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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service

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 org- anizations 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

Open to Public Inspection**A For the 2008 calendar year, or tax year beginning** 10/01 , 2008, and ending 9/30 , 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	C Please use IRS label or print or type. See Specific Instructions. KIWANIS INTERNATIONAL-GAINESVILLE P O BOX 662 GAINESVILLE, GA 30503	D Employer identification number 58-6049679
		E Telephone number
		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

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

J Organization type (check only one) — ☒ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527

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. ► \$ 135,666.

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	885.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	87,464.
	4 Investment income	4	30.
	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) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	47,287.
	b Less direct expenses other than fundraising expenses	6b	12,664.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	34,623.	
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)	7c		
8 Other revenue (describe ►)	8		
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	123,002.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	17,353.
	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	12,000.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	512.
	16 Other expenses (describe ► See Statement 2)	16	101,477.
	17 Total expenses (add lines 10 through 16)	17	131,342.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,340.
	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	59,517.
	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	51,177.

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	59,562.	51,397.
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	59,562.	51,397.
26 Total liabilities (describe ► See Statement 3)	45.	220.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	59,517.	51,177.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

TEEA0803L 09/18/08

23 P

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 YOUTH SERVICES/SPONSORED YOUTH: THE ORGANIZATION PROVIDES SUPPORT
TO THE AREA HIGH SCHOOL KEY CLUBS AND OTHER AREA YOUTH PROGRAMS

28 a

29 CITIZENSHIP SERVICES: THE ORGANIZATION PROVIDES SUPPORT TO
COMMUNITY AGENCIES SUCH AS THE HUMANE SOCIETY, GOOD NEWS AT NOON,
LAW ENFORCEMENT, CHALLENGE CHILD, NEEDY CHILDREN, ETC.

29 a

(Grants \$) If this amount includes foreign grants, check here

30 a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31 a

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

32

(a) Name and address

[illegible]

(c) Compensation (If not paid, enter -0-.)

(d) Contributions to employee benefit plans and deferred compensation	
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(e) Expense account and other allowances	
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SANDRA W SIMPSON
1724 FAIRVIEW DRIVE
GAINESVILLE, GA 30501

President	5.00
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0.

0.

0.

WILLIAM LEE ROGERS, III
960 CHATTAHOOCHEE DRIVE
GAINESVILLE, GA 30501

Vice President	5.00
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0.

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0.

SAM HULSEY
1089 LANIER AVENUE, NE
GAINESVILLE, GA 30501

Secretary	5.00
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Part V Other Information (Note the statement requirement in General Instruction V.)

	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	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 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	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule 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
39 501(c)(7) organizations Enter		
a 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
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
b 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	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter amount of tax on line 40c reimbursed by the organization		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	40e	X
41 List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The books are in care of ▶ BARBARA GRANT Telephone no ▶ 770-538-4003
 Located at ▶ P O BOX 662 GAINESVILLE GA ZIP + 4 ▶ 30503

	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 ▶ _____	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
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	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** 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	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 | |
| 49b 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	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and 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.'

(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 receiving over \$100,000		

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.

Sign Here

Signature of officer: Andrea W. Simpson Date: 12-15-09
 Type or print name and title: SANDY SIMPSON Pres. year end 9-30-09 President

Paid Preparer's Use Only

Preparer's signature: Wayne M. Jessup Date: 12-08-2009 Check if self-employed: ☐ Preparer's Identifying Number (See instructions): N/A
 Firm's name (or yours if self-employed), address, and ZIP + 4: Jessup, Compton & Pierce PC
1212 Sherwood Park Dr. NE
Gainesville, GA 30501 EIN: N/A Phone no: (770) 534-1891

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

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

Department of the Treasury
Internal Revenue Service

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

KIWANIS INTERNATIONAL-GAINESVILLE

58-6049679

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | | | |
|--------------------------|-------------------------|-------------------------------------|---------------------------------------|
| ☐ | Mail solicitations | ☐ | Solicitation of non-government grants |
| ☐ | Email solicitations | ☐ | Solicitation of government grants |
| ☐ | Phone solicitations | ☒ | Special fundraising events |
| ☐ | In-person solicitations | | |

☐ Yes ☒ No

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>PANCAKE BREAKF</u> (event type)	(b) Event #2 <u>GOLF TOURNAMEN</u> (event type)	(c) Other Events <u>1</u> (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	27,905.	9,280.	6,087.	43,272.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	27,905.	9,280.	6,087.	43,272.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	3,853.	5,038.	3,148.	12,039.
	8 Direct expense summary Add lines 4- through 7 in column (d)				12,039.
	9 Net income summary Combine lines 3 and 8 in column (d)				31,233.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
REVENUE	1 Gross revenue				
	2 Cash prizes				
DIRECT EXPENSES	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____**c** If 'Yes,' enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Client 8

KIWANIS INTERNATIONAL-GAINESVILLE

58-6049679

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Payments to Affiliates

Name:	KIWANIS INTERNATIONAL	
Address:	3636 WOODVIEW TRACE	
	INDIANAPOLIS IN 46268,	
Purpose of payment:	DUES AND MEMBERSHIP FEES	
Amount:		\$ 12,328.
Name:	KIWANIS INTERNATIONAL-GA DISTR	
Address:	P O BOX 6618	
	MACON GA 31028,	
Purpose of payment:	DUES AND MEMBERSHIP FEES	
Amount:		\$ 5,025.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$ 1,053.
Conferences, Conventions, and Meetings	57,813.
GENERAL & ADMINISTRATIVE	1,226.
LIABILITY INSURANCE	975.
MISCELLANEOUS	1,146.
NEW MEMBER PROCESSING	1,080.
Office Expenses	229.
SERVICE PROJECT EXPENSES	37,955.
Total	<u>\$ 101,477.</u>

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Deferred Revenue	\$ 45.	\$ 220.
Total	<u>\$ 45.</u>	<u>\$ 220.</u>

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

To give primacy to the human and spiritual rather than to the material values of life.