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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- 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.

A For the 2010 calendar year, or tax year beginning 10/01, 2010, and ending 9/30, 2011

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

C Kiwanis Club of Hammond
Post Office Box 2944
Hammond, LA 70404-2944

D Employer identification number 72-6028022

E Telephone number 985-542-7057

F Group Exemption Number 0026

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

I Website: N/A

J Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$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. **\$** 74,866.

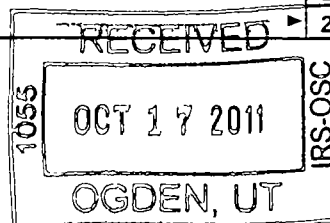
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	5,641.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	31,368.
	4	Investment income	4	453.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	37,077.
	6c	Less direct expenses from gaming and fundraising events	6c	15,493.
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	21,584.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O) <u>See Schedule O</u>	8	327.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	59,373.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O) <u>See Schedule O</u>	10	26,240.
	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	1,080.
	15	Printing, publications, postage, and shipping	15	1,891.
	16	Other expenses (describe in Schedule O) <u>See Schedule O</u>	16	19,843.
	17	Total expenses. Add lines 10 through 16	17	49,054.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,319.
	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	60,873.
	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	71,192.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

TEEA0803L 02/10/11



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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 N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A ; section 4955 N/A		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or 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 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
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 **Paul Marek** Telephone no. **985-542-7057**
 Located at **1007 West Dakota Street Hammond LA** ZIP + 4 **70401**

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: _____

	Yes	No
42b		X
42c		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: _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	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	

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X
45a		X
46		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.)

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

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 ☐

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
47		
48		
49a		
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

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 <i>Paul M. Mark</i>		Date <i>October 11, 2011</i>	
	Type or print name and title <i>PAUL M. MARK, TREASURER</i>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>Self-Prepared</i>	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN <input type="text"/>
	Firm's name	<input type="text"/>		
	Firm's address	<input type="text"/>		
	Firm's EIN	<input type="text"/>		
		Phone no		<input type="text"/>

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

BAA

Form 990-EZ (2010)

Department of the Treasury
Internal Revenue Service

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 Club of Hammond

Employer identification number

72-6028022

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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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.

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 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>Bike Ride Tour</u> (event type)	(b) Event #2 <u>Strawberry Fes</u> (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	23,035.	13,332.		36,367.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	23,035.	13,332.		36,367.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		800.		800.
	7 Food and beverages	1,263.	6,890.		8,153.
	8 Entertainment				
	9 Other direct expenses	6,362.			6,362.
	10 Direct expense summary Add lines 4- through 9 in column (d)				15,315.
	11 Net income summary Combine line 3, column (d), and line 10				21,052.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 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 _____

11 Does the organization operate gaming activities with nonmembers?

☐ Yes

No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes☐ **No**

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a

%

b An outside facility

13b

%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ►

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

	Yes
--	------------

☐ **No**

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If 'Yes,' enter name and address of the third party

Name ▶

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Kiwanis Club of Hammond

Employer identification number

72-6028022

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Civic/Social Organization

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

The Hammond Kiwanis Club assists and monetarily supports various charities and elementary/high schools in the community as well as providing assistance to individuals and other organizations - Budgeted \$9,775.00.

Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

The Hammond Kiwanis Club sponsors two programs, Bringing Up Grades (BUGS)/Terrific Kids and a Honors Breakfast, at local area elementary schools to encourage and acknowledge individual students for improving their grades and/or achieving academic excellence on a periodic basis throughout the school year - Budgeted \$5,000.00.

Kiwanis Club of Hammond

72-6028022

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

Miscellaneous Income

Total	\$	327.
	\$	<u>327.</u>

**Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid In Excess of \$5,000**

Donee's Name:	See Statement of Program Service Accomplishment	
Cash Amount Given:		\$ 19,395.

Payments to Affiliates

Name:	Kiwanis International	
Address:	3636 Woodview Trace	
	Indianapolis, IN 46268	
Purpose of payment:	Dues	
Amount:		\$ 6,845.

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

Banquets, Meetings & Dinners	\$ 2,036.
Conferences, Conventions, and Meetings	1,979.
Dues & Subscription Exp.	200.
Meeting Meals Expense	14,950.
Shirts, Hats, Pins Expense	678.
Total	<u>\$ 19,843.</u>

**Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Wayne Allen 41472 Rue Chene Ponchatoula, LA 70454	Director 2.00	\$ 0.	\$ 0.	0.
Linda Munchausen 39180 Old Sawmill Road Ponchatoula, LA 70454	Director 2.00	0.	0.	0.
Dan Burchfield Post Office Box 1611 Hammond, LA 70404-1611	Director 2.00	0.	0.	0.

Kiwanis Club of Hammond

72-6028022

Form 990-EZ, Part IV (continued)

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Jean Johnson Post Office Box 845 Loranger, LA 70446-0845	Director 2.00	\$ 0.	\$ 0.	\$ 0.
Terry Brown 42241 South Range Road Ponchatoula, LA 70454	Director 2.00	0.	0.	0.
Vic Couvillion 802 Rue Cannes Hammond, LA 70403	Director 2.00	0.	0.	0.
Joseph Miller 17132 Old Covington Highway Hammond, LA 70403	Director 2.00	0.	0.	0.
Fran Carrington Post Office Box 2009 Hammond, LA 70404-2009	President 5.00	0.	0.	0.
Sidney Guedry, Jr. 50 Pine Square Hammond, LA 70401	Vice President 3.00	0.	0.	0.
Terry King 15 Fairway View Hammond, LA 70401	Vice President 3.00	0.	0.	0.
Stephanie Kropog 27323 Kropog Lane Hammond, LA 70403	Secretary 5.00	0.	0.	0.
Paul Marek 1007 West Dakota Street Hammond, LA 70401	Treasurer 5.00	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.