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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)

OMB No 1545-1150

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

B Check if applicable

 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type

C Name of organization

HICKORY KIWANIS CLUB

D Employer identification number

58-1939893

Number and street (or P O. box, if mail is not delivered to street address)

PO BOX 501

Room/suite

E Telephone number

828-294-3772

City or town, state or country, and ZIP + 4

HICKORY, NC 28603-0501

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: ► N/A

J Organization type (check only one) — 501(c)(6) ◀ (insert no) 4947(a)(1) or 527K 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 ► \$ 60,113.

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

1	Contributions, gifts, grants, and similar amounts received	1	3,997.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	19,216.
4	Investment income	4	10,552.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6c	
a	Gross revenue (not including \$ <input type="checkbox"/> of contributions reported on line 1) OGDEN, UT	6a	25,064.
b	Less: direct expenses other than fundraising expenses	6b	11,095.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c	13,969.
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	1,284.
8	Other revenue (describe ► MISCELLANEOUS)	9	49,018.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	19,073.
10	Grants and similar amounts paid (attach schedule)	11	
11	Benefits paid to or for members	12	
12	Salaries, other compensation, and employee benefits	13	
13	Professional fees and other payments to independent contractors	14	
14	Occupancy, rent, utilities, and maintenance	15	
15	Printing, publications, postage, and shipping	16	20,706.
16	Other expenses (describe ► MEALS, SUPPLIES & ADMIN EXPENSES)	17	39,779.
17	Total expenses. Add lines 10 through 16	18	9,239.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	76,010.
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	
20	Other changes in net assets or fund balances (attach explanation)	21	85,249.
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
22	76,010.	85,249.
23		23
24		24
25	76,010.	85,249.
26	0.	0.
27	76,010.	85,249.

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

What is the organization's primary exempt purpose? SEE STATEMENT 3

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 COMMUNITY SERVICES

(Grants \$) If this amount includes foreign grants, check here 28a 19,073.

29

19,073.

31 Other program services (attach schedule)

1

32 Total program service expenses (add lines 28a through 31a)

6

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

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

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 X

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 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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.

b Did the organization file Form 1120-POL for this year? 37b X

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 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 39a N/A

a Initiation fees and capital contributions included on line 9 39b N/A

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a N/A, section 4912 40b N/A; section 4955 40c 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 40d N/A

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40e 0.

d Enter amount of tax on line 40c reimbursed by the organization 40f 0.

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 40g X

41 List the states with which a copy of this return is filed 41 NONE

42a The books are in care of 42a RICK HAMMER Telephone no 42b 828-294-3772
Located at 42c 4995 FOREST RIDGE DR, HICKORY, NC ZIP + 4 42d 28602

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)? 42e X

If "Yes," enter the name of the foreign country: 42f

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? 42g X

If "Yes," enter the name of the foreign country: 42h

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 N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 X

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

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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization(s) a section 527 organization?	49b	
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 N/A	(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
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."

N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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.		
	Date	1/14/10	

► Signature of officer
RICK HAMMER, TREASURER
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instr)
	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

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 1

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
YOUTH SERVICES 4H CAMP	NONE	4,030.
YOUTH SERVICES BOYS AND GIRLS CLUB	NONE	1,000.
YOUTH SERVICES HYATT	NONE	1,000.
YOUTH SERVICES TEEN UP	NONE	300.
YOUTH SERVICES RECREATIONAL BASKETBALL	NONE	239.
COMMUNITY SERVICE KIWANIS FOUNDATION	NONE	3,000.
COMMUNITY SERVICE SALVATION ARMY	NONE	500.
SPONSORED YOUTH CIRCLE K/KEY CLUB	NONE	4,920.
MISCELLANEOUS BSA - LEARNING FOR LIFE	NONE	1,500.

MISCELLANEOUS
CHILD ADVOCACY CENTER

NONE

400.

MISCELLANEOUS
PARENTING NETWORK

NONE

850.

YOUTH SERVICES
HICKORY CITY SCHOOLS DICTIONARY PROJECT

NONE

775.

MISCELLANEOUS
SKIP A MEAL

NONE

298.

MISCELLANEOUS
TERRIFIC KIDS

NONE

261.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

19,073.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 3

SERVICE ORGANIZATION THAT RAISES FUNDS TO HELP OTHER COMMUNITY ORGANIZATIONS