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Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Department 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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C KIWANIS INTERNATIONAL OF GULFPORT P.O. BOX 392 GULFPORT, MS 39502	D Employer identification number 64-6027584
		E Telephone number 228-897-2661
		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 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. ▶ \$ 62,491.

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	10,100.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	35,692.
4	Investment income	4	23.
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 <input type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	16,676.
b	Less direct expenses other than fundraising expenses	6b	5,963.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	10,713.
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	56,528.
10	Grants and similar amounts paid (attach schedule)	10	34,544.
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	450.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	44.
16	Other expenses (describe ▶ SEE STATEMENT 2)	16	30,376.
17	Total expenses (add lines 10 through 16)	17	65,414.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,886.
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	43,186.
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	34,300.

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	42,670.	34,810.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 3)	516.	91.
25 Total assets	43,186.	34,901.
26 Total liabilities (describe ▶ SEE STATEMENT 4)	0.	601.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	43,186.	34,300.

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

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **SEE STATEMENT 5**

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.

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

28 **SEE STATEMENT 6**(Grants \$) If this amount includes foreign grants, check here ☐**28 a****29**(Grants \$) If this amount includes foreign grants, check here ☐**29 a****30**(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****Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
AMY ALTESE P.O. BOX 4019 GULFPORT, MS 39502-4019	SECRETARY 2.00	0.	0.	0.
SUE WRIGHT P.O. BOX 2267 BAY ST. LOUIS, MS 39521	VICE PRESIDENT 0	0.	0.	0.
TRAVIS MOORE 11542 MAGNOLIA ESTATES LANE GULFPORT, MS 39503	PRESIDENT 2.00	0.	0.	0.
JIM MCDANIEL P.O. BOX 176 GULFPORT, MS 39502	DIRECTOR 0	0.	0.	0.
EDDIE DEANO 2000 24TH AVENUE GULFPORT, MS 39501	TREASURER 2.00	0.	0.	0.
KIM THOMAS 8222 PERSIMMON LANE LONG BEACH, MS 39560	DIRECTOR 0	0.	0.	0.
ANGELA MOZINGO 11267 RIVERBEND GULFPORT, MS 39503	VICE PRESIDENT 0	0.	0.	0.
HARRY YOSTE P.O. BOX 353 GULFPORT, MS 39502	DIRECTOR 0	0.	0.	0.
HALEY BROOM 2909 13TH ST 6TH FLOOR GULFPORT, MS 39502	DIRECTOR 0	0.	0.	0.

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		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		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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
b Did the organization file Form 1120-POL for this year?		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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	N/A	
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 N/A , section 4912 N/A ; section 4955 N/A		
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.		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		X
41 List the states with which a copy of this return is filed NONE		

42a The books are in care of **EDDIE J. DEANO** Telephone no. **228-897-2661**
 Located at **2000 24TH AVENUE GULFPORT MS** ZIP + 4 **39501**

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: _____

	Yes	No
42b		X
42c		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: _____

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		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		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.

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

	Yes	No
46		
47		
48		
49a		
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

Date _____

1-14-10

Type or print name and title

Edgar Deano - treasurer

**Paid
Pre-
parer's
Use
Only**Preparer's
signature

Date _____

i-14-10

Check if self-employed

Preparer's Identifying Number
(See instructions)
N/A

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

EDDIE J. DEANO, PLLC
2000 24TH AVE
GULFPORT, MS 39501-2977

FIN

► N/A

Phone no.

(228) 897-2661

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

►	X	Yes		No
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BAA

Form 990-EZ (2008)

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.

REVENUE		(a) Event #1 <u>PANCAKE DAY</u> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	15,398.			15,398.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	15,398.			15,398.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	5,439.			5,439.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				5,439.
	9 Net income summary. Combine lines 3 and 8 in column (d)				9,959.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
DIRECT EXPENSES	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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)				

	YES	NO
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? _____	9a	
b If 'No,' Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If 'Yes,' Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	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: ▶ \$ _____

