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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

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions

**C** Kiwanis Club of Hammond (K02410)  
 Post Office Box 2944  
 Hammond, LA 70404-2944

**D** Employer identification number

72-6028022

**E** Telephone number

225-667-6226

**F** Group Exemption Number

▶ 0026

• 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

▶ \$ 63,413.

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	4,678.
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	23,510.
<b>4</b>	Investment income	<b>4</b>	1,115.
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>5b</b>	Less cost or other basis and sales expenses	<b>5b</b>	
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	<b>5c</b>	
<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
<b>6a</b>	Gross revenue (not including \$ 978. of contributions reported on line 1)	<b>6a</b>	33,800.
<b>6b</b>	Less direct expenses other than fundraising expenses	<b>6b</b>	13,234.
<b>6c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	20,566.
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>7b</b>	Less cost of goods sold	<b>7b</b>	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe ▶ See Statement 1)	<b>8</b>	310.
<b>9</b>	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	50,179.
<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	25,179.
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	
<b>16</b>	Other expenses (describe ▶ See Statement 3)	<b>16</b>	22,925.
<b>17</b>	<b>Total expenses</b> (add lines 10 through 16)	<b>17</b>	48,104.
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	2,075.
<b>19</b>	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)	<b>19</b>	53,986.
<b>20</b>	Other changes in net assets or fund balances (attach explanation) See Statement 4	<b>20</b>	3,640.
<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	59,701.

**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
<b>22</b> Cash, savings, and investments	53,986.	59,701.
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe ▶ )		
<b>25</b> <b>Total assets</b>	53,986.	59,701.
<b>26</b> <b>Total liabilities</b> (describe ▶ )	0.	0.
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	53,986.	59,701.

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

Form 990-EZ (2008)

TEEA0803L 09/18/08

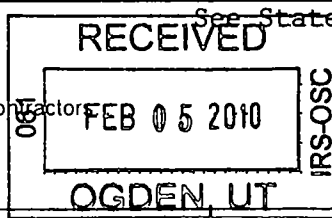
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EXPENSES

ASSETS



<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>Civic/Social Organization</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
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			
<b>28</b>	<u>See Statement 5</u>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	5,825.
<b>29</b>	<u>The Hammond Kiwanis Club supports and at times sponsors events at local area high school Key Clubs and the Circle K Club at Southeastern Louisiana University.</u>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	2,000.
<b>30</b>	<u>The Hammond Kiwanis Club assists and monetarily supports various charities and high schools in the community as well as providing assistance to individuals and other organizations.</u>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	11,656.
<b>31</b>	Other program services (attach schedule)		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	19,481.

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> (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
Wayne Allen 17626 Ridgewood Drive Hammond, LA 70403	Director 2.00	0.	0.	0.
Terry King 15 Fairway View Hammond, LA 70401	Director 2.00	0.	0.	0.
Dan Burchfield Post Office Box 1611 Hammond, LA 70404-1611	Director 2.00	0.	0.	0.
Jean Johnson Post Office Box 845 Loranger, LA 70446	Director 2.00	0.	0.	0.
Sidney Guedry, Jr. 50 Pine Square Hammond, LA 70401	Director 2.00	0.	0.	0.
Lyle Lambert 17134 East Little Italy Road Hammond, LA 70403	Director 2.00	0.	0.	0.
Paul Marek 1007 West Dakota Street Hammond, LA 70401	Director 2.00	0.	0.	0.
John Pearson 801 Rue Chalet Hammond, LA 70403	President 5.00	0.	0.	0.
Ronald Abel 707 West Church Street Hammond, LA 70401	Vice President 3.00	0.	0.	0.
Fran Carrington Post Office Box 2009 Hammond, LA 70404-2009	Vice President 3.00	0.	0.	0.
Stephanie Kropog 27323 Kropog Lane Hammond, LA 70403	Secretary 5.00	0.	0.	0.
Jay Carter 8371 Lafayette Street Denham Springs, LA 70726	Treasurer 8.00	0.	0.	0.

