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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **10/01/09**, and ending **09/30/10**

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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Kiwanis Club of Watertown		D Employer identification number 46-6014566
		Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. Box 1267		E Telephone number 605-886-8425
		City or town, state or country, and ZIP + 4 Watertown SD 57201		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)

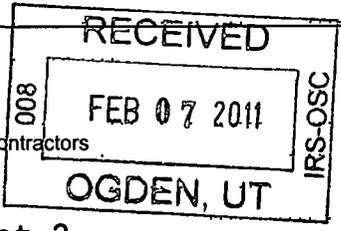
J Tax-exempt status (check only one) — 501(c) (**4**) ◀ (insert no) 4947(a)(1) or 527

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 ▶ \$ **39,795**

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	1,000
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	19,285
	4	Investment income	4	100
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	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	9,071
b	Less direct expenses other than fundraising expenses	6b	2,138	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	6,933	
7a	Gross sales of inventory, less returns and allowances	7a	10,339	
b	Less cost of goods sold	7b	6,613	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	3,726	
8	Other revenue (describe ▶ _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	31,044	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	10,654
	11	Benefits paid to or for members	11	6,798
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,659
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See Statement 2)	16	14,200
	17	Total expenses. Add lines 10 through 16	17	33,311
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,267
	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	20,843
	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	18,576



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	20,843	18,576
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	20,843	18,576
26 Total liabilities (describe ▶ _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,843	18,576

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

Form 990-EZ (2009)

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

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? Community Service Club		
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.		
28	Contributions of time and money are made to numerous local and area organizations for community betterment. (Grants \$ 10,654) If this amount includes foreign grants, check here <input type="checkbox"/>	17,452
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
32	Total program service expenses (add lines 28a through 31a)	17,452

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

(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 & deferred compensation	(e) Expense account and other allowances
Karyl Somers P.O. Box 1267 Watertown SD 57201	Past Pres 2.00	0	0	0
Mary Henning P.O. Box 1267 Watertown SD 57201	Pres 5.00	0	0	0
Kami Canfield P.O. Box 1267 Watertown SD 57201	Pres-Elect 2.00	0	0	0
Alan Taecker P.O. Box 1267 Watertown SD 57201	Treasurer 2.00	0	0	0
Rita Wiese P.O. Box 1267 Watertown SD 57201	Secretary 5.00	1,500	0	0
Michael Johnson P.O. Box 1267 Watertown SD 57201	Vice Pres 2.00	0	0	0
Jeff Dunn P.O. Box 1267 Watertown SD 57201	Director 1.00	0	0	0
Brad VanMeter P.O. Box 1267 Watertown SD 57201	Director 1.00	0	0	0
Jim Boyd P.O. Box 1267 Watertown SD 57201	Director 1.00	0	0	0
Tim Oviatt P.O. Box 1267 Watertown SD 57201	Director 1.00	0	0	0
Jeff Anderson P.O. Box 1267 Watertown SD 57201	Director 1.00	0	0	0
Becky Krause P.O. Box 1267 Watertown SD 57201	Director 1.00	0	0	0
Melanie Hodorff P.O. Box 1267 Watertown SD 57201	Director 1.00	0	0	0
Nancy Titze P.O. Box 1267 Watertown SD 57201	Director 1.00	0	0	0
Michael Snyder P.O. Box 1267 Watertown SD 57201	Director 1.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions 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," attached 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 See Statement 3		
35a	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
35b	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 instr 37a		
37b	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
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter.		
39a	a Initiation fees and capital contributions included on line 9 39a		
39b	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 39a ; section 4912 39b , section 4955 39b		
40b	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		X
40c	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		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e	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 organization's books are in care of Michael Snyder Telephone no 605-886-8425 P.O. Box 1267 Located at Watertown, SD ZIP + 4 57201		
42b	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.		X
42c	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: _____		X
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		<input type="checkbox"/>
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 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		
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 a section 527 organization?		

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 ▶ _____

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: *Kate Wieso* Date: *1-25-11*
 Type or print name and title: *Kate Wieso*

Paid Preparer's Use Only

Preparer's signature: *Wilhelm S. J. CPA* Date: *1/20/11* Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Hanson Vilhauer & Raml P.C.**
P.O. Box 1267
Watertown, SD 57201-6267
 Preparer's Identifying Number (See instr.): **P00893537**
 EIN: **46-0414067**
 Phone no: **605-886-8425**

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

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
Meals	\$ 15,214
Dues	4,071
Total	<u>\$ 19,285</u>

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
Expenses	\$
	250
	602
Meals	11,068
Insurance	1,000
PO Box Rent	44
Miscellaneous	1,236
Total	<u>\$ 14,200</u>

**Statement 3 - Form 990-EZ, Part V, Line 35 - Income From Business Activities not Reported
on Form 990-T**Description

All fundraising events are properly excluded as events not regularly carried on, the income of which is used to accomplish the organization's exempt purpose. The sale of inventory occurs only once a year as a fundraising event which is not regularly carried on for profit, and therefore is also excluded.