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## Form 990-EZ

Department of the Treasury

SCAMIN TO HUN & \$ 2011

#### **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

		ue Service		► The organization may have	<del></del>						
A F	or the	2009 calend	ar year,	or tax year beginning	October 1	, 2009, a	and ending	<del></del>	tember	_	, 20 10
Во	heck if a	pplicable.	Please	C Name of organization				D Empl	oyer ide	ntific	ation number
	Address change use IRS label or Carolinas District Kiwanis Foundation, Inc.							57	-072	22205	
=	lame ch	•	print or	Number and street (or P.O. bo	x, if mail is not delivered to :	street address)	Room/suite	E Telep	hone nu	mber	
=	nıtıal reti. Terminati		type. See	PMB 321 - 10120 Two No	tch Road		Suite 2		803	-528	3-9892
=			Specific	City or town, state or country,	and ZIP + 4			F Grou	ın Even	nho	<u> </u>
=	Amended Apolicatu	on pending	Instruc- tions.	Columbia, SC 29223				1	iber ▶	ipuc	<i></i>
=				<u> </u>			C 4000			7	Cook Asserted
	• Sec	tion 501(c)(3)		cations and 4947(a)(1) non- inpleted Schedule A (Form		s must attach	Other	(specify)	<b>&gt;</b>		Cash
							H Check	( ▶ 🕢	ıf the oı	ganı	zation is <b>not</b>
ıV	Vebsi	te:▶ www	.carolin	adistrict.org/foundation			requir	ed to att	ach Sc	hedu	ıle B (Form 990,
J T	ax-exe	empt status (	check or	nly one) - 7 501(c) ( 3 )	◀ (insert no.)	a)(1) or 52	7 990-E	Z, or 990	0-PF).		
K	heck 1	▶ ☐ ıf th	e organi	zation is not a section 509(a	)(3) supporting organization	on and its gross	receipts are r	normally	not mo	re th	an \$25,000. A
			-	turn is not required, but if t	• •	_	•	-			
				9 to determine gross receipt	· · · · · · · · · · · · · · · · · · ·				\$		48814.58
	art I			enses, and Changes					<del>_</del>	for	
	_			<del></del>	<del></del>	<u> </u>	00 (000 1110		1		48799.65
	1			ts, grants, and similar am				• •	2		0
	2	-		evenue including govern							<u></u>
	3								3		0
	4	Investment							4		0
	5a	Gross amo	ount fro	m sale of assets other th	nan inventory	<u>5</u> a		0			
	ь			er basis and sales expens				0			
_	С			n sale of assets other tha					5c		0
Revenue	6			tivities (complete applicable par			ing, check here				
	а	Gross reve	nue (no	ot including \$	0 of contribu	ations CIV	ED ,				
		reported o			II 19	6a		0			
	ь	•		, nses other than fundraisi	i( <b>~</b>   )	ИДУ 1 66 -	11 7 7 11	0			
	c			ss) from special events a	nd activities (Subtract				6c		0
	7a		-	rentory, less returns and	. D K						<del></del>
	l .	Less: cost		•		OGDEA		0			
	b		_						70		0
	C			ss) from sales of invento		in line raj .		• •	7c		14.93
	8			escribe Interest from			<del></del>		8		
_	9			dd lines 1, 2, 3, 4, 5c, 6c				<u>. P</u>	9		48814.58
	10			r amounts paid (attach s	chedule)				10		35882.58
	11	Benefits pa	aid to o	r for members					11		0
es	12	Salaries, o	ther co	mpensation, and employ	ee benefits			1	12		0
penses	13	Profession	al fees	and other payments to I	ndependent contractor	rs			13		0
8	14	Occupanc	y, rent,	utilities, and maintenand	e				14		0
ũ	15	Printing, p	ublicati	ons, postage, and shipp	ing				15		1390.08
	16			describe Bank fees,					16		913.06
	17			Add lines 10 through 16					17		38185.72
	18	Excess or	(deficit)	for the year (Subtract lin	ne 17 from line 9)				18		10628.86
Net Assets	19			nd balances at beginning							
891	''			reported on prior year's	- , ,				19		504643.25
Ä	~	-	-	net assets or fund balan	•				20		59949.63
Ž	20		_			•					
	21	Net assets	or tune	d balances at end of yea	r. Compine lines 18 thi	1 250 000 c=	more file Fo		21	106	575221.74
۲	art II	Dalance	e Sue	ets. If Total assets on lin		1,250,000 OF					
				(See the instructions f	•			ginning of			(B) End of year
22		_		vestments				5046	43.25		575221.74
23		and and build	_				·		0 :	_	0
24	0	ther assets (	describ	e▶	· · · · · · · · · · · · · · · · · · ·		)		0 2		0
25	T	otal assets						5046	43.25	$\overline{}$	575221.74
26	T	otal liabilitie	s (desc	ribe <b>&gt;</b>			_)		0	26	0
27	N	et assets or	fund t	palances (line 27 of colu	mn (B) must agree wit	h line 21)		5046	43.25	27	575221.74

Cat. No. 106421

Form **990-EZ** (2009)

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

i Onin	230-22 (2003)					raye &
Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part III	l.)		Expenses
What	is the organization's primary exempt purpose?	See statement 2 in attachme	ent			ured for section
	ribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd concise		)(3) and 501(c)(4)
	ner, describe the services provided, the number of					izations and section
	program title.	porcone comence, and				(a)(1) trusts; optional hers.)
	· · · · · · · · · · · · · · · · · · ·	ing their respective commun	Itilian in NC/CC		10.0.	
28	Grants for various Kiwanis club led projects benefitt					
	Nature of projects included but were not limited to el		ograms, neau			
	Start, parks, playgrounds, school awards and recogn					
		includes foreign grants, che		. ▶ ⊔	28a	12250.00
29	Scholarship matches for college tuition paid to the v		the individuals			
	Criteria set by organizations requesting matching fu	nds				
	(Grants \$ 9000.00) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	9000.00
30	Grants to children's homes, orphanages and summe	er camp programs for underp	rivileged children			
	Haiti Relief Fund Donation through Kiwanis of Canad	la Foundation				
	(Grants \$ 14632.58) If this amount	includes foreign grants, che	eck here	. ▶ 🗸	30a	14632.58
31	Other program services (attach schedule)					
•	,	includes foreign grants, che	eck here	▶ □	31a	0
32	Total program service expenses (add lines 28a t				32	35882.58
Par						
· Gr	Elot of Officero, Directors, Tradiced, and ite	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee benefit	t plans &	account and
		devoted to position	enter -0)	deferred compe	nsation	other allowances
	Perry	Secretary/Treasurer, 10hr		<b>:</b>	_	_
	Noodgate Dr., Columbia, SC 29223		0		0	0
Russ	Wagner	President, 2hr				
114 9	Strathmore DriveGreer, SC 29650		0		0	0
	Futrell	Director, .5hr				
Bule	s Creek, NC	Director, .5m	0		0	0
Shar	ron Frahm	D: 5L-				
Gree	nsboro, NC	Director, .5hr	0		0	0
Bill \	/arborough					
	on, SC	Director, .5hr	o		0	0
	hew Hagler	· · · · · · · · · · · · · · · · · · ·				
	lotte. NC	Director, .5hr	o		0	o
	Dimmock		<u>_</u>	_,	<u>-</u>	<u>-</u>
	igh, NC	Director, .5hr	0		0	o
	<del></del>		0			<del></del>
	g Boggie	Director, .75hr				
	lgh, NC		0		0	0
	ster James 	Director, .5hr			_	_
Gold	sboro, NC		0		0	0
	<del></del>					
		<del></del>				
		I	l .	I		1

Form 99	0-EZ (2009)		F	age 3
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	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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.			
а	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?	35a		✓
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. > 37a	36		├
b	Did the organization file Form 1120-POL for this year?	37b	ļ	1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
а	Initiation fees and capital contributions included on line 9			1
b	Gross receipts, included on line 9, for public use of club facilities			
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	40b		✓
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		1
41	List the states with which a copy of this return is filed. ▶			
42a		803-52		2
	Located at ► PMB 321 - 10120 Two Notch Road, Suite 2 - Columbia, SC ZIP + 4 ►	29	223	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<b>V</b>	Al-
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO
	If "Yes," enter the name of the foreign country: ▶	420	╁╌╌	- <del></del>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	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		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. 1	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			<u> </u>	
44	Did the expenientian maintain any depart advised funds 0 If Was 7 Farm 000 asset has asset lated fortand of		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		1
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		1
				<u> </u>

Part '	Section 501(c)(3) organizations and 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	exempt charital itable trusts mu	ole trusts only. A st answer question	II sec ons 46	tion -49t	<del></del>
46	'Did the organization engage in direct or indirect				اــــــــــــــــــــــــــــــــــــــ	Yes	No
	candidates for public office? If "Yes," complete	•			46		✓
47	Did the organization engage in lobbying activitie	•			47		<u>√</u>
48	Is the organization a school as described in section		-		48		<del>/</del>
49a	Did the organization make any transfers to an ex				49a		<u>√</u>
50	If "Yes," was the related organization a section 5 Complete this table for the organization's five hi	ghest compensated emplo	yees (other than	officers, directors, t			key
	employees) who each received more than \$100,	<del></del>					
	(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	acc	Expens count as allowar	nd
No em	ployees are compensated, all volunteers						
f	Total number of other employees paid over \$100	0,000	0	<u> </u>	L		
No cor	\$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor  ntractors are used except for minimal purchases of	paid more than \$100,000	<b>(b)</b> Ty	pe of service	(c) Con	npensa	tion
d	Total number of other independent contractors of	each receiving over \$100,0	00	0			
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including accompai of preparer (other than officer) is	nying schedules and st based on all informatio	atements, and to the bes	any kno	knowie wledge	dge
Sign Here	Signature of officer Stan Perry, Secretary/Treasurer Type or print name and title	)		Date //	20/	/	
Paid Prepar	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nun	nber (See	e instruct	ions)
Use Or		<del></del>		N ► hone no. ►			
May th	e IRS discuss this return with the preparer show	n above? See instructions		🕨 🗀	Yes m <b>99</b> 0		<b>lo</b> (2009)

#### SCHEDULE A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047
2009
Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number 0722205 Carolinas District Kiwanis Foundation, INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/8 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II **c** ☐ Type III–Functionally integrated d ☐ Type III-Other e Z By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? . . . (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your organization (described on lines 1-9 the organization in organization in col (i) organized in the above or IRC section governing document? col (i) of your (see instructions)) support? US? Yes No Yes Yes Nο

Pa	Support Schedule for Org (Complete only if you check					and 170(b)(	1)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		<del> </del>				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		<u> </u>		L	<u> </u>	<u> </u>
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2000	(5) 2000	(6) 2007	(4) 2000	(e) 2003	(i) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						<u> </u>
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	<u></u>
13	First five years. If the Form 990 is for organization, check this box and stop he		on's first, secor				
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2009 (line to	6, column (f) d	ivided by line 1	I, column (f))		14	%
15	Public support percentage from 2008 Sch	nedule A, Part	II, line 14			15	%
16a	33% % support test—2009. If the organizand stop here. The organization qualifies	zation did not	check the box o	on line 13, and			eck this box
b	33% % support test—2008. If the organization qua						, check this
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	acts-and-circu	mstances" test,	check this box	and stop here	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, o organization qua	heck this box a difies as a public	and <b>stop here.</b> cly supported or	Explain in Part ganization	IV how the

Sche	dule A (Form 990 or 990-EZ) 2009						Page 3
Pa	rt III Support Schedule for Organ (Complete only if you checke				)(2)		
Sec	tion A. Public Support	d the box on	11110 0 01 1 41	,	·		
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
						(-,	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	51970	66017	49191	43769	48799	259746
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	51970	66017	49191	43769	48799	259746
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0		0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	0	0	0	0	0	0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)	ŀ					259746
Sec	tion B. Total Support			. <u>.</u>		. <u> </u>	23770
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	51970	66017	49191	43769	48799	259746
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources	13453	983	153	24	15	14628
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	o	o	0		0
С	Add lines 10a and 10b	13453	983	153	24	15	14628
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	o	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	. 0	0	0	0	0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	65423	67000	49344	43793	48814	274374
14	First five years. If the Form 990 is for the organization, check this box and stop he	iere			, or fifth tax ye		
Sec	tion C. Computation of Public Sup	port Percen	tage				
							A

Sec	tion C.	Computation	of Public Supp	<u>ort Percen</u>	tage	
15	Public s	unnort percenta	an for 2000 (line )	Column (f)	divided by line 13	

Sec	Section D. Computation of Investment Income Percentage							
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	94 %					
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	95 %					

17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	5 %
	Investment income percentage from 2008 Schedule A. Part III. line 17	18	6 %

- 19a 331/3 % support tests 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ightharpoonup
  - 331/3 % support tests 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗹

		Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instruction	10; 1s.
·		
		<b></b> -
<b></b>		<b></b>
		<b></b> -
<b></b>		
<del>-</del> -		



## 2010-2011 Executive Committee

President
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Greer, SC 29650
(864) 268-4120
russwagner60@gmail.com

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# The Carolinas District of Kiwanis Foundation

Re:

The Carolinas District Kiwanis Foundation

990 Filing for the period of October 1, 2009

through September 30, 2010

ID:

57-0722205

Date:

May 11, 2011

Form 990-EZ

**Federal Statements** 

1. Page 1, line 20. Explain difference in balances.
Our investment portfolio was diminished by the last few years of stock market fluctuations and are now rallying. No assets were traded or reinvested, change due to market value.

2. Page 2, section III. What is the organization's primary exempt purpose?

The purpose is to provide a Foundation where contributions can be received and distributed to benefit either local community projects or designated charities.

No donations were received that approached the \$5000.00 individual or corporate gift criterion.

CDKF 1200 Carl B Hyatt Award Life Fellow Award Memorials and Honorariums