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Form **990-EZ**

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 \$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.

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 10/01, 2009, and ending 9/30, 2010

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 INTERNATIONAL K00418 MANKATO PO BOX 733 MANKATO, MN 56001	D Employer identification number 41-0738489
			E Telephone number (507) 625-1551
			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).

I Website: ► WWW.MANKATOKIWANIS.ORG

J Tax-exempt status (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 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. ► \$ 162,491.

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	
2	Program service revenue including government fees and contracts	2	51,579.
3	Membership dues and assessments	3	56,679.
4	Investment income	4	13.
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)	5c	
6	Special events and activities (complete applicable part of Schedule G) If any amount is from gaming, check here ☐		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	54,220.
b	Less direct expenses other than fundraising expenses	6b	31,682.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	22,538.
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	130,809.
10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 1	10	10,159.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	13,608.
13	Professional fees and other payments to independent contractors	13	700.
14	Occupancy, rent, utilities, and maintenance	14	11,744.
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ► SEE STATEMENT 2)	16	100,188.
17	Total expenses. Add lines 10 through 16	17	136,399.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,590.
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	35,745.
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	30,155.

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	30,304.	25,110.
23	Land and buildings		
24	Other assets (describe ► SEE STATEMENT 3)	5,441.	5,045.
25	Total assets	35,745.	30,155.
26	Total liabilities (describe ►)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,745.	30,155.

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

Form 990-EZ (2009)

P 18

Part III	Statement of Program Service Accomplishments (See the instructions)
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What is the organization's primary exempt purpose? SEE STATEMENT 4

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

Expenses

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

28 OPERATION OF CAMP PATTERSON, A CAMP FOR YOUTH LOCATED ON LAKE
WASHINGTON NEAR MANKATO, MINNESOTA.

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

28a 58,511.

29 SUPPORT OF KIWANIS INTERNATIONAL, DISTRICT AND LOCAL PROGRAMS;
PROGRAMS EFFECT APPROXIMATELY 150 MEMBERS PROMOTING COMMUNITY
SERVICE, EDUCATIONAL OPPORTUNITIES, AND SAFETY AWARENESS

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

29a	42,352.
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30 SUPPORT OF COMMUNITY SERVICE PROJECTS: ARION AWARDS, MANKATO
SALVATION ARMY, MANKATO BOY SCOUTS, MANKATO AREA HEALTHY YOUTH,
MARCH OF DIMES, FOOD FOR FRIENDS

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

30 a	9,290.
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31 Other program services (attach schedule) SEE STATEMENT 5

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

31 a	8,372.
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32 Total program service expenses (add lines 28a through 31a)

32	118,525.
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Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs.)
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[illegible]

Part V Other Information (Note the statement requirements in the instrs for Part 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? 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 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?		X
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		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?		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 outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 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 Section 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 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	40b	X
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	40e	X
41 List the states with which a copy of this return is filed ▶ NONE		

42a The organization's books are in care of ▶ MARK MONSON Telephone no ▶ (507) 625-6816
 Located at ▶ 201 POPLAR STREET MANKATO MN ZIP + 4 ▶ 56001

	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 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.

	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 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 and 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 x 12/31/10

Signature of officer Date

MARK MONSON TREASURER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature Date 11/29/10

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

JAMES C. BUSETH, PA Preparer's Identifying Number (See instructions) P00032502

226 NORTH BROAD STREET EIN 20-8137881

MANKATO, MN 56001 Phone no (507) 385-3544

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

KIWANIS INTERNATIONAL K00418 MANKATO

Employer identification number

41-0738489

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

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

☐ Mail solicitations

☐ Internet and email solicitations

☐ Phone solicitations

☐ In-person solicitations

☐ Solicitation of non-government grants

	Solicitation of government grants
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Special fundraising events	
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- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

[illegible]

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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 THUNDER OF DRU (event type)	(b) Event #2 VARIOUS OTHER (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
	1 Gross receipts	25,726.	10,944.	10,143.	46,813.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	25,726.	10,944.	10,143.	46,813.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	21,709.		3,423.	25,132.
	10 Direct expense summary Add lines 4- through 9 in column (d)				25,132.
	11 Net income summary Combine lines 3, column (d) and line 10				21,681.

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				
DIRECT EXPENSES	2 Cash prizes				
	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, column (d) and line 7				

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

10 a 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
9 a		
10 a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**b** An outside facility**13a**

%

13b

%

14 Enter 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 of the third party

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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FEDERAL STATEMENTS

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CLIENT KIWANIS

KIWANIS INTERNATIONAL K00418 MANKATO

41-0738489

11/29/10

01 26PM

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

PAYMENTS TO AFFILIATES

NAME:	KIWANIS INTERNATIONAL INDIANAPOLIS, IN,	
PURPOSE OF PAYMENT:	INTERNATIONAL DUES	
AMOUNT:		\$ 9,134.
NAME:	KIWANIS INTER. FOUNDATION INDIANAPOLIS, IN,	
PURPOSE OF PAYMENT:	ANNUAL SUPPORT	
AMOUNT:		\$ 1,025.
PAYMENTS TO AFFILIATES		\$ 10,159.

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

ADMIN EXPENSE	\$ 100.
ADVERTISING AND PROMOTION	80.
BILLING	1,200.
BULLETIN EDITOR	1,200.
CAMP OPEN/CLOSE EXPENSES	1,620.
CAMP PATTERSON FUND	6,200.
CAMP REPAIRS/MAINTENANCE	15,152.
CHAMBER DUES	230.
CLEANING SUPPLIES	3,142.
CLUB ACTIVITY DISBURSEMENTS	8,053.
CLUB MEETING MEALS	30,366.
COMMUNITY DONATIONS	1,238.
CONFERENCES, CONVENTIONS, AND MEETINGS	3,226.
DEPRECIATION	396.
DISTRICT ED FOUNDATION	100.
EQUIPMENT RENTAL	135.
INSURANCE	11,576.
LICENSES AND PERMITS	768.
NEW MEMBER FEES	443.
OFFICE EXPENSES	92.
OUTSIDE SERVICES	645.
PEST CONTROL	650.
PIANO PLAYER	680.
PUBLIC RELATIONS	250.
SCHOLARSHIP FOUNDATION	6,400.
SOFT WATER	1,699.
SPONSORED CLUBS	1,972.
SUPPLIES	2,025.
WEB SITE	535.
YOUNG CHILDREN PRIORITY ONE	15.
TOTAL	\$ 100,188.

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CLIENT KIWANIS

KIWANIS INTERNATIONAL K00418 MANKATO

41-0738489

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

	<u>BEGINNING</u>	<u>ENDING</u>
MISCELLANEOUS	\$ 5,441.	\$ 5,045.
TOTAL	\$ 5,441.	\$ 5,045.

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MANKATO KIWANIS CLUB IS PART OF THE KIWANIS GLOBAL ORGANIZATION OF VOLUNTEERS DEDICATED TO CHANGING THE WORLD ONE CHILD AND ONE COMMUNITY AT A TIME.

STATEMENT 5
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>PROGRAM SERVICE EXPENSES</u>
SCHOLARSHIPS FOR HIGH SCHOOL SENIORS AND CURRENT COLLEGE STUDENTS TO ATTEND MANKATO AREA COLLEGES. INCLUDES FOREIGN GRANTS: NO		6,400.
SUPPORT OF KIWANIS CLUBS AT MINNESOTA STATE, MANKATO EAST JR HIGH SCHOOL, FITZGERALD MIDDLE SCHOOL, DAKOTA MEADOW MIDDLE SCHOOL, LOYOLA KEY CLUB, RIVERBEND KEY CLUB INCLUDES FOREIGN GRANTS: NO		1,972.
TOTAL	\$ 0.	\$ 8,372.

STATEMENT 6
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
SCOTT WOJCIK MANKATO, MN 56001	PRESIDENT 5.00	\$ 0.	\$ 0.	0.
MICHAEL BRENNAN MANKATO, MN 56001	PRESIDENT ELECT 3.00	0.	0.	0.

CLIENT KIWANIS

KIWANIS INTERNATIONAL K00418 MANKATO

41-0738489

11/29/10

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STATEMENT 6 (CONTINUED)
 FORM 990-EZ, PART IV
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JOLINDA GRABIANOWSKI MANKATO, MN 56001	VICE PRESIDENT 3.00	\$ 0.	\$ 0.	\$ 0.
JOE MEIDL MANKATO, MN 56001	IMMED PAST PRES 1.00	0.	0.	0.
MARK MONSON MANKATO, MN 56001	TREASURER 5.00	1,200.	0.	0.
LIZ LAWRENCE-ROSS MANKATO, MN 56001	SECRETARY 5.00	1,200.	0.	0.
CHRIS AUSTIN MANKATO, MN 56001	DIRECTOR 1.00	0.	0.	0.
BARB EMBACHER MANKATO, MN 56001	DIRECTOR 1.00	0.	0.	0.
JOHN HEIMARK MANKATO, MN 56001	DIRECTOR 1.00	0.	0.	0.
TIM RAY MANKATO, MN 56001	DIRECTOR 1.00	0.	0.	0.
CHRISTOPHER ROE MANKATO, MN 56001	DIRECTOR 1.00	0.	0.	0.
JO THOMAS MANKATO, MN 56001	DIRECTOR 1.00	0.	0.	0.
ANNA THILL MANKATO, MN 56001	DIRECTOR 1.00	0.	0.	0.
	TOTAL	\$ 2,400.	\$ 0.	\$ 0.