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1109

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, 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

Department of the Treasury
Internal Revenue Service

Process as Original

A **For the 2010 calendar year, or tax year beginning** Oct 1 , **2010, and ending** Sep 30 , 2011

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

C Name of organization
CIVITAN INTERNATIONAL-HAWFIELDS CIVITAN CLUB MEBANE NC 27302

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
7340 OLD COUNTRY LANE

City or town, state or country, and ZIP + 4
Mebane NC 27302

D **Employer identification number**
56-1353099

E **Telephone number**
(919) 563-2747

F **Group Exemption Number** ► 5431

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ► _____

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ► N/A

J Tax-exempt status (ck only one) – ☒ 501(c)(3) ☒ 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 $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 ► $ 80,110.

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 . . . ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	72,807.
	3	Membership dues and assessments	3	4,957.
	4	Investment income	4	
	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	
	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		
	c	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	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 in Schedule O) See Form 990-EZ, Part I, Line 8 Other Revenue	8	2,346.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	80,110.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	
	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	13,372.
	15	Printing, publications, postage, and shipping	15	234.
	16	Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	51,695.
	17	**Total expenses.** Add lines 10 through 16 ►	17	65,301.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,809.
	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	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	14,809.

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BAA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2010)

TEEA0812 02/18/11

9 69

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 ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	0.	22	0.
23	Land and buildings	0.	23	0.
24	Other assets (describe in Schedule O)	0.	24	0.
25	**Total assets**		25	
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)		27	14,809.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? COMMUNITY SERVICE

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	YOUTH RECREATION PROVIDED AT THE COMMUNITY PARK THROUGH BASEBALL, SOFTBALL AND FOOTBALL TEAMS. THE CLUB MAINTAINS THE COMMUNITY PARK. APPROXIMATELY 250 CHILDREN ANNUALLY (Grants $ 0.) If this amount includes foreign grants, check here ► ☐	28a	13,101.
29	THE CLUB SPONSORS A LOCAL JR CIVITAN CLUB. THE PURPOSE IS TO PROMOTE LEADERSHIP AND GOOD CITIZENSHIP (Grants $ 4,750.) If this amount includes foreign grants, check here ► ☐	29a	1,350.
30	THE CLUB PROVIDES GIFTS AND FUNDS FOR AREA PERSONS WITH MENTAL AND PHYSICAL DISABILITIE. THE NUMBER VARIES BETWEEN 30-150 ANNUALLY (Grants $ 2,225.) If this amount includes foreign grants, check here ► ☐	30a	3,513.
31	Other program services (describe in Schedule O) 0 (Grants $ 0.) If this amount includes foreign grants, check here ► ☐	31a	9,208.
32	**Total program service expenses** (add lines 28a through 31a) ►	32	27,172.

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 and deferred compensation	(e) Expense account and other allowances
DORCAS AUSTIN 3510 COOK STREET MEBANE NC 27302	PAST PRESIDENT 4.00	0.	0.	0.
KIMBERLY DAWSON 1760 FOXHALL LANE MEBANE NC 27302	PRESIDENT 3.00	0.	0.	0.
BEVERLY WYNN 7340 OLD COUNTRY LANE MEBANE NC 27302	TREASURER 3.00	0.	0.	0.
FREDDY WYNN 7340 OLD COUNTRY LANE MEBANE NC 27302	PRESIDENT-ELECT 4.00	0.	0.	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		
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 instructions ► 37a 0.			
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 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			
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 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 ►			

42a The organization's books are in care of ► BEVERLY WYNN Telephone no ► (919) 563-2747

Located at ► 7340 OLD COUNTRY LANE MEBANE NC ZIP + 4 ► 27302

		Yes	No
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 ►	42b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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: ►	42c		X

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
44a	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		X
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 (see inst)	45a		X
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		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		X
49a	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		

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 and deferred compensation	(e) Expense account and other allowances
NONE				

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
NONE		

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

► Signature of officer 04/24/12 Date

► BEVERLY WYNN TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
VIRGINIA S. MOORE	VIRGINIA S. MOORE	04/24/12		

Firm's name ► VIRGINIA S. MOORE
Firm's address ► 1047 IVEY ROAD
GRAHAM NC 27253
Firm's EIN ►
Phone no (336) 226-5403

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

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
CIVITAN INTERNATIONAL-HAWFIELDS CIVITAN CLUB MEBANE NC 27302	56-1353099

Part I 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).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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·

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An organization that normally receives: (1) more than 33-1/3% 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 33-1/3% 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.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the 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 ☐ 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).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g (i)	
(ii)	A family member of a person described in (i) above?	11g (ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g (iii)	

h Provide the following information about the supported organization(s)

