See a Social Security Number? Say Something!
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1009

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2009

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
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
Kiwanis Int'l Montgomery Chapter

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1695 Perry Hill Road

City or town, state or country, and ZIP + 4
Montgomery AL 36106

D Employer identification number
63-0144686

E Telephone number
334-260-7996

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).

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 ▶ $ 181,365

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	
3	Membership dues and assessments	See Statement 1	3	171,110
4	Investment income		4	15
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	008
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
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 2)		8	10,240
9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶	9	181,365
10	Grants and similar amounts paid (attach schedule)		10	1,030
11	Benefits paid to or for members		11	
12	Salaries, other compensation, and employee benefits		12	40,000
13	Professional fees and other payments to independent contractors		13	2,395
14	Occupancy, rent, utilities, and maintenance		14	
15	Printing, publications, postage, and shipping		15	225
16	Other expenses (describe ▶ See Statement 3)		16	131,417
17	**Total expenses.** Add lines 10 through 16	▶	17	175,067
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	6,298
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	21,151
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	27,449

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	7,967	22	25,928
23 Land and buildings		23	
24 Other assets (describe ▶ See Statement 4)	15,624	24	9,171
25 **Total assets**	23,591	25	35,099
26 **Total liabilities** (describe ▶ See Statement 5)	2,440	26	7,650
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	21,151	27	27,449

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

Form 990-EZ (2009)

DAA

G5 10

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

What is the organization's primary exempt purpose?

See Statement 6

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 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

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) See Statement 7

(Grants $ 1,030) If this amount includes foreign grants, check here ▶ ☐ 31a 124,520

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 124,520

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
Scott Williams	President	0	0	0
Scott McNelley	First Vice P	0	0	0
Keith Norman	Second Vice	0	0	0
Russell Dunman	Treasurer	0	0	0
Chris East	Secretary	0	0	0
Andrea Screws	Director	40,000	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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34		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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		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?	38a		X
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			
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		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 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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 ▶ Andrea Screws Telephone no. ▶ 334-260-7996			
	Located at ▶ 1695 Perry Hill Road Montgomery, AL ZIP + 4 ▶ 36106			
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)?	42b		X
	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.?	42c		X
	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			
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 operating 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-chantable 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 Russ Dunman, President Date 11-13-12

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶	Preparer's Identifying Number (See instr)
F. Chan Lambert	02/24/11	☐	P00246358

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LIVINGS, LANKFORD, LAMBERT & CO., P.C.
9541 WYNLAKES PL
MONGOMERY, AL 36117

EIN ▶ 63-0931690

Phone no ▶ 334-277-3060

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

Form **2848**
(Rev June 2008)
Department of the Treasury
Internal Revenue Service

Power of Attorney and Declaration of Representative

▶ Type or print. ▶ See the separate instructions.

OMB No 1545-0150

For IRS Use Only
Received by
Name
Telephone
Function
Date / /

Part I Power of Attorney

Caution: Form 2848 will not be honored for any purpose other than representation before the IRS

1 **Taxpayer information.** Taxpayer(s) must sign and date this form on page 2, line 9

Taxpayer name(s) and address	Social security number(s)	Employer identification number
Kiwanis Int'l Montgomery Chapter 1695 Perry Hill Road Montgomery AL 36106		63-0144686
	Daytime telephone number 334-260-7996	Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact

2 **Representative(s)** must sign and date this form on page 2, Part II

Name and address	CAF No. / Telephone No. / Fax No / Check if new Address / Telephone No / Fax No
F. Chan Lambert 9541 Wynlakes Place Montgomery AL 36117	6505-28116R 334-277-3060 334-271-7176
Ashley L Ballard 9541 Wynlakes Place Montgomery AL 36117	0305-74295R 334-277-3060 334-271-7176

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters

3 **Tax matters**

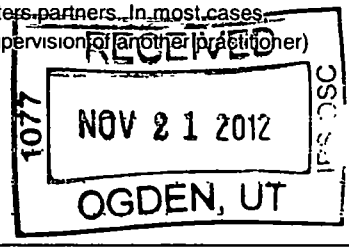
Type of Tax (Income, Employment, Excise, etc) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc)	Year(s) or Period(s) (see the instructions for line 3)
INCOME, CIVIL PENALTY	990, 990EZ	2009-2012

4 **Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific Uses Not Recorded on CAF** ▶ ☐

5 **Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party See the line 5 instructions for more information

