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Form 990-EZ

Wiley in Lieu at 990NM
Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionDepartment 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 organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning Jan 1 , 2009, and ending Dec 31 , 2009			
B Check if applicable	C Name of organization Kiwanis Club of South Paducah		
<input type="checkbox"/> Address change	D Employer identification number 66-6026259		
<input type="checkbox"/> Name change	E Telephone number 270-488-3363		
<input checked="" type="checkbox"/> Initial return	F Group Exemption Number ►		
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

• 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) ►

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

I Website: ►

J Tax-exempt status (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 Form 990-EZ or Form 990 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 \$500,000 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.)

1 Contributions, gifts, grants, and similar amounts received	1 30,028
2 Program service revenue including government fees and contracts	2 0
3 Membership dues and assessments	3 4,645
4 Investment income	4 1,056
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)	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 \$ _____ of contributions reported on line 1)	6a 0
b Less: direct expenses other than fundraising expenses	6b 0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 0
7a Gross sales of inventory, less returns and allowances	7a 8227
b Less: cost of goods sold	7b 2086
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 6,141
8 Other revenue (describe ► RECEIVED)	8 0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 41,870
10 Grants and similar amounts paid (attach schedule)	10 30,159
11 Benefits paid to or for members	11 6,761
12 Salaries, other compensation, and employee benefits	12 0
13 Professional fees and other payments to independent contractors	13 0
14 Occupancy, rent, utilities, and maintenance	14 3,769
15 Printing, publications, postage, and shipping	15 99
16 Other expenses (describe ► Property Taxe & Insurance)	16 1,558
17 Total expenses. Add lines 10 through 16	17 40,233
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 468
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 45,000
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 45,468

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	22 10,468	
23 Land and buildings	23 35,000	
24 Other assets (describe ► EOCU)	24 0	
25 Total assets	25 45,468	
26 Total liabilities (describe ► IRS OGDEN, UTAH)	26 0	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 45,468	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 10642I

Form 990-EZ (2009)

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10

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

What is the organization's primary exempt purpose?

What is the organization's primary exempt purpose? NONPROFIT
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, and other relevant information for each program title.

Expenses

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

28 See Donations Sheet for a listing of all donations

(Grants \$)

) If this amount includes foreign grants, check here

28a

30,159

29

(Grants \$)

) If this amount includes foreign grants, check here

29a

30

(Grants \$)

) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$)

31a

32

Total program service expenses (add lines 28a through 31a) ► 32 30,159

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 V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes

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 why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

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?

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 outstanding at the end of the period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b**

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 **39a**

b Gross receipts, included on line 9, for public use of club facilities **39b**

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► **0**

d Section 501(c)(3) and 501(c)(4) organizations. 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.

41 List the states with which a copy of this return is filed. ► **Kentucky**

42a The organization's books are in care of ► **Joe Vitenis** Telephone no. ► **270-433-4484**
Located at ► **922 Park Avenue Paducah KY** ZIP + 4 ► **42001**

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: ► _____
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.?
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 ► **43**

	Yes	No
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
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	✓

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

	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
46		46	✓
47		47	✓
48	Is the organization 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 a section 527 organization?	49b	
50	Complete this table for the organization's 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

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's 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

d Total number of other independent contractors each 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

► *Lloyd T Brown* 19/16/2010
Signature of officer Date

► *Lloyd T Brown, Sect.*
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 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

DONATIONS SOUTH PADUCAH KIWANIS

TO	AMOUNTS
PADUCAH DAY NURSERY	\$1,200
PADUCAH EASTER SEAL	\$1,600
REIDLAND KEY CLUB	\$440
PADUCAH COOPERATIVE MINISTRY	\$1,200
CHRISTMAS FAMILIES GIFTS	\$350
SHRINERS HOSPITAL	\$1,000
FAMILY SERVICES	\$1,000
HEAD START PROGRAMS	\$5,758
RONALD MCDONALD HOUSE	\$1,100
PADUCAH CHILDRENS CHORUS	\$1,000
HUGS PROJECT	\$500
ST JUDE HOSPITAL	\$1,000
ST NICHOLAS CLINIC	\$1,000
MCCRACKEN CO LIBRARY	\$1,231
TROOPERS ISLAND	\$1,000
YOUTH REACH VICTORY	\$700
KENTUCKY SHERIFF RANCH	\$900
CAMP COURAGEOUS	\$900
RIVER CITY MISSION	\$200
SPECIAL OLYMPICS	\$800
KIWANIS INTERNATIONAL FOUNDATION	\$1,000
SCHOLARSHIPS	\$2,000
AMERICAN RED CROSS	\$250
KT KEY LEADER PROGRAM	\$225
FAMILY DINNERS	\$755
SPECIAL DEPUTIES FUND	\$1,200
McCRACKEN CO DES	\$1,200
HEATH FFA	\$650
TOTAL	\$30,159