



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



Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

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 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
InspectionA For the 2009 calendar year, or tax year beginning **OCT 1, 2009** and ending **SEP 30, 2010**

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CAROLINAS DISTRICT OF KIWANIS INTL		D Employer identification number 57-0194185	
	Number and street (or P.O. box, if mail is not delivered to street address) 7378 JUNALUSKA RD.		E Room/suite BOONE, NC 28607	
	City or town, state or country, and ZIP + 4		F Telephone number 828-297-2044	
			G 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).			H Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► ACCRUAL
				I Website: ► N/A

J Tax-exempt status (check only one) — 501(c)(4) 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 **► \$ 284443.****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
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 147063.
	4 Investment income	4 15585.
	5a Gross amount from sale of assets other than inventory	5a 37640.
	b Less: cost or other basis and sales expenses	5b 39527.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c -1887.
	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
	b Less: direct expenses other than fundraising expenses	6b
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
	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 ► See Statement 4)	8 84155.
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 244916.
	10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12 43000.	
13 Professional fees and other payments to independent contractors	13 4873.	
14 Occupancy, rent, utilities, and maintenance	14 5757.	
15 Printing, publications, postage, and shipping	15 959.	
16 Other expenses (describe ► See Statement 1)	16 183674.	
17 Total expenses. Add lines 10 through 16	17 238263.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 6653.	
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 225028.	
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 231681.	

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.

Expenses	(See the instructions for Part II.)	(A) Beginning of year	(B) End of year
	22 Cash, savings, and investments	53975. 22	56190.
	23 Land and buildings	23	
	24 Other assets (describe ► See Statement 2)	172655. 24	175491.
	25 Total assets	226630. 25	231681.
	26 Total liabilities (describe ► See Statement 3)	1602. 26	0.
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	225028. 27	231681.

932171
02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2009)

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? **PROMOTE AND SUPPORT THE KIWANIS 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, and other relevant information for each program title.

28 THE ORGANIZATION MAKES GRANTS AND ALLOCATIONS TO KEY CLUBS, CIRCLE K CLUBS AND DISTRICT FOUNDATIONS FOR USE IN THEIR CHARITABLE ORGANIZATIONS AND WORLDWIDE SERVICE PROJECTS.

(Grants \$) If this amount includes foreign grants, check here ► 28a 14000.

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 \$) If this amount includes foreign grants, check here ► 31a _____

32 Total program service expenses (add lines 28a through 31a) ► 32 14000.

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
DAVID VAUGHAN 102 FLORIDA DR., DARLINGTON, SC 29532	IMMEDIATE PAST GOVERNOR 0.00	0.	0.	0.
ELIZABETH TEZZA, 2220 ATLANTIC AVE., SULLIVANS ISLAND, SC 29482	GOVERNOR 0.00	0.	0.	0.
HOWARD KLINE 134 RIVER POINT RD., CANTON, NC 28716	PAST GOVERNOR 0.00	0.	0.	0.
LEAH MORETZ 7378 JUNALUSKA RD, BOONE, NC 28607	DISTRICT SECRETARY 40.00	43000.	0.	4357.
BILL CLINGENPEEL 1708 HOBBS RD., GREENSBORO, NC 27410	TREASURER 0.00	0.	0.	0.
TODD HILDEBRAN, 240 MCINTOSH LANE, SALISBURY, NC 28147	GOVERNOR-ELECT 0.00	0.	0.	0.
MATT HAGLER, 8904 BRACKENHOUSE LANE, WAXHAW, NC 28713	TRUSTEE 0.00	0.	0.	0.
RICHARD POHLS, 808 HIGHLAND TRAIL, CHAPEL HILL, NC 22516	TRUSTEE 0.00	0.	0.	0.
SUSAN JONES 275 LOCUST LANE, BOONE, NC 28607	TRUSTEE 0.00	0.	0.	0.
GARY COOPER, 123 THORNCLIFF DR, FAYETTEVILLE, NC 28303	TRUSTEE 0.00	0.	0.	0.
SUE HENDRICKS, 2100 FACULTY DR., WINSTON-SALEM, NC 27103	TRUSTEE 0.00	0.	0.	0.
BERNIE GRANT PO BOX 2007, CHARLESTON, SC 29413	TRUSTEE 0.00	0.	0.	0.
JACK HATFIELD 11 OLD STILL RD, COLUMBIA, SC 29223	TRUSTEE 0.00	0.	0.	0.
TOM CURRIER, 108 BOUCHILLION DR, GREENVILLE, SC 29615	TRUSTEE 0.00	0.	0.	0.
LES KING 107 BUNKER CT., HAMPSTEAD, NC 28443	TRUSTEE 0.00	0.	0.	0.

