



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 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

**2008****Open to Public  
Inspection****A** For the 2008 calendar year, or tax year beginning **OCTOBER 1**, 2008, and ending **SEPTEMBER 30**, 20 **09****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  
Instruc-  
tions.**C** Name of organization**ENID KIWANIS CLUB OF ENID, OKLAHOMA**

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

**PO BOX 769**

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

**ENID, OK 73702****D** Employer identification number**73 0668991****E** Telephone number**( 580 ) 234-9533****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: ► **WWW.ENIDKIWANIS.COM****J** Organization type (check only one)— ☒ 501(c) ( 4 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is **not**  
required to attach Schedule B (Form 990,  
990-EZ, or 990-PF)**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 ► \$**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	40983
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	14447
	4	Investment income	4	760
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	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 \$ 40983 of contributions reported on line 1)	6a	36846
	b	Less: direct expenses other than fundraising expenses	6b	18208
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	18638	
7a	Gross sales of inventory, less returns and allowances	7a	3863	
b	Less: cost of goods sold	7b	2329	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1534	
8	Other revenue (describe ► )	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	76362	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	15471
	12	Salaries, other compensation, and employee benefits	12	7472
	13	Professional fees and other payments to independent contractors	13	4800
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	25
	16	Other expenses (describe ► )	16	10373
	17	<b>Total expenses.</b> Add lines 10 through 16	17	38141
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	38221
	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	59116
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	97337

**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	39380	39853
23 Land and buildings	3060	3060
24 Other assets (describe ► <b>PARK RIDES</b> )	55775	55775
25 <b>Total assets</b>	98215	98688
26 <b>Total liabilities</b> (describe ► )	39099	1351
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	59116	97337

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

Cat No 106421

Form 990-EZ (2008)

SCANNED JAN 06 2010

7

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

## Expenses

What is the organization's primary exempt purpose? CIVIC

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	_____		
	_____		
	_____		
	(Grants \$ _____) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	28a	
29	_____		
	_____		
	_____		
	(Grants \$ _____) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	29a	
30	_____		
	_____		
	_____		
	(Grants \$ _____) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	30a	
31	Other program services (attach schedule) . . . . .		
	(Grants \$ _____) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . <input type="checkbox"/>	32	

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

[illegible]

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

	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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.	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> 0	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>39</b> Section 501(c)(7) organizations. Enter:	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>40a</b> ; section 4912 <b>40a</b> ; section 4955 <b>40a</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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 <b>40b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>40c</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>	<input type="checkbox"/>	<input type="checkbox"/>
<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. <b>40e</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed. <b>OKLAHOMA</b>		
<b>42a</b> The books are in care of <b>CASEY FELIX</b> Telephone no. <b>( 580 ) 234-9533</b> Located at <b>2605 LIBERTY LANE, ENID, OK</b> ZIP + 4 <b>73703</b>		
<b>b</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)? <b>42b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: <b>42b</b>	<input type="checkbox"/>	<input type="checkbox"/>
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? <b>42c</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: <b>42c</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>45</b> 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 <b>45</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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 . . . . . 

	Yes	No
<b>46</b>		
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		
- 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 . . . . .
- 49a** 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? . . . . .
- 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 & 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 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.

Signature of officer: *Casey Felix* Date: 12-7-09

**CASEY FELIX - SECRETARY/TREASURER**

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature:   Date:   Check if self-employed ☐ Preparer's Identifying Number (See instructions)

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