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> 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
<b>35</b> 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.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
<b>39</b> 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> 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>b</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
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> 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
<b>41</b> List the states with which a copy of this return is filed ▶ <u>None</u>		

**42a** The books are in care of ▶ Jay Carter Telephone no ▶ 225-667-6226  
 Located at ▶ 8371 Lafayette Street Denham Springs LA ZIP + 4 ▶ 70726

**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
<b>42b</b>		X
<b>42c</b>		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 and enter the amount of tax-exempt interest received or accrued during the tax year

▶ ☐ N/A  
 ▶ **43** N/A

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

	Yes	No
<b>44</b>		X
<b>45</b>		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

**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.

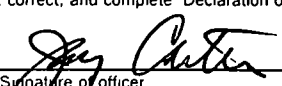
	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>49b</b> If 'Yes,' was the related organization(s) a section 527 organization?	<b>49b</b>	

**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
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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
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Total number of other independent contractors receiving over \$100,000		

<b>Sign Here</b>	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.			
	<b>Signature of officer</b> 		<b>Date</b> 01-28-10	
<b>Paid Preparer's Use Only</b>	<b>Type or print name and title</b> JAY CARTER, TREASURER			
	Preparer's signature	Self-Prepared	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	Preparer's Identifying Number (See instructions)		
	EIN		Phone no	

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.

2008

**Open to Public Inspection**

72-6028022

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

- |  |  |
|--|--|
| <input type="checkbox"/> Mail solicitations      | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Email solicitations     | <input type="checkbox"/> Solicitation of government grants     |
| <input type="checkbox"/> Phone solicitations     | <input type="checkbox"/> Special fundraising events            |
| <input type="checkbox"/> 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			
<b>Total</b>						

-----

**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>Bike Ride Tour</u> (event type)	(b) Event #2 <u>Strawberry Fes</u> (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	17,063.	13,454.		30,517.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	17,063.	13,454.		30,517.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs		700.		700.
	7 Other direct expenses	4,725.	7,809.		12,534.
	8 Direct expense summary Add lines 4- through 7 in column (d)				13,234.
	9 Net income summary Combine lines 3 and 8 in column (d)				17,283.

**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	<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 Club of Hammond (K02410)

72-6028022

**Statement 1**  
**Form 990-EZ, Part I, Line 8**  
**Other Revenue**

Miscellaneous Income

Total	\$	310.
	\$	<u>310.</u>

**Statement 2**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Cash Amount Given:	\$	19,481.
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Payments to Affiliates

Name:	Kiwanis International	
Address:	3636 Woodview Trace	
	Indianapolis, IN 46268	
Purpose of payment:	Dues	
Amount:	\$	5,698.

**Statement 3**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Advertising and Promotion	\$	210.
Awards & Prizes Expense		300.
Banquets, Meetings & Dinners		876.
Conferences, Conventions, and Meetings		2,204.
Dues & Subscription Exp.		200.
Kiwanis Int'l & District Exp.		680.
License, Fees & Permits		5.
Meeting Meals Expense		15,204.
Office & Postage Exp.		917.
Rent on Storage Facility		1,080.
Shirts, Hats, Pins Expense		1,249.
Total	\$	<u>22,925.</u>

**Statement 4**  
**Form 990-EZ, Part I, Line 20**  
**Other Changes in Net Assets Or Fund Balances**

Prior Period Adjustment Correction	\$	3,640.
Total	\$	<u>3,640.</u>

**Statement 5**  
**Form 990-EZ, Part III, Line 28**  
**Statement of Program Service Accomplishments**

The Hammond Kiwanis Club sponsors two programs, Bringing Up Grades (BUGS)/Terrific Kids and a Honors Breakfast, at local area elementary schools to encourage and acknowledge individual students for improving their grades and/or achieving academic excellence on a periodic basis throughout the school year.