·	0.	0.
	AMES NORTON	SECRETARY				
<u>P</u>	O. BOX 287, GOSHEN, IN 46527	0.00	0.		0.	0.
DI	JANE MILLER	TREASURER				
	O. BOX 287, GOSHEN, IN 46527	0.00	0.		0.	0.
$\mathbf{D}^{\mathbf{Z}}$	AVID BOOTHBY	'07-'09 DIREC	TOR			
P	O. BOX 287, GOSHEN, IN 46527	0.00	0.	,	0.	0.
JI	EFFERY LUND	'07-'09 DIREC	TOR			
	O. BOX 287, GOSHEN, IN 46527	0.00	0.		0.	0.
	OHN BOLLINGER	'07-'09 DIREC		1		
	O. BOX 287, GOSHEN, IN 46527	0.00	0.		0.	0.
	AREN SMITH	'07-'09 DIREC		` <del> </del>		
	O. BOX 287, GOSHEN, IN 46527	0.00	0.		0.	0.
	ARY KAY BEER	'08-'10 DIREC		<u>'</u>		
	O. BOX 287, GOSHEN, IN 46527	0.00	0.		0.	
		'08-'10 DIREC		-		0.
	ARGIE COWELLS	⊣			^	
	O. BOX 287, GOSHEN, IN 46527	0.00	0.	·	0.	0.
	AUL GAYLER	'08-'10 DIREC				
	O. BOX 287, GOSHEN, IN 46527	0.00	0.	·	0.	0.
	EITH NEUENSCHWANDER	'08-'10 DIREC	i			}
<u>P</u>	O. BOX 287, GOSHEN, IN 46527	0.00	0.	1	0.	0.
_				-		
_		1				
				1		
-		1				
		1		-		i

Pa	art 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		X
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		Х
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		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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		_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:			
а	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities  39b  N/A			l
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 $\blacktriangleright$ N/A; section 4912 $\blacktriangleright$ N/A; section 4955 $\blacktriangleright$ N/A			
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		<u> </u>
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
	Enter amount of tax on line 40c reimbursed by the organization  O.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
44	transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
41	List the states with which a copy of this return is filed.   In health are in core of P. DUANE, MILLER WILLIAM THE P. T.	<u> </u>	<u> </u>	<del></del>
42 a	The books are in care of $\blacktriangleright$ DUANE MILLER, TREASURER  Located at $\blacktriangleright$ P O BOX 287, GOSHEN, IN  Telephone no. $\blacktriangleright$ 574 53	652		
h	Located at ► P O BOX 287, GOSHEN, IN  At any time during the calendar year, did the organization have an interest in or a signature or other authority	054	<u>/</u>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Vas	No
	account)?	42b	103	X
	If "Yes," enter the name of the foreign country:	720	l.—	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	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	N/A	•	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		<u>x</u>
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		X
		Form 9	90-EZ	(2008)

Form 990-EZ (2008)

X Yes

296-3780

(574)

address and ZiP + 4

ELKHART, IN 46515-0099

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

## **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

Schedule A (Form 990 or 990-EZ) 2008

<u> </u>			INTERNATION						35	5-6210360
Part I	Reason	for Public Char	ty Status (All organiz	ations mu	st complet	e this part	:.) (see ins	tructions)		
The organi	zation is not a	a private foundation l	oecause it is: (Please ch	eck only <b>o</b>	ne organiz	ation)				
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desci	ribed in <mark>se</mark>	ction 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 stat									
5 🔲	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		(b)(1)(A)(iv). (Comple	*							
6		-	ent or governmental uni							
7 📖	•	_	eives a substantial part	of its supp	ort from a	governme	ntal unit c	or from the	general p	oublic described in
		b)(1)(A)(vi). (Comple								
8 🕌			ection 170(b)(1)(A)(vi).		-				_	
9 X	-	•	eives (1) more than 33						-	-
			nctions - subject to certa							
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon a	after June 30, 1975.
. —		509(a)(2). (Complete	· ·							
10	Ū		perated exclusively to te	•	•				•	
11	•		perated exclusively for the						-	
		=	itions described in secti				?) See <b>se</b> d	ction 509(	<b>a)(3).</b> Che	eck the box that
		· · · · -	organization and compl		_					) T
	a Type		• •	Тур		-	_		d ∟	Type III · Other
е 📖		-	t the organization is not							
			han one or more publicly						3(a)(1) or s	section 509(a)(2)
f			ten determination from t	tne IHS tha	atitisa iy	pe i, Type	ii, or Type	e III		
		rganization, check th	irganization accepted ar	av aift or c	ontribution	from any	of the foll	owing ner	sons?	
g	-		rectly controls, either al			-				Yes No
		*	upported organization?	ione or log	Cuici Willi	persons	icocribca	iii (ii) ai la (	,, DC10 <b>11</b> ,	11g(i)
	-		n described in (i) above?	,						11g(ii)
	. ,	-	person described in (i)		a?					11g(iii)
h		•	about the organizations			nnorts				(11g(m))
"	1 TOVIGE LITE I	Ollowing Information	about the organizations	o the organ	12411011 34	эрона				
(:) Nama	of our ported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did voi	notify the	(vi) is	the	(vii) Amount of
	of supported anization	(11) E114	organization		sted in your		ion in col.	organizati	on in col.	support
O go	i iizatioii		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	.2	***************************************
		1	(see instructions))	Yes	No	Yes	No	Yes	No	
								1		
								1		
					-		ļ			
Total										

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A	(Form	990 or	990-EZ	2008
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Page 2

	art II Support Schedule for	Organizations	s Described in	Sections 170	(b)(1)(A)(iv) ar	d 170(b)(1)(A)(	/i)
Ь	(Complete only if you checke	_			(-)(-)(-)(-)		•
Sec	ction A. Public Support			·			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and	(a) 2004	(6) 2000	(6) 2000	(4) 2007	(e) 2000	(i) Total
•	membership fees received (Do not					i	
	include any "unusual grants ")						
2	Tax revenues levied for the organ-			<del>                                     </del>			
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					<del></del>	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 - 3		-				
5	The portion of total contributions				-		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					1	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_6	Public Support. Subtract line 5 from line 4						
Sec	ction B. Total Support	1	-		<b>.</b>		
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		<u> </u>				
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				ļ <u>-</u>		
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)					-	
11	Total support. Add lines 7 through 10	L	L	<u> </u>	<u> </u>	<del> </del>	<u> </u>
12	Gross receipts from related activities	,	•			12	
13	First five years. If the Form 990 is fo	•	s tirst, secona, thi	ra, tourtn, or tittn t	ax year as a secti	on 501(c)(3)	. □
Sec	organization, check this box and storection C. Computation of Publ		rcentage			· · · · · · · · · · · · · · · · · · ·	<u> </u>
14				column (f))		14	
15	Public support percentage from 2007		•			15	
	33 1/3% support test - 2008. If the			on line 13, and line	14 is 33 1/3% or	-	
	stop here. The organization qualifies	-				.,	▶□
t	33 1/3% support test - 2007. If the	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check tl	nis box
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes	•	•		e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	this box and stop	here. Explain in Pa	art IV how the orga	nization
	meets the "facts-and-circumstances"					-	<b>&gt;</b>
t	10% -facts-and-circumstances tes	t - <b>2007.</b> If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-cırcı	umstances" test, o	check this box and	stop here. Expla	in in Part IV how the	е
	organization meets the "facts-and-cir	cumstances" test	The organization	qualifies as a pub	licly supported org	ganization	▶□
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns 🕨
					Sch	edule A (Form 990	or 990-EZ) 2008