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in column (i) of your support? Yes	(v) No	(vi) Is the organization in column (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it 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						
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 ..						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 %

16a **33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support test – 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants')				31,610.		31,610.
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				31,610.		31,610.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						31,610.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6				31,610.		31,610.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lns 9, 10c, 11, and 12)						31,610.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► [X]

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► [ ]

b **33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► [ ]

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► [ ]

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Other Addl Info: NO 5000 CONTRIBUTION RECEIVED

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

CIVITAN INTERNATIONAL-HAWFIELDS CIVITAN CLUB MEBANE NC 27302

Employer identification number

56-1353099

Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
PROGRAM SERVICE REVENUE	
BRUNSWICK STEW SALE	6,383.
HAUNTED FOREST FUNDRAISER	19,217.
HAUNTED FOREST CONCESSIONS	1,466.
BOSTON BUTT FUNDRAISER	5,345.
CIVITAN AWARENESS DAY	1,620.
BASEBALL/SOFTBALL	6,960.
FOOTBALL	5,575.
SPECIAL EVENTS & ACTIVITIES	
SIGNS	1,700.
SHELTER RENTAL	2,930.
CONCESSION STAND	16,345.
BALLFIELD EXPANSION	5,266.
Total	72,807.

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
ELECTRICITY	3,510.
WATER	458.
LEASE	10.
GARBAGE	1,105.
GAS	2,091.
MAINTENANCE/REPAIRS/IMPROVEMENTS	5,186.
SHELTER SUPPLIES	1,012.
Total	13,372.

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
ADVERTISING	100.
SCRAPBOOK/PHOTOGRAPHY	134.
Total	234.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)	
SPECIAL PROJECTS	1,294.
OTHER INCOME	37.
MISCELLANEOUS DONATIONS	390.
SHELTER DONATIONS	50.
PARK DONATIONS	575.
Total	2,346.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
BRUNSWICK STEW SALE	3,544.
HAUNTED FOREST FUNDRAISER	3,379.
HAUNTED FOREST CONCESSIONS	162.
BOSTON BUTT FUNDRAISER	3,326.
CIVITAN AWARENESS DAY	392.
SIGNS	748.
SHELTER RENTAL/CLEANING	1,675.
CONCESSION STAND	5,042.
ADMINISTRATIVE	505.
MEMORIALS	70.
FLOWERS	61.
MEALS	1,983.
AREA/DISTRICT MEETINGS	707.
PINS/AWARDS	1,304.
INTERNATIONAL DUES	2,404.
DISTRICT DUES	450.
INSURANCE FIRE & LIABILITY	1,584.
GENERAL SERVICE FUNDS	170.
FOOTBALL	6,650.
SOFTBALL	6,451.
OTHER LINE28-30	11,088.
Total	51,695.

Supporting Statement of:

Form 990-EZ/Line 28, Expenses

Description	Amount
SPORTS TEAMS SOFTBALL	6,650.
FOOTBALL	6,451.
Total	13,101.

Supporting Statement of:

Form 990-EZ/Line 29, Grants & Alloc

Description	Amount
DANCE A THON TO RESEARCH	500.
SNO DO TOWARDS RESEARCH	100.
CIVITAN INTERNATIONAL TOWARDS RESEARCH	500.
HAWFIELDS JUNIOR CIVITAN CLUB FOR LEADERSHIP ASSISTANCE	3,650.
Total	4,750.

Supporting Statement of:

Form 990-EZ/Line 29

Description	Amount
LOCAL SCHOOL DONATIONS	500.
HARRIETT COVINGTON SCHOLARSHIP	500.
FELLOW DONATIONS	100.
OTHER DONATIONS	250.
Total	1,350.

Supporting Statement of:

Form 990-EZ/Line 30, Grants & Alloc

Description	Amount
SPECIAL OLYMPTICS	1,500.
BOYS AND GIRLS HOME	725.
Total	2,225.

Supporting Statement of:

Form 990-EZ/Line 30

Description	Amount
DEVELOPMENTALL DISABLED	890.
UNDERPRIVILEGED/CRITICALLY ILL	2,623.
Total	3,513.