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations See **Unenrolled Return Preparer** on page 1 of the instructions An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No 230 (Circular 230) An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230 See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner)

List any specific additions or deletions to the acts otherwise authorized in this power of attorney



6 **Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH,** refund checks, initial here _____ and list the name of that representative below

Name of representative to receive refund check(s) ▶

7 **Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2

a If you also want the second representative listed to receive a copy of notices and communications, check this box ▶ ☐

b If you do not want any notices or communications sent to your representative(s), check this box ▶ ☐

8 **Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document If you **do not** want to revoke a prior power of attorney, check here ▶ ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 **Signature of taxpayer(s).** If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer

▶ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

Signature	Date	Title (if applicable)
	11-13-12	President
Print Name	PIN Number	Print name of taxpayer from line 1 if other than individual
		Kiwanis Int'l Montgomery Chapter
Signature	Date	Title (if applicable)
Print Name	PIN Number	

Part II Declaration of Representative

Caution: Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II

Under penalties of perjury, I declare that

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service,
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others,
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there, and
- I am one of the following

a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below

b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below

c Enrolled Agent—enrolled as an agent under the requirements of Circular 230

d Officer—a bona fide officer of the taxpayer's organization

e Full-Time Employee—a full-time employee of the taxpayer

f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister).

g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U S C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10 3(d) of Circular 230)

h Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10 7(c)(1)(viii) You must have prepared the return in question and the return must be under examination by the IRS See **Unenrolled Return Preparer** on page 1 of the instructions.

k Student Attorney—student who receives permission to practice before the IRS by virtue of their status as a law student under section 10 7(d) of Circular 230

l Student CPA—student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230

r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10 3(e))

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.** See the Part II instructions.

Designation—Insert above letter (a-r)	Jurisdiction (state) or identification	Signature	Date
b	ALABAMA	Ashley L. Ballard CPA	11/08/12
b	Alabama	Ashley L. Ballard	11/08/12

Book Asset Detail 10/01/09 - 9/30/10

FYE: 9/30/2010

Asset	dt	Property Description	Date In Service	Book Cost	Book Sec 179 Exp	c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: COMPUTER													
27		DELL OPTIPLEX 360 COMPUTE	2/20/09	1,127.19	0.00		0.00	65.75	112.72	178 47	948.72	S/L	10 0
		COMPUTER		1,127.19	0.00	c	0.00	65.75	112.72	178.47	948.72		
Group: FURNITURE													
26		CRADENZA	7/14/09	170.50	0.00		0.00	4.26	17.05	21.31	149.19	S/L	10.0
		FURNITURE		170.50	0.00	c	0.00	4 26	17.05	21.31	149.19		
Group: MACHINERY & EQUIPMENT													
1		FILES AND TABLES	9/30/58	333 00	0.00		0.00	333.00	0.00	333.00	0.00	S/L	10.0
2		POSTURE CHAIR	9/30/64	54.00	0.00		0 00	54.00	0.00	54.00	0.00	S/L	10.0
3		STORAGE CABINET	9/30/66	71 00	0.00		0 00	71.00	0.00	71.00	0.00	S/L	10.0
4		FILE CABINET	9/30/66	75.00	0 00		0 00	75 00	0.00	75 00	0.00	S/L	10.0
5		IBM TYPEWRITER	12/31/67	541.00	0 00		0.00	541.00	0 00	541.00	0 00	S/L	10.0
6		TWO SIDE CHAIRS	9/30/71	100 00	0.00		0.00	100.00	0.00	100.00	0.00	S/L	10.0
7		OLIVETTI CALCULATOR	9/30/71	133.00	0.00		0.00	133.00	0.00	133 00	0.00	S/L	10 0
8		DESK	9/30/71	334 00	0.00		0.00	334.00	0.00	334.00	0.00	S/L	10.0
9		MIMEOGRAPH MACHINE	9/30/72	676.00	0.00		0 00	676.00	0.00	676.00	0.00	S/L	10.0
10		CODE-A-PHONE	9/30/72	234 00	0.00		0.00	234.00	0.00	234.00	0.00	S/L	10.0
11		XEROX MACHINE	10/01/76	175.00	0.00		0.00	175.00	0.00	175.00	0.00	S/L	5.0
12		CRT DESK	4/29/85	268 00	0.00		0.00	268.00	0.00	268.00	0.00	S/L	5.0
13		LAMP, TABLE, 4 CHAIRS	12/23/86	650 00	0 00		0 00	650.00	0.00	650.00	0.00	S/L	10.0
15		LD PRINTER	12/30/86	995.00	0.00		0.00	995.00	0.00	995.00	0.00	PRE	5.0
16		FOLDING MACHINE	4/07/91	910.00	0.00		0.00	910.00	0.00	910.00	0.00	200DB	7 0
18		LASER PRINTER	5/26/95	511.00	0 00		0 00	511.00	0.00	511.00	0.00	200DB	5.0
19		TYPEWRITER	8/07/95	270.00	0.00		0.00	270.00	0.00	270.00	0.00	200DB	5.0
21		PRINTER	11/10/97	540 00	0.00		0.00	540.00	0 00	540.00	0.00	200DB	5.0
22		COMPUTER - PRIME TIME	11/20/98	2,046.00	0.00		0 00	2,046.00	0 00	2,046.00	0.00	200DB	5.0
23		DELL DIMENSION 4500 SERIES	7/10/02	2,034.42	0.00		0.00	2,034.42	0.00	2,034.42	0.00	S/L	5 0
24		SHARP COPIER	4/30/05	449.99	0.00		0 00	198.75	45 00	243.75	206 24	S/L	10.0
25		EQUIPMENT	9/25/05	204.77	0.00		0.00	81.92	20.48	102 40	102.37	S/L	10.0
		MACHINERY & EQUIPMENT		11,605.18	0.00	c	0.00	11,231.09	65.48	11,296.57	308.61		
Group: OTHER ASSETS													
20		PIANO	12/04/95	3,672.00	0 00		0.00	3,672 00	0.00	3,672.00	0.00	S/L	7.0
		OTHER ASSETS		3,672.00	0.00	c	0 00	3,672.00	0.00	3,672.00	0 00		
		Grand Total		16,574 87	0.00	c	0.00	14,973.10	195 25	15,168 35	1,406.52		