Sect	t III   Support Schedule for C	IWANIS IN	TERNATION  Described in	AL CLUB O Section 509(a)	F GOSHEN	35-621	0360 Page 3
	TIII   Support Schedule for Cion A. Public Support	71 gameations	Described III (	30000011003(0)	(Complete only	ii you checked the b	ox on line 9 of Part I.)
Calon	dar year (or fiscal year beginning in)	(a) 2004	(h) 0005	(-) 000C	(-I) 0007	4 1 2000	40.7.1
	Gifts, grants, contributions, and	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	nembership fees received (Do not				•		
	nclude any "unusual grants ")	152,864.	156.722.	168 242.	154 022.	160 872.	792,722.
2 G m fo a	Gross receipts from admissions, nerchandise sold or services per- permed, or facilities furnished in ny activity that is related to the rganization's tax-exempt purpose			100,211,	201,022		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
а	Gross receipts from activities that re not an unrelated trade or busness under section 513					-	
	ax revenues levied for the organ-						
	ation's benefit and either paid to						
	r expended on its behalf						
	he value of services or facilities					<u>-</u>	
	urnished by a governmental unit to						
	ne organization without charge						
	otal. Add lines 1 - 5	152,864.	156,722.	168,242.	154,022.	160,872.	792,722.
	mounts included on lines 1, 2, and	132,004.	130,722.	100,242.	134,022.	100,072.	134,144.
	received from disqualified persons						
<b>b</b> Ai	mounts included on lines 2 and 3 received om other than disqualified persons that sceed the greater of 1% of the total of lines 9, 0c, 11, and 12 for the year or \$5,000		**		•	· <u>.                                    </u>	
сА	dd lines 7a and 7b						
8 P	Public support (Subtract line 7c from line 6)						792,722.
Secti	ion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 A	mounts from line 6	152,864.	156,722.	168,242.	154,022.	160,872.	792,722.
d s	Gross income from interest, ividends, payments received on ecurities loans, rents, royalties nd income from similar sources	422.	364.	917.	759.	460.	2,922.
d s a	ividends, payments received on ecurities loans, rents, royalties		364.	917.	759.	460.	2,922.
d sa b U (I	ividends, payments received on ecurities loans, rents, royalties nd income from similar sources inrelated business taxable income ess section 511 taxes) from businesses cquired after June 30, 1975	422.					
d sa <b>b</b> U (I	ividends, payments received on ecurities loans, rents, royalties nd income from similar sources inrelated business taxable income ess section 511 taxes) from businesses		364. 364.	917.	759. 759.	460. 460.	
d so a b U (I ac c A 11 N ac w	ividends, payments received on ecurities loans, rents, royalties nd income from similar sources inrelated business taxable income ess section 511 taxes) from businesses cquired after June 30, 1975	422.					2,922.
d si a a b U (II a a a a a a a a a a a a a a a a a a	ividends, payments received on ecurities loans, rents, royalties nd income from similar sources inrelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975 and lines 10a and 10b let income from unrelated business ectivities not included in line 10b, whether or not the business is egularly carried on other income Do not include gain r loss from the sale of capital ssets (Explain in Part IV)	422.					2,922.
d ss a a b U (II a c A 11 N a w re 12 C o a 13 T i	invidends, payments received on ecurities loans, rents, royalties and income from similar sources inrelated business taxable income ess section 511 taxes) from businesses adjured after June 30, 1975 and lines 10a and 10b det income from unrelated business activities not included in line 10b, whether or not the business is egularly carned on other income. Do not include gain in loss from the sale of capital ssets (Explain in Part IV.)	422. 422. 1,925.	364. 313.	917.	759. 2,904.	733.	2,922. 6,277. 801,921.
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FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
K-BULLGRAM		1,721.
CONFERENCES & CONVENTIONS		32,849.
MEMBERSHIP		793.
DUES		12,607.
MISCELLANEOUS		198.
PORTAL		375.
COMMUNITY SERVICE EXPENSE		5,334.
FAIR PROJECT- BUILDING IMPROV		761.
FAIR PROJECT- OPERATING EXP		43,156.
HUMAN & SPIRITUAL VALUES		1,937.
SPONSORED YOUTH EXPENSE		1,125.
TRAVELOGUE EXPENSE		8,830.
YOUNG CHILDREN EXPENSE		8,634.
YOUTH SERVICES EXPENSE		18,046.
MISC. FUNDRAISING COMMITTEE EX	PENSE	5,888.
CATERING EXPENSE		2,451.
PEANUT EXPENSE		729.
TOTAL TO FORM 990-EZ, LINE 16		145,434.

FORM 990-EZ		INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				MENT	2
Α〉	DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RESEARCHLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[	]	YES	[X]	ио
B)		SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[	]	YES	[X]	NO

KIWANIS	INTERNATIONAL	CLUB	OF	GOSHEN

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	 <del></del>	
990-EZ PG 2	STATEMENT	3

TO FURTHER PHYSICAL AND SPIRITUAL NEEDS IN OUR COMMUNITY.