990-EZ, 990, 990-T and 990-PF
Information Worksheet

2010

Part I – Identifying Information

Employer Identification Number	56-1353099
Name	CIVITAN INTERNATIONAL-HAWFIELDS CIVITAN CLUB MEBANE NC 27302
Doing Business As	
Address	7340 OLD COUNTRY LANE Room/Suite
City	Mebane State NC ZIP Code 27302
Foreign Country	
Telephone Number	(919) 563-2747 Extension
Fax	E-Mail Address

☐ **Eligible for hurricane tax relief legislation benefits, check here**

Part II – Type of Return

X	Form 990-EZ **only**	☐	Form 990-EZ **with** Form 990-T
☐	Form 990 **only**	☐	Form 990 **with** Form 990-T
☐	Form 990-PF **only**	☐	Form 990-PF **with** Form 990-T
☐	Form 990-T **only**	☐	Form 990-N (gross receipts $50,000 or less) **for Electronic Filing only**

☐ **QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ , refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line

Part III – Type of Organization

X	501(c) Corporation/Association	3	(subsection number)	☐	220(e) Trust
☐	501(c) Trust		(subsection number)	☐	408A Trust
☐	4947(a)(1) Trust			☐	529(a) Corporation
☐	408(e) Trust			☐	529(a) Trust
☐	401(a) Trust			☐	530(a) Trust
☐	Other _____ (describe)			☐	527 Organization
				☐	501(c) Association

Part IV – Tax Year and Filing Information

☐	Calendar year			
X	Fiscal year –	Ending month	9	
☐	Short year –	Beginning date		Ending date

X Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2010 Estimated Taxes Paid

☐ Check this box if the organization is a private foundation

	Form 990-T	Form 990-PF
Amount of 2009 overpayment credited to 2010 estimated tax		

		Form 990-T		Form 990-PF	
Payment Quarters	Due Date	Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	01/18/11				
2nd Quarter Payment	03/15/11				
3rd Quarter Payment	06/15/11				
4th Quarter Payment	09/15/11				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI – Electronic Filing Information

IMPORTANT: Do **not** use the Miscellaneous Statement **or** Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

Electronic Filing:

[X] File the federal return electronically

Practitioner PIN program:

[X] Sign this return electronically using the Practitioner PIN
[ ] ERO entered PIN

Officer's PIN (enter any 5 numbers) 53099
Date PIN entered 04/12/2012

Electronic Filing of Extensions:

[ ] Check this box to file **Form 8868** (application for extension of time to file return) electronically

Information required for Electronic Filing:

Officer's Name . BEVERLY WYNN

Electronic Filing of Amended Return:

[ ] Check this box to file **amended return** electronically

Part VII – Electronic Funds Withdrawal Information *(Form 990PF filers only)*

Yes	No	
[ ]	[ ]	Use **electronic funds withdrawal** of **federal balance due** (EF only)?
[ ]	[ ]	Use **electronic funds withdrawal** of **Form 8868 balance due** (EF only)?
[ ]	[ ]	Use **electronic funds withdrawal** of **amended return balance due** (EF only)?

If any options selected above, enter information below, **(Review transferred information for accuracy)**

Bank Information

Name of Financial Institution (optional) _____
Check the appropriate box [ ] Checking [ ] Savings
Routing number _____
Account number _____

Payment Information

Enter the payment date to withdraw tax payment _____
Balance due amount from this return _____
Enter an amount to withdraw tax payment . _____
If partial payment is made, the remaining balance due _____

Part VIII – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date			

Letter Salutation _____

Part IX – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) VSM
QuickZoom to Firm/Preparer Info . . ►

QuickZoom to Form 990-EZ, Pages 1 through 4 . ►
QuickZoom to Form 990, Page 1 . . ►
QuickZoom to Form 990-PF, Page 1 . . . . ►
QuickZoom to Form 990-T, Page 1 . . . . . ►
QuickZoom to Form 990-N, e-PostCard . . . . . ►

516-1881

Hawfields Civitan Club
North Carolina District East

Tax Year
2010~2011

Program Service Revenue

	Gross Revenue	Expenses	Net
Brunswick Stew Sale	$ 6,383.00	$ 3,544.33	$ 2,838.67
Haunted Forest Fundraiser	$ 19,216.90	$ 3,379.41	$ 15,837.49
Haunted Forest Concessions	$ 1,466.00	$ 161.08	$ 1,304.92
Boston Butt Fundraiser	$ 5,345.00	$ 3,325.62	$ 2,019.38
Civitan Awareness Day	$ 1,620.00	$ 391.70	$ 1,228.30
Baseball / Softball	$ 6,960.50	$ 6,650.34	$ 310.16
Football	$ 5,575.00	$ 6,451.05	$ (876.05)
	$ 46,566.40	**$ 23,903.53**	**$ 22,662.87**

Special Events & Activities

	Gross Revenue	Expenses	Net
Signs	$ 1,700.00	$ 747.78	$ 952.22
Shelter Rental	$ 2,930.00	$ 1,675.00	$ 1,255.00
Concession Stand	$ 16,345.35	$ 5,042.27	$ 11,303.08
Ballfield Expansion	$ 5,265.65	$ -	$ 5,265.65
	$ 26,241.00	**$ 7,465.05**	**$ 18,775.95**

Hawfields Civitan Club
North Carolina District East
Compiled by: Treasurer

Tax Year
2010~2011

ARC	$	429.21
BINGO FOR THE ELDERLY	$	270.26
BOYS&GIRLS HOME	$	2,012.60
CHRISTMAS BASKETS - SHUT-INS	$	242.76
CHRISTMAS - DEVELOPMENTALLY DISABLED	$	500.00
CHRISTMAS CHEER	$	450.00
CIVITAN INTERNATIONAL RESEARCH	$	500.00
DANCE-A-THON - JR. CIVITIANS	$	500.00
DONATIONS - FELLOWS	$	100.00
DONATIONS - MISC	$	250.00
DUKE CHILD DEVELOPMENT	$	500.00
HARRIETT COVINGTON SCHOLARSHIP	$	500.00
HAUNTED FOREST	$	3,379.41
HAWFIELDS JUNIOR CIVITAN CLUB	$	3,650.29
LITTLE LEAGUE BALL TEAMS	$	13,101.39
LOCAL SCHOOL DONATIONS	$	500.00
RONALD MCDONALD	$	418.03
SNO-SO - JR. CIVITANS	$	100.00
SPECIAL FRIENDS	$	190.20
SPECIAL OLYMPICS - COUNTY & STATE	$	725.00
TOTAL	$	28,319.15

Hawfields Civitan Club
North Carolina District East

Tax Year 2010~2011

Grants & similar amounts paid

Description	Amount	Comment
Special Olympics ~ State & County	$ 725.00	Towards General Expenses
Boys & Girls Home	$ 1,500.00	Towards General Expenses
	$ 2,225.00	

Civitan International **P.O. Box 130744** **Birmingham, AL**

Dance A Thon	$ 500.00	Towards Research
Sno Do	$ 100.00	Towards Research
Civitan International	$ 500.00	Towards Research
	$ 1,100.00	

Hawfields Junior Civitan Club **NC Hwy 119 South** **Mebane, NC**

Hawfields Junior Civitan Club	$ 3,650.29	For Assistance

Youth Recreation (Hawfields Community Park) **Mebane, NC**

Little League Teams	$ 13,101.39	
Haunted Forest	$ 3,379.41	
	$ 16,480.80	

Developmentally Disabled	**$ 890.20**	Line 30A	
Developmentally Disabled Class ~ Christmas	$ 500.00		
MMRD ~ Special Friends Dances	$ 190.20		
ARC General Fund	$ 200.00		
Under Privileged / Critically Ill	**$ 2,622.86**		
Christmas Cheer	$ 450.00		
Elderly ~ Baskets	$ 242.76		
Adopted Christmas	$ 512.60		
Elderly ~ Home	$ 270.26		
Ronald McDonald	$ 418.03		
ARC	$ 229.21		
Duke Child Development	$ 500.00		
Local Schools/Scholarships	**$ 1,000.00**		
Fellows	**$ 100.00**		
Miscellaneous	**$ 250.00**	**$**	**28,319.15**

Utilities & Maintenance	**$**	**13,372.31**	**Expenses - Line 14**
Electricity	$	3,510.34	
Water	$	458.17	
Lease	$	10.00	
Garbage	$	1,105.06	
Gas	$	2,090.32	
Maintenance/Repairs/Improvements	$	5,186.01	
Shelter Supplies	$	1,012.41	
Printing/Publishing/Postage	**$**	**234.00**	**Expenses ~ Line 15**
Advertising	$	100.00	
Scrapbook/Photography	$	134.00	
Newsletter	$	-	
Other	**$**	**9,065.84**	**Expenses ~ Line 16**
Administrative	$	504.79	
Memorials	$	70.00	
General	$	-	
Flowers	$	60.64	
Meals	$	1,982.58	
Area/District Meetings	$	706.92	
Pins/Awards	$	1,303.91	
International Dues	$	2,403.50	
District Dues	$	450.00	
Insurance Fire & Liability	$	1,583.50	
Income	$	4,956.50	Dues
Contributions, Gifts and similar amounts received	$	575.00	
Miscellaneous & Shelter donations	$	50.00	
Raffle	$	390.20	
Miscellaneous	$	1,906.21	

Part 1 ~ Line #1 on Tax Form