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return: Kiwanis Int'l Montgomery Chapter

Identifying number: 63-0144686

Business or activity to which this form relates: Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	20

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	262
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27.5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	282
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

There are no amounts for Page 2

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

Description	Amount
MEMBER DUES	$ 163,540
MEMBERS LUNCHES	7,570
Total	$ 171,110

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
SPOUSE'S NIGHT	$ 9,405
LATE FEES	835
Total	$ 10,240

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	$
MILEAGE EXPENSE	138
BOARD MEETINGS	1,962
INTERNATIONAL CONVENTION	9,736
DISTRICT CONVENTION EXPENSE	3,173
DUES - KWI	21,102
OFFICE EXPENSE	1,595
TELEPHONE	1,808
EQUIPMENT MAINTENANCE	541
PRESIDENT'S GIFT	296
KIWANIS INTERNATIONAL SUP	666
ACTIVITY CENTER RENTAL	7,200
LUNCHES	62,767
INTERNET EXPENSE	904
D&O LIABILITY INSURANCE	500
INSURANCE	628
LADIES NIGHT	14,214
ROSTER	400
PAYROLL TAXES	3,342
DEPRECIATION	195
ADVERTISING & PROMOTION	250
Total	$ 131,417

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Accounts Receivable	$ 13,230	$ 6,374
Prepaid Expenses and Deferred Charges	792	1,390
See Attached Schedule	16,575	16,575
Less Accumulated Depreciation	14,973	15,168
	15,624	9,171

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	$ 2,440	$ 7,650
	2,440	7,650

Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

The Kiwanis Club of Montgomery is a non-profit community organization whose goals are to form enduring friendships, to render altruistic service and to build a better community in Montgomery, Alabama and surrounding areas.

Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

The Kiwanis Club of Montgomery is a non-profit community organization whose goals are to form enduring friendships, to render altruistic service and to build a better community in Montgomery, Alabama and surrounding areas.

Form **8868** (Rev January 2011)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return See instructions	Name of exempt organization	Employer identification number
	Kiwanis Int'l Montgomery Chapter	63-0144686
	Number, street, and room or suite no. If a P O. box, see instructions 1695 Perry Hill Road	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Montgomery AL 36106	

Enter the Return code for the return that this application is for (file a separate application for each return) 03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ Andrea Screws
  Telephone No. ▶ 334-260-7996 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)_____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15/11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year or
▶ [X] tax year beginning 10/01/09, and ending 09/30/10

2 If this tax year entered in line 1 is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions