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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 10-01 , 2010, and ending 09-30 , 2011

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

C Name of organization
KIWANIS OF SPARTANBURG(INT'L K-164)

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 5064

City or town, state or country, and ZIP + 4
SPARTANBURG, SC 29304

D Employer identification number
57-6025022

E Telephone number
(864) 583-2450

F Group Exemption Number ▶

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** (check 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 ▶ $ 57,137

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	23,653
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	31,681
	4	Investment income	4	6
	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 $ 16,196 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: 1,189		
	c	Less direct expenses from gaming and fundraising events — 6c: 1,216		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	(27)
	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)	8	608
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	55,921
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	16,550
	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	600
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	279
	16	Other expenses (describe in Schedule O)	16	38,642
	17	**Total expenses.** Add lines 10 through 16 ▶	17	56,071
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(150)
	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	10,049
	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	9,899

P N

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	10,049	22	9,899
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	10,049	25	9,899
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)	10,049	27	9,899

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 ☒

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? SEE STATEMENT 122

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	TERRIFIC KIDS PROGRAM RECOGNITION OF POSITIVE CHARACTER TRAITS IN ELEMENTARY SCHOOL CHILDREN. OVER 10,000 CHILDREN RECOGNIZED. (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	6,712
29	CHARLES LEA CENTER GRANT SPONSORSHIP OF SUMMER PROGRAM FOR SCHOOL AGED CHILDREN WITH DISABILITIES. (Grants $ 13,650) If this amount includes foreign grants, check here ▶ ☐	29a	14,866
30	THE FIRST TEE OF SPARTANBURG GRANT PROGRAM ASSISTANCE FOR CHILDREN'S GOLF AND CHARACTER DEVELOPMENT PROGRAMS (Grants $ 650) If this amount includes foreign grants, check here ▶ ☐	30a	650
31	Other program services (describe in Schedule O) (Grants $ 1,900) If this amount includes foreign grants, check here ▶ ☐	31a	SEE SERVICES 1,900
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	24,128

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 ☐

See 990_OFOV (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to empl benefit plans & deferred compensation	(e) Expense account and other allowances
ED MEMMOTT 132 MABRY DR, SPARTANBURG SC 29307-2611	PRESIDENT 3	0	0	0
TODD WHITEHEAD 805 MONTCLAIR CT, SPARTANBURG SC 29301-5348	PRES ELECT 1	0	0	0
S REEL ROBERTSON 424 MOORE'S CROSSING, ROEBUCK SC 29376	TREASURER 3	600	0	0
MATTHEW SMITH 350 E ST JOHN ST, SPARTANBURG SC 29302	SECRETARY 3	0	0	0
PHIL SNYDER 12 RIDGELAND DR, GREENVILLE SC 29601	1ST VICE PRES 1	0	0	0
RUBEN D CALVERT 155 MARLIN DR, SPARTANBURG SC 29307	2ND VICE PRES 1	0	0	0
MAX FAIN 231 MOUNTAIN VIEW RD, BOILING SPRINGS SC 29316	PAST PRES 1	0	0	0
NEWT PRESSLEY 110 EASTWOOD CIR, SPARTANBURG SC 29302	DIRECTOR 1	0	0	0
JAY BOMAR 100 BAGWELL FARM RD, SPARTANBURG SC 29302	DIRECTOR 1	0	0	0
CHARLES GODFREY 107 BEECHWOOD DR, SPARTANBURG SC 29307	DIRECTOR 1	0	0	0
CYNDI BEACHAM 195 BURDETTE ST, SPARTANBURG SC 29307	DIRECTOR 1	0	0	0
SCOTT WEAVER 9 COLONEL STORRS CT, GREER SC 29650	DIRECTOR 1	0	0	0
SUSAN HODGE 800 UNIVERSITY WAY, SPARTANBURG SC 29303	DIRECTOR 1	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," attach 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
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		X
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 ▶ SC,			
42 a	The organization's books are in care of ▶ S REEL ROBERTSON Telephone no ▶ 864-583-2450			
	Located at ▶ 424 MOORE'S CROSSING ROEBUCK, SC ZIP + 4 ▶ 29376			
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		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 instructions)	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		
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		
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 ▶

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 — Date: 2/13/12

S REEL ROBERTSON, TREASURER
Type or print name and title

Paid Preparer Use Only				
Print/Type preparer's name: S Reel Robertson	Preparer's signature	Date: 02-13-2012	Check ☐ if self-employed	PTIN
Firm's name ▶ Moss & Robertson CPAs PA			Firm's EIN ▶	
Firm's address ▶ 721 East Main Street Spartanburg SC 29302			Phone no 864-583-2450	

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

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

KIWANIS OF SPARTANBURG(INT'L K-164)

Employer identification number

57-6025022

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☒ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

South Carolina,

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000

		(a) Event #1 PANCAKE SUPP (event type)	(b) Event #2 TERRIFIC KID (event type)	(c) Other events NONE (total number)	(d) Total events Add col (a) through col (c)
Revenue	1 Gross receipts	17,385	7,000		24,385
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	17,385	7,000		24,385
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,216	6,712		7,928
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(7,928)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				16,457

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

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

KIWANIS OF SPARTANBURG(INT'L K-164)

Employer identification number

57-6025022

01. General explanation attachment

PRIMARY EXEMPT PURPOSE

TO PROMOTE HIGHER SOCIAL, BUSINESS AND PROFESSIONAL STANDARDS; TO ENCOURAGE THE DAILY LIVING OF THE GOLDEN RULE AND TO DEVELOP CITIZENSHIP.

02. Description of other revenue (Part I, line 8)

DESCRIPTION	AMOUNT
KIWANIS NIGHT BANQUET	608

03. List of grants and similar amounts paid (Part I, line 10)

ACTIVITY	SUMMER PROGRAM FOR HANDICAPPED
GRANTEE	THE CHARLES LEA CENTER FOUNDATION
ADDRESS	195 BURDETTE ST
	SPARTANBURG SC 29307
AMOUNT	13,650

ACTIVITY	PROGRAM ASST - FREE DENTAL CLINICS
GRANTEE	HEALTHY SMILES OF SPARTANBURG
ADDRESS	PO BOX 1441
	SPARTANBURG SC 29304
AMOUNT	650

ACTIVITY	PALMETTO BOYS AND GIRLS STATE
GRANTEE	AMERICAN LEGION POST 28

Name of the organization: KIWANIS OF SPARTANBURG(INT'L K-164)

Employer identification number: 57-6025022

ADDRESS	94 W PARK DR
	SPARTANBURG SC 29306
AMOUNT	600
ACTIVITY	PROGRAM ASSISTANCE
GRANTEE	THE FIRST TEE OF SPARTANBURG
ADDRESS	640 KELTNER AVE
	SPARTANBURG SC 29302
AMOUNT	650
ACTIVITY	CLUB EXPENSES
GRANTEE	K KIDS CLUB DUNCAN ELEM SCHOOL
ADDRESS	100 S DANZLER RD
	DUNCAN SC 29334
AMOUNT	250
ACTIVITY	PROGRAM ASST - SC SCH DEAF-BLIND
GRANTEE	THE WALKER FOUNDATION
ADDRESS	355 CEDAR SPRINGS RD
	SPARTANBURG SC 29302
AMOUNT	650
ACTIVITY	ANNUAL CONTRIBUTION
GRANTEE	KIWANIS INTERNATIONAL FOUNDATION
ADDRESS	3636 WOODVIEW TERRACE
	INDIANAPOLIS IN 46268
AMOUNT	100

Name of the organization: KIWANIS OF SPARTANBURG(INT'L K-164)

Employer identification number: 57-6025022

04. Description of other expenses (Part I, line 16)

DESCRIPTION	AMOUNT
FUND RAISING REGISTRATION FEE	50
CITIZEN OF THE YEAR PROGRAM	1,604
KIWANIS INTL AND DISTRICT DUES	5,124
KIWANIS NIGHT BANQUET EXPENSE	1,679
MEETINGS AND RELATED MEAL COSTS	23,042
MISCELLANEOUS	39
AWARDS	148
BANK SERVICE CHARGES	244
TERRIFIC KIDS PROGRAM SUPPLIES	6,712

05. Other program services (Part III, line 31)

GRANTS TO OTHER ENTITIES

PALMETTO BOYS/GIRLS STATE $600

HEALTHY SMILES OF SPARTANBURG $650

THE WALKER FOUNDATION $650

Current Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

	(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, other allowances
	DIRECTOR 1	0	0	0
	DIRECTOR 1	0	0	0