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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** 10/01/10 , **and ending** 09/30/11

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

C Name of organization
Kiwanis Int'l Montgomery Chapter

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

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

D **Employer identification number**
63-0144686

E Telephone number
334-260-7996

F Group Exemption Number ▶ 0026

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 ▶ $ 198,428

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	
	3	Membership dues and assessments **See Statement**	3	178,748
	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)	8	19,680
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	198,428
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	530
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	48,245
	13	Professional fees and other payments to independent contractors	13	2,600
	14	Occupancy, rent, utilities, and maintenance	14	7,485
	15	Printing, publications, postage, and shipping	15	196
	16	Other expenses (describe in Schedule O)	16	142,947
	17	**Total expenses.** Add lines 10 through 16 ▶	17	202,003
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,575
	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	27,449
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-7,032
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	16,842

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For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

DAA

P4

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	25,928	22	10,541
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	9,171	24	12,386
25 **Total assets**	35,099	25	22,927
26 **Total liabilities** (describe in Schedule O)	7,650	26	6,085
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	27,449	27	16,842

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?
See Schedule O

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

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

29
(Grants $) If this amount includes foreign grants, check here ▶ [ ] 29a

30
(Grants $) If this amount includes foreign grants, check here ▶ [ ] 30a

31 Other program services (describe in Schedule O)
(Grants $ 530) If this amount includes foreign grants, check here ▶ [ ] 31a 141,175

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 141,175

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	(a) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Scott McNelley	President 0.00	0	0	0
Keith B. Norman	First Vice P 0.00	0	0	0
Russell S. Dunman	Second Vice 0.00	0	0	0
Christopher R. East	Treasurer 0.00	0	0	0
Jeff Samuel	Secretary 0.00	0	0	0
Andrea Screws	Director 0.00	40,000	5,000	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," attached 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			
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 ▶ None			
42a	The organization's books are in care of ▶ Andrea Screws Telephone no ▶ 334-260-7996			
	Located at ▶ 1695 Perry Hill Road Montgomery AL ZIP + 4 ▶ 36106			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country. ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			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 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		
49a	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 President Date 6/9/2012

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	F. Chan Lambert	F. Chan Lambert	05/17/12		P00246358
	Firm's name ▶ LIVINGS, LANKFORD, LAMBERT & CO., P.C.			Firm's EIN ▶	63-0931690
	Firm's address ▶ 9541 WYNLAKES PL MONTGOMERY, AL 36117			Phone no	334-277-3060

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
Kiwanis Int'l Montgomery Chapter

Employer identification number
63-0144686

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

Description		Amount
SPOUSE'S NIGHT	$	11,904
DONATED OFFICE FACILITIES	$	7,250
LATE FEES	$	426
OTHER INCOME	$	100
Total	$	19,680

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

Description		Amount
Expenses		
MILEAGE EXPENSE	$	3
BOARD MEETINGS	$	1,351
INTERNATIONAL CONVENTION	$	18,130
DISTRICT CONVENTION EXPENSE	$	997
Bad Debt Expense	$	870
DUES - KWI	$	22,185
OFFICE EXPENSE	$	1,639
KIWANIS INTERNATIONAL SUP	$	242
ACTIVITY CENTER RENTAL	$	6,900
LUNCHES	$	68,687
TELEPHONE	$	1,747
INTERNET EXPENSE	$	1,152
EQUIPMENT MAINTENANCE	$	520
D&O LIABILITY INSURANCE	$	542

Name of the organization: Kiwanis Int'l Montgomery Chapter

Employer identification number: 63-0144686

INSURANCE	$	524
PRESIDENT'S GIFT	$	269
LADIES NIGHT	$	16,875
KIWANIS BUILDER	$	249
SERVICE CHARGES	$	62
ROUNDING	$	3
Total	$	142,947

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
CONVERT DEPRECIATION TO TAX BASIS	$ -952
ADJUST PRIOR PERIOD ACCOUNTS PAYABLE	$ -6,080

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

Description	Beg. of Year	End of Year
Accounts Receivable	$ 6,374	$ 10,906
Prepaid Expenses and Deferred Charges	$ 1,390	$ 892
See Attached Schedule	$ 16,575	$ 16,943
Less Accumulated Depreciation	$ 15,168	$ 16,355
Total	$ 9,171	$ 12,386

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	$ 7,650	$ 6,085

Form 990-EZ, Part III - Primary Exempt Purpose

The Kiwanis Club of Montgomery is a non-profit community organization whose

Name of the organization: Kiwanis Int'l Montgomery Chapter

Employer identification number: 63-0144686

goals are to form enduring friendships, to render altruistic service and to build a better community in Montgomery, Alabama and surrounding areas.

