



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****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceUnder 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.

A For the 2009 calendar year, or tax year beginning **October 1**, 2009, and ending **September 30**, 20 **10****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 organization

Kiwanis International

K00380 San Angelo

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

Room/suite

P. O. Box 148

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

San Angelo, TX 76902-0148

D Employer identification number

75 6035715

E Telephone number

325-224-2774

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: ▶ WWW.sanangelokiwani.org**J** Tax-exempt status (check only one) — ☒ 501(c) (4) ◀ (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 ▶ \$ 108,799**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	1366
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	21,963
	4	Investment income	4	202
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	-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 \$ 1366 of contributions reported on line 1)	6a	85,268
b	Less: direct expenses other than fundraising expenses	6b	65,085	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	20,183	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ▶)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	43,714	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	26,187
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	140
	16	Other expenses (describe ▶ See Schedule)	16	16,014
17	Total expenses. Add lines 10 through 16 ▶	17	42,341	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1373
	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	30,964
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	32,337

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	30,081	32,092
23 Land and buildings	0	0
24 Other assets (describe ▶ Little Olympic Medals, Snow Cone Syrup)	883	245
25 Total assets	30,964	32,337
26 Total liabilities (describe ▶)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	30,964	32,337

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

Cat. No. 106421

Form **990-EZ** (2009)

SCANNED FEB 09 2011

39

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? Community Services

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	Grants and similar amounts paid with primary emphasis on children and youth. (These grants and similar amounts paid are listed in the schedule for Line 10)		
	(Grants \$ <u>19,430</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	19,430
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(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	
32	Total program service expenses (add lines 28a through 31a)	32	19,430

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
Jason A. Henry, 5941 Stratford San Angelo, Tx 76901	President/Director	-0-	-0-	-0-
Becky Hartman, 3821 Butterfield San Angelo, TX 76904	President- Elect	-0-	-0-	-0-
C. W. Griffin, 6200 St. George Circle San Angelo, TX 76904	Secretary	-0-	-0-	-0-
Thomas Johnston, 3105 Southland Blvd San Angelo, TX 76904	Treasurer	-0-	-0-	-0-
Ann Henson, 2029 Juanita San Angelo, TX 76901	Vice President	-0-	-0-	-0-
Kim Carter, 5219 Grape Creek Road San Angelo, TX 76903	Past President/Director	-0-	-0-	-0-
Ruth Wilde, PO Box 300 Wall, TX 76957	Director	-0-	-0-	-0-
Mary Elizabeth Brooks, 3319 Tanglewood San Angelo, TX 76904	Director	-0-	-0-	-0-
Laurie Corria, 2604 Palo Duro San Angelo, TX 76904	Director	-0-	-0-	-0-
Lana Mott, 3702 Parkwood San Angelo, TX 76904	Director	-0-	-0-	-0-
Tom Woods, 3306 Maplewood San Angelo, TX 76904	Director	-0-	-0-	-0-
Scott Stephens, 6990 Cornerstone San Angelo, TX 76904	Director	-0-	-0-	-0-
Sharla Adam, 7390 S. Ratliff Road San Angelo, TX 76901	Director	-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		✓
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.		
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 Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b Did the organization file Form 1120-POL for this year?		✓
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?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____ n/a		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a _____ n/a		
b Gross receipts, included on line 9, for public use of club facilities 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		
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		✓
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 ▶ _____ n/a		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ n/a		
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 ▶ <u>Thomas R. Johnston</u> Telephone no. ▶ <u>325-224-2774</u> Located at ▶ <u>3105 Southland Blvd. San Angelo, TX</u> ZIP + 4 ▶ <u>76904-7446</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)?		✓
If "Yes," enter the name of the foreign country: ▶ <u>N/a</u>		
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 ▶ <input type="checkbox"/> 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		✓
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		✓

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.

- 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** ☐ **Yes** ☒ **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ **Yes** ☒ **No**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ **Yes** ☒ **No**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ **Yes** ☒ **No**
- b** If "Yes," was the related organization a section 527 organization? **49b** ☐ **Yes** ☒ **No**
- 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
None				

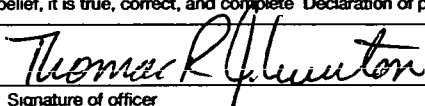
f Total number of other employees paid over \$100,000 **n/a**


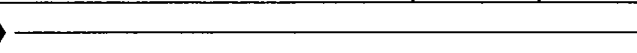


- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

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.

