



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



Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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****A** For the 2009 calendar year, or tax year beginning OCTOBER 1, 2009, and ending SEPTEMBER 30, 2010**B** Check if applicable:

- ☐ Address change
☐ Name change
☒ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organizationKIWANIS CLUB OF CONWAY SC

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

PO BOX 1567

City or town, state or country, and ZIP + 4

CONWAY SC 29528-1567**D** Employer identification number57-6025012**E** Telephone number**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: ▶ WWW.KIWANISCONWAYSC.ORG**J** Tax-exempt status (check only one) — ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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 ▶ \$**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	10,453.34
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	30,820.02
	4	Investment income	4	35.17
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	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"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	31,268.14
	6b	Less: direct expenses other than fundraising expenses	6b	12,527.13
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	18,741.01	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	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	60,049.54	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	11,272.00
	11	Benefits paid to or for members	11	-
	12	Salaries, other compensation, and employee benefits	12	-
	13	Professional fees and other payments to independent contractors	13	-
	14	Occupancy, rent, utilities, and maintenance	14	-
	15	Printing, publications, postage, and shipping	15	518.68
	16	Other expenses (describe ▶)	16	43,125.06
	17	Total expenses. Add lines 10 through 16	17	54,915.74
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,133.80
	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	20,822.33
	20	Other changes in net assets or fund balances (attach explanation)	20	5,133.80
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	25,956.13

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	20,822.33	25,956.13
23 Land and buildings	-	-
24 Other assets (describe ▶)	-	-
25 Total assets	20,822.33	25,956.13
26 Total liabilities (describe ▶)	-	-
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,822.33	25,956.13

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

Cat No 106421

Form **990-EZ** (2009)

15

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

What is the organization's primary exempt purpose? CIVIC CLUB SERVING Local Community
 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	SMITH-JONES PARK: PURCHASED PLAYGROUND EQUIPMENT IN A PUBLIC PARK. SERVES ABOUT 200 DAILY.		5,000
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	CHRISTMAS PARTY: PROVIDED A PARTY FOR MENTALLY AND/OR PHYSICALLY HANDICAPPED CHILDREN. 300 WERE IN ATTENDANCE.		4,100
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	TOOLS FOR SCHOOLS: COLLECTED AND PURCHASED SCHOOL SUPPLIES FOR DISTRIBUTION TO STUDENTS. APPROX 2000 WERE SERVED.		2,000
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	8,659
32	Total program service expenses (add lines 28a through 31a)	32	19,759

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
BETTY H. MOORE 3541 KATES BAY HWY CONWAY SC 29527	PRESIDENT 6 hrs per wk	-0-	-0-	-0-
GEORGE OLIVE 411 LAKEWAY DR MYRTLE BEACH SC 29585	PRESIDENT ELECT 2 hrs per wk	-0-	-0-	-0-
BROD. PARNELL 1102 BUCK ST CONWAY SC 29526	VICE PRESIDENT 2 hrs per wk	-0-	-0-	-0-
RUPERT MOORE 3541 KATES BAY HWY CONWAY SC 29527	SECT/TREAS 16 hrs per wk	-0-	-0-	-0-
LEONARD RODWELL 329 CLOVERBROOK CL, CONWAY SC 29526	PAST PRESIDENT 2 hrs per wk	-0-	-0-	-0-
BYRON DAVID PO BOX 1879 CONWAY SC 29528	DIRECTOR 1 hr per wk	-0-	-0-	-0-
RODDY DICKINSON 2236 BUD GRAHAM RD CONWAY SC 29526	DIRECTOR 1 hr per wk	-0-	-0-	-0-
J. D. JOHNSON 3030 BAKERS CREEK RD ANDER SC 29511	DIRECTOR 1 hr per wk	-0-	-0-	-0-
DALE SINGHATON 103 W. CLEMSON RD CONWAY SC 29526	DIRECTOR 1 hr per wk	-0-	-0-	-0-
TERRY WATSON 913 3rd AVE CONWAY SC 29526	DIRECTOR 1 hr per wk	-0-	-0-	-0-
LARRY CLEWIS 2707 Hwy 701 N CONWAY SC 29526	DIRECTOR 1 hr per wk	-0-	-0-	-0-
CHRISTIAN GRAHAM PO BOX 119 CONWAY SC 29528	DIRECTOR 1 hr per wk	-0-	-0-	-0-
SANDY HENDRICK 3912 WIND RIDGE RD CONWAY SC 29526	DIRECTOR 1 hr per wk	-0-	-0-	-0-
TODD SQUIRE 1711 Hwy 319 MYNOR SC 29511	DIRECTOR 1 hr per wk	-0-	-0-	-0-
RICHARD WILLIAMS 400 TOLAR LANE CONWAY SC 29526	DIRECTOR 1 hr per wk	-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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>00</u>		
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <u>00</u>		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>00</u> ; section 4912 ▶ <u>00</u> ; section 4955 ▶ <u>00</u>		
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 ▶ <u>00</u>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>00</u>		
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ <u>SOUTH CAROLINA</u>		
42a The organization's books are in care of ▶ <u>RUPERT MORRE</u> Telephone no. ▶ <u>843-397-3411</u> Located at ▶ <u>CONWAY SC</u> ZIP + 4 ▶ <u>29527-6301</u>		
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <u>00</u>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 & 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 <u>Rupert L. Moore</u>		Date <u>2/14/11</u>	
Paid Preparer's Use Only	Type or print name and title <u>RUPERT L. MOORE</u>		Date <u>2/14/11</u>	
	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