Form 990-EZ, Part III, Line 31 - All Other Achievements

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

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2010

Attachment Sequence No **67**

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

Identifying number: **63-0144686**

Business or activity to which this form relates: **Indirect Depreciation**

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

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

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	21

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	140
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		368	5.0	HY	200DB	74
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	235
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

There are no amounts for Page 2

Year Ended: September 30, 2011 63-0144686

Kiwanis Int'l Montgomery Chapter
1695 Perry Hill Road
Montgomery, AL 36106

Electing out of Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

Tax Asset Detail 10/01/10 - 9/30/11

Asset	dt	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: COMPUTER												
27		DELL OPTIPLEX 360 COMPUTE	2/20/09	1,127 19	0 00	563 60	856 67	108 21	964.88	162.31	200DB	5 0
28		SCANNER	2/27/11	228 40	0 00c	0.00	0 00	45 68	45 68	182.72	200DB	5 0
29		COMPUTER MONITOR	11/02/10	140.00	0.00c	0 00	0.00	28 00	28.00	112 00	200DB	5.0
		COMPUTER		1,495 59	0.00c	563.60	856.67	181.89	1,038.56	457.03		
Group: FURNITURE												
26		CRADENZA	7/14/09	170 50	0 00	0 00	88 66	32 74	121 40	49.10	200DB	5 0
		FURNITURE		170 50	0.00c	0 00	88 66	32.74	121 40	49.10		
Group: MACHINERY & EQUIPMENT												
1		FILES AND TABLES	9/30/58	333.00	0 00	0 00	333.00	0.00	333 00	0.00	S/L	10 0
2		POSTURE CHAIR	9/30/64	54 00	0.00	0.00	54 00	0.00	54.00	0.00	S/L	10 0
3		STORAGE CABINET	9/30/66	71 00	0.00	0.00	71 00	0 00	71.00	0 00	S/L	10 0
4		FILE CABINET	9/30/66	75 00	0.00	0 00	75.00	0 00	75 00	0.00	S/L	10.0
5		IBM TYPEWRITER	12/31/67	541 00	0 00	0 00	541.00	0.00	541.00	0.00	S/L	10.0
6		TWO SIDE CHAIRS	9/30/71	100.00	0 00	0.00	100.00	0.00	100 00	0 00	S/L	10.0
7		OLIVETTI CALCULATOR	9/30/71	133.00	0.00	0.00	133.00	0.00	133 00	0 00	S/L	10 0
8		DESK	9/30/71	334 00	0.00	0 00	334 00	0 00	334 00	0.00	S/L	10.0
9		MIMEOGRAPH MACHINE	9/30/72	676 00	0 00	0.00	676 00	0 00	676.00	0.00	S/L	10 0
10		CODE-A-PHONE	9/30/72	234 00	0.00	0.00	234.00	0.00	234 00	0.00	S/L	10 0
11		XEROX MACHINE	10/01/76	175.00	0 00	0.00	175.00	0 00	175.00	0 00	S/L	10.0
12		CRT DESK	4/29/85	268 00	0 00	0 00	268.00	0.00	268 00	0.00	S/L	10.0
13		LAMP, TABLE, 4 CHAIRS	12/23/86	650.00	0 00	0.00	650.00	0.00	650.00	0.00	S/L	10.0
15		LD PRINTER	12/30/86	995 00	0.00	0.00	995 00	0 00	995 00	0 00	PRE	5 0
16		FOLDING MACHINE	4/07/91	910.00	0 00	0.00	910 00	0.00	910.00	0 00	200DB	7 0
18		LASER PRINTER	5/26/95	511 00	0 00	0.00	511 00	0.00	511 00	0 00	200DB	5 0
19		TYPEWRITER	8/07/95	270 00	0 00	0.00	270.00	0 00	270.00	0 00	200DB	5 0
21		PRINTER	11/10/97	540 00	0 00	0.00	540 00	0 00	540 00	0.00	200DB	5 0
22		COMPUTER - PRIME TIME	11/20/98	2,046.00	0 00	0.00	2,046.00	0 00	2,046.00	0.00	200DB	5.0
23		DELL DIMENSION 4500 SERIES	7/10/02	2,034 42	0.00	0 00	2,034 42	0 00	2,034.42	0 00	S/L	5 0
24		SHARP COPIER	4/30/05	449 99	0 00	0.00	449 99	0 00	449.99	0 00	200DB	5 0
25		EQUIPMENT	9/25/05	204 77	0.00	0.00	102.40	20.48	122.88	81 89	S/L	10 0
		MACHINERY & EQUIPMENT		11,605.18	0 00c	0 00	11,502 81	20 48	11,523.29	81.89		
Group: OTHER ASSETS												
20		PIANO	12/04/95	3,672.00	0 00	0.00	3,672.00	0.00	3,672 00	0 00	S/L	7 0
		OTHER ASSETS		3,672.00	0.00c	0.00	3,672.00	0.00	3,672.00	0.00		
		Grand Total		16,943 27	0.00c	563 60	16,120.14	235.11	16,355 25	588.02		

Form **8868**
(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

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

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

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

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

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

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

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

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

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

Andrea Screws
1695 Perry Hill Road

- The books are in the care of ▶ Montgomery AL 36106
  Telephone No ▶ 334-260-7996 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for

1 *I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time* until 05/15/12 , to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ ☐ calendar year or
▶ X tax year beginning 10/01/10 , and ending 09/30/11

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

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

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

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

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

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

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

Andrea Screws
1695 Perry Hill Road

- The books are in the care of ▶ Montgomery AL 36106
  Telephone No ▶ 334-260-7996 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 08/15/12.

5 For calendar year . . . . , or other tax year beginning 10/01/10, and ending 09/30/11

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension
TAXPAYER UNABLE TO ACCUMULATE INFORMATION NECESSARY IN ORDER TO FILE A TIMELY RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [signature] Title ▶ President, Kiwanis Club of Montgomery Date ▶ 05/07/12