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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10/1/2010 , and ending 9/30/2011

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
KIWANIS CLUB OF ROCHESTER % CLARE WARREN

Number and street (or P O box, if mail is not delivered to street address) Room/suite
2825 WELLINGTON LANE SW

City or town | state or country | ZIP + 4
ROCHESTER | MN | 55902

D Employer identification number
41-6037588

E Telephone number
(507)288-7833

F Group Exemption Number ▶ 0026

G Accounting Method [X] Cash [ ] Accrual Other (specify) ▶

I Website: ▶ WWW DOWNTOWNKIWANIS ORG

J Tax-exempt status (check only one) — [ ] 501(c)(3) [X] 501(c) (4) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

H Check ▶ [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ [X] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 12,547

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	750
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	2,520
	4	Investment income		4	9
	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	0
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	8,737	
	c	Less direct expenses from gaming and fundraising events	6c	2,687	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	6,050
	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	0
	8	Other revenue (describe in Schedule O)		8	531
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	9,860
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	2,825
	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	
	16	Other expenses (describe in Schedule O)		16	4,473
	17	**Total expenses.** Add lines 10 through 16	▶	17	7,298
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	2,562
	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	13,785
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶	21	16,347

Part II Balance Sheets. (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	18,392	22	19,554
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	18,392	25	19,554
26	**Total liabilities** (describe in Schedule O)	4,607	26	3,207
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	13,785	27	16,347

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III [X]

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? CIVIC AND SOCIAL WELFARE ORGANIZATION

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	POST SECONDARY SCHOLARSHIPS (1) (Grants $ 500) If this amount includes foreign grants, check here ▶ [ ]	28a	500
29	SUPPORT OF COMMUNITY AND YOUTH PROGRAMS (Grants $ 2,325) If this amount includes foreign grants, check here ▶ [ ]	29a	2,325
30	(Grants $) If this amount includes foreign grants, check here ▶ [ ]	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ [ ]	31a	
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	2,825

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this 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
DONALD BORCHERDING 2619 0AKVIEW LANE NE ROCHESTER MN 55906	Title VICE-PRES Hr/WK 00	0		
ROBERT MCCLOCKLIN 1413 WILSHIRE LANE SW ROCHESTER MN 55902	Title PAST-PRES Hr/WK 00	0		
RON ILVEDSON 1945 WATERFORD PLACE SW ROCHESTER MN 55	Title PRESIDENT Hr/WK 00	0		
PEG ANDERSON 6950 COTTONWOOD COURT MW ROCHESTER MN	Title SEC Hr/WK 00	0		
CLARE WARREN 2825 WELLINGTON LANE SW ROCHESTER MN 559	Title TREAS Hr/WK .00	0		
DEL LAWSON 1142 23RD AVENUE SW ROCHESTER MN 55902	Title DIR Hr/WK 00	0		
DOUGLAS COOP 815 W 4TH ST SW ZUMBROTA MN 55992	Title PRES-ELECT Hr/WK 00	0		
CHARLES GRAHAM 2709 SALEM ROAD SW ROCHESTER MN 55902	Title DIR Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		

Part V Other Information (Note the statement requirements in the instructions for Part V)
Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?	35b		X
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
37 a	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?	37b		
38 a	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 tax year 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			
40 a	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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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. ▶ _____			
42 a	The organization's books are in care of ▶ CLARE WARREN Telephone no. ▶ 507-288-7833			
	Located at ▶ 2825 WELLINGTON LANE SW City ROCHESTER ST MN ZIP + 4 ▶ 55902			
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			

			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ	45a		
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		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 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
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		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

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
Name None Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			

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
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☒ No

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

X Clare M. Warren
Signature of officer

X 10/22/11
Date

CLARE WARREN
Type or print name and title

TREASURER

Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
		SELF-PREPARED RETURN			
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
KIWANIS CLUB OF ROCHESTER % CLARE WARREN	41-6037588

Form 990-EZ, Part I, Line 8, Other Revenue MISCELLANEOUS 531

Form 990-EZ, Part I, Line 10, Grants Paid Activity SCHOLARSHIP, Grantee MARQUETTE UNIVERSITY MILWAUKEE WI, Cash Grant 500, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity SPONSORED YOUTH, Grantee MAYO HS KEY CLUB ROCHESTER MN, Cash Grant 21, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity YOUTH, Grantee STUDENT OF THE MONTH ROCHESTER MN, Cash Grant. 504, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity YOUTH, Grantee: ROCH YOUTH BASKETBALL ROCHESTER MN, Cash Grant 300, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid Activity YOUTH, Grantee. ROCHESTER BOYS & GIRLS CLUB ROCHESTER MN, Cash Grant: 200, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid. Activity YOUTH, Grantee FOOD FOR KIDZ STEWARTVILLE MN, Cash Grant 500, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid. Activity YOUTH, Grantee: CHRISTMAS ANONYMOUS ROCHESTER MN, Cash Grant. 200, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity YOUTH, Grantee. SALVATION ARMY ROCHESTER MN, Cash Grant 300, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid Activity COMMUNITY SERVICE, Grantee: SENIOR CITIZENS CENTER ROCHESTER MN, Cash Grant 200, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid Activity: YOUTH, Grantee KIWANIS INTERNATIONAL INDIANAPOLIS IN, Cash Grant: 100, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Meals-members and guests 1,317

Form 990-EZ, Part II, Line 26, Liabilities. PEANUT SALE PROCEEDS FOR SUBSEQUENT YEAR Beginning of year 3,137, End of year 3,207

Form 990-EZ, Part II, Line 26, Liabilities: NEXT YEAR'S DUES PAID IN ADVANCE Beginning of year 1,470, End of year: 0

Name of the organization	Employer identification number
KIWANIS CLUB OF ROCHESTER % CLARE WARREN	41-6037588

Form 990-EZ Part Part I Line 6b Fundraising events gross income Pancake Breakfast $3,665,

Peanut Sale $4,432, Hockey Festival $640

Form 990-EZ Part Part I Line 6c Fundraising events direct expenses Pancake Breakfast $587,

Peanut Sale $2,100

Form 990-EZ Part Part I Line 16 Other expenses Conferences, meetings $105, Insurance $252,

Member dues $1,638, Newsletter expense $224, Web site expense $370, miscellaneous $567