Sign Here  **January 15, 2011**
 Signature of officer Date
Thomas R. Johnston - Treasurer
 Type or print name and title

Paid Preparer's Use Only Preparer's signature  Date ☐ Check if self-employed ☐ 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**

KIWANIS INTERNATIONAL-K00380 SAN ANGELO
 SAN ANGELO KIWANIS CLUB, INC.
 SCHEDULE ATTACHED TO FOR 990-EZ

EIN: 75-6035715

YEAR ENDED SEPTEMBER 30, 2010

Event or Activity	Gross Receipts	Contributions	Gross Revenue	Expenses	Net Income
Football games- Concessions and programs	53,584	0	53,584	45,014	8,569
Geranium Sales	14,942	0	14,942	10,779	4,163
San Angelo Relays-Concessions	3,255	0	3,255	2,081	1,173
All Other:					0
Little Olympics, Garage Sale					0
Gumball machine commissions					0
Other	13,487		13,487	7,210	6,277
Total	<u>\$85,268</u>		<u>\$85,268</u>	<u>\$65,085</u>	<u>\$20,183</u>

Part I, Line 10-Grants and similar amounts paid

San Angelo Day Nursery	1,000
Childrens Emergency Shelter	1,200
Healthy Families of San Angelo	2,000
Boys & Girls Club of San Angelo	1,500
House of Faith	2,000
Children's Advocacy Center	3,500
San Angelo DESK Project	1,000
Children's Miracle Network	1,800
Tom Green County Meals	450
San Angelo Area Foundation	1,912
State School Christmas Party	68
San Angelo Central Key Club	2,000
Scholarships:	
Jesus Martinez, San Angelo, TX	1,000
Sub-Total (to Part III, line 32)	<u>19,430</u>

Payments to affiliates:

Kiwanis International-dues	3250
Texas-Oklahoma District of Kiwanis International - dues	1749
Texas-Oklahoma District of Kiwanis International-Division 12 assessments	396
Kiwanis International Foundation	
Unrestricted Contributions	537
Texas-Oklahoma District of Kiwanis International Foundation:	
Unrestricted contributions	825
Total (to Part I, line 10)	<u>26,187</u>

Part I, Line 16-Other Expenses

Meals (Regular meeting and interclub)	11,769
Supplies and Copies	0
Bank service charge	29
Insurance	1,292
Membership processing	60
Prayer Breakfast	104
Memorial Donations	100

KIWANIS INTERNATIONAL-K00380 SAN ANGELO
SAN ANGELO KIWANIS CLUB, INC.

EIN: 75-6035715

SCHEDULE ATTACHED TO FOR 990-EZ

YEAR ENDED SEPTEMBER 30, 2010

Convention expense	389
Conferences and meetings	130
Kiwanis service awards	326
Misc Donations	925
Awards Night	892
Membership picnic	0
Total (to Part I, Line 16)	16,014

**Part V - Other information, General Instruction V, Information Regarding
Personal Benefit Contracts**

The organization was not involved in any activities involving personal benefit contracts.

Part V, Line 35-Receipts from business activities not reported on Form 990-T

Income from trade or business activities is not reported on Form 990-T because these events and activities are not regularly carried on.

KIWANIS INTERNATIONAL-K00380 SAN ANGELO
SAN ANGELO KIWANIS CLUB, INC.

EIN: 75-6035715

* SCHEDULE ATTACHED TO FOR 990-EZ

YEAR ENDED SEPTEMBER 30, 2010

	Gross Revenue	Expenses	Net Income	
Little Olympics	5,402	4,067	1,335	1,335
Garage Sale	1,583	772	811	
Golf Tournaments	200	180	20	
Gumball Receipts	1,092	0	1,092	
Cookbook Sales	5210	2,191	3,019	
Interest Earned	0		0	
Total Other	<u>\$13,487</u>	<u>\$7,210</u>	<u>\$6,277</u>	