KIWANIS INTERNATIONAL OF GULFPORT

64-6027584

**STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	YOUTH SERVICES	
DONEE'S NAME:	HARRISON COUNTY YOUTH SHELTER	
	GULFPORT, MS	
CASH AMOUNT GIVEN:		\$ 2,771.
CLASS OF ACTIVITY:	YOUTH SERVICES	
DONEE'S NAME:	HARRISON COUNTY HEADSTART	
	GULFPORT, MS	
CASH AMOUNT GIVEN:		\$ 705.
CLASS OF ACTIVITY:	YOUTH SERVICES	
DONEE'S NAME:	D'IBERVILLE SPECIAL SOCCER TEAM	
	D'IBERVILLE, MS	
CASH AMOUNT GIVEN:		\$ 300.
CLASS OF ACTIVITY:	YOUTH SERVICES	
DONEE'S NAME:	TERRIFIC KIDS PROGRAM	
	GULFPORT, MS	
CASH AMOUNT GIVEN:		\$ 65.
CLASS OF ACTIVITY:	COMMUNITY SERVICES	
DONEE'S NAME:	HANDS ON GULF COAST	
CASH AMOUNT GIVEN:		\$ 300.
CLASS OF ACTIVITY:	COMMUNITY SERVICES	
DONEE'S NAME:	JUNIOR ACHIEVEMENT	
CASH AMOUNT GIVEN:		\$ 300.
CLASS OF ACTIVITY:	COMMUNITY SERVICES	
DONEE'S NAME:	AKITON CLUB/DE L'EPEE DEAF CENTER	
CASH AMOUNT GIVEN:		\$ 500.
CLASS OF ACTIVITY:	YOUTH SERVICES	
DONEE'S NAME:	GIRLS STATE	
CASH AMOUNT GIVEN:		\$ 1,125.
CLASS OF ACTIVITY:	COMMUNITY SERVICES	
DONEE'S NAME:	AED PURCHASES FOR LOCAL SCHOOLS	
	GULFPORT, MS	
CASH AMOUNT GIVEN:		\$ 16,610.
CLASS OF ACTIVITY:	YOUTH SERVICES	
DONEE'S NAME:	MISC YOUTH SERVICES PROGRAMS	
	GULFPORT, MS	
CASH AMOUNT GIVEN:		\$ 1,005.
CLASS OF ACTIVITY:	YOUTH SERVICES	
DONEE'S NAME:	SCHOLARSHIPS	
CASH AMOUNT GIVEN:		\$ 2,000.

PAYMENTS TO AFFILIATES

NAME:	KIWANIS INTERNATIONAL
ADDRESS:	3636 WOODVIEW TRACE
	INDIANAPOLIS, IN 46268
PURPOSE OF PAYMENT:	DUES

KIWANIS INTERNATIONAL OF GULFPORT

64-6027584

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

PAYMENTS TO AFFILIATES

AMOUNT:		\$	6,363.
NAME:	KIWANIS INTERNATIONAL		
ADDRESS:	3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268		
PURPOSE OF PAYMENT:	INT'L FUND DONATION		
AMOUNT:		\$	500.
NAME:	KIWANIS DISTRICT		
ADDRESS:	P.O. BOX 14026 BATON ROUGE, LA 70898		
PURPOSE OF PAYMENT:	DISTRICT FOUNDATION DONATION		
AMOUNT:		\$	500.
NAME:	KIWANIS DISTRICT 14		
ADDRESS:	516 BRANDI LANE GULFPORT, MS 39507		
PURPOSE OF PAYMENT:	KAMP KIWANIS		
AMOUNT:		\$	1,500.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

AWARDS - RECOGNITION	\$	3,334.
CONFERENCES, CONVENTIONS, AND MEETINGS		3,844.
DEPRECIATION		425.
FLOWERS		113.
MEMBER / GUEST MEALS		17,050.
OFFICE EXPENSES		559.
PROGRAM EXPENSE REIMB		4,637.
SPEAKER GIFTS		414.
TOTAL	\$	30,376.

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT.	\$ 516.	\$ 91.
TOTAL	\$ 516.	\$ 91.

KIWANIS INTERNATIONAL OF GULFPORT

64-6027584

**STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
SPLIT THE POT BALANCE	\$ 0.	\$ 601.
TOTAL	<u>\$ 0.</u>	<u>\$ 601.</u>

**STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

PROVIDE A MEANS FOR MEMBERS AND OTHERS TO PROVIDE THE COMMUNITY, YOUTH GROUPS, SENIOR CITIZEN GROUPS AND OTHER SIMILAR NONPROFIT ORGANIZATIONS WITH FUNDS TO SUPPORT THEIR NEEDS AND DEVELOPMENT.

**STATEMENT 6
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

PROVIDE SUPPORT FOR YOUTH ACTIVITIES (SUCH AS EDUCATIONAL AND CULTURAL EVENTS, SOCIAL EVENTS, EVENTS THAT DEVELOP MENTOR RELATIONSHIPS WITH HIGH SCHOOL STUDENTS AND EVENTS THAT PROMOTE THE DEVELOPMENT OF YOUTH LEADERSHIP SKILLS).

THE ORGANIZATION ALSO ASSISTS SENIOR CITIZENS AND HANDICAPPED INDIVIDUALS BY SUPPORTING PROGRAMS THAT PROVIDE CULTURAL EVENTS FOR SUCH GROUPS.