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.

	Yes	No
33	X	
34	X	

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 Sch. N

► 37a 0.

35a	X
35b	N/A

36	X
37b	X

38a	X
38b	N/A

39a	N/A
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

40b	X
40c	0.

40d	0.
40e	X

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. ► None

42a The organization's books are in care of ► CAROLINAS DISTRICT OF KIWANI Telephone no. ► 1-800-739-1827
 Located at ► 7378 JUNALUSKA RD, BOONE, NC ZIP + 4 ► 28607

	Yes	No
42b	X	
42c	X	

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 N/A

	Yes	No
44	X	
45	X	

Form 990-EZ (2009)

Part VI

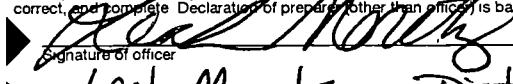
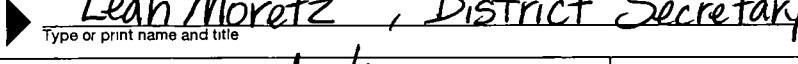
Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

		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 N/A	(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."		
N/A		
(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		
	Date 1/1/11		
  Leah Moretz, District Secretary Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ► 	Date 1-4-11	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► Wesley M. Measamer, CPA, P.A. 115 Regency Blvd Greenville, NC 27834		Preparer's identifying number (See instr) EIN ► Phone ► no. 252-353-1355

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2009)

Form 990-EZ	Other Expenses	Statement	1
-------------	----------------	-----------	---

Description	Amount
LT GOVERNOR ELECT EXPENSES	25527.
BANK SERVICE CHARGES	35.
OFFICER AND LT. GOVERNORS' MEETING AND TRAVEL EXPENSES	24232.
PAYROLL TAXES	3422.
INTERNET EXPENSES	1516.
EQUIPMENT RENTAL AND EXPENSES	799.
OFFICE SUPPLIES	1802.
TELEPHONE	1668.
MISCELLANEOUS	2982.
COMMITTEE EXPENSES	24243.
CONVENTIONS	44357.
DISTRICT AWARDS	765.
DUES REIMBURSEMENTS	560.
CONFERENCES	33973.
CLUB LEADERSHIP ORIENTATION	2010.
PAST LT GOVERNOR'S COUNCIL	3627.
TRUSTEES MEETING AND ICON EXPENSES	7799.
OTHER TRAVEL EXPENSES	4357.
Total to Form 990-EZ, line 16	183674.

Form 990-EZ	Other Assets	Statement	2
-------------	--------------	-----------	---

Description	Beg. of Year	End of Year
INVESTMENTS	170219.	174492.
ACCOUNTS RECEIVABLE	620.	140.
Other Depreciable Assets	1816.	859.
Total to Form 990-EZ, line 24	172655.	175491.

Form 990-EZ	Other Liabilities	Statement	3
-------------	-------------------	-----------	---

Description	Beg. of Year	End of Year
ACCOUNTS PAYABLE/PAYROLL LIABILITIES	1602.	0.
Total to Form 990-EZ, line 26	1602.	0.

CAROLINAS DISTRICT OF KIWANIS INTL

57-0194185

Form 990-EZ	Other Revenue	Statement	4
-------------	---------------	-----------	---

Description	Amount
MISCELLANEOUS INCOME	3890.
DISTRICT CONVENTION	40911.
MID YEAR CONFERENCE	29415.
REGIONAL CONFERENCE	4620.
PAST LT GOVERNORS COUNCIL	2754.
CLUB LEADERSHIP EDUCATION	2565.
Total to Form 990-EZ, line 8	84155.

Form 990-EZ	Gain (Loss) From Publicly Traded Securities	Statement	5
-------------	---	-----------	---

Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)
	37640.	39527.	0.	-1887.
To Form 990-EZ, line 5	37640.	39527.	0.	-1887.

Form 990-EZ	Occupancy, Rent, Utilities and Maintenance	Statement	6
-------------	--	-----------	---

Description	Amount
Depreciation	957.
Other Expenses	4800.
Total to Form 990-EZ, line 14	5757.

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 7

A) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? [] Yes [X] No

B) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . [] Yes [X] No