



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

Name of organization
KIWANIS INTERNATIONAL
K04624 GREATER ABILENE

Number and street (or P O box, if mail is not delivered to street address)Room/suite
PO BOX 312

City or town, state or country, and ZIP + 4
ABILENE, TX 79604

Employer identification number

75-6084879

Telephone number

(325) 669-4460

Group Exemption Number

0026

Accounting method

Cash

Accrual

Other (specify)

Website

N/A

Tax-Exempt status (check only one)

501(c)(3)

501(c)(4)

(insert no)

4947(a)(1)

or

527

Check

if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

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

\$

74,449

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	2,297					
	2	Program service revenue including government fees and contracts	2						
	3	Membership dues and assessments	3	46,432					
	4	Investment income	4	3					
	5a	Gross amount from sale of assets other than inventory	5a						
	b	Less cost or other basis and sales expenses	5b	0					
	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 \$ 24,589 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)							
Expenses	c	Less direct expenses from gaming and fundraising events	6c	11,406					
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	13,183					
	7a	Gross sales of inventory, less returns and allowances	7a						
	b	Less cost of goods sold	7b	0					
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c						
	8	Other revenue (describe in Schedule O)	8	1,128					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	63,043					
	10	Grants and similar amounts paid (list in Schedule O)	10	17,245					
	11	Benefits paid to or for members	11						
	12	Salaries, other compensation, and employee benefits	12						
Net Assets	13	Professional fees and other payments to independent contractors	13						
	14	Occupancy, rent, utilities, and maintenance	14						
	15	Printing, publications, postage, and shipping	15	128					
	16	Other expenses (describe in Schedule O)	16	40,870					
	17	Total expenses. Add lines 10 through 16	17	58,243					
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,800					
	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	36,286					
	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	41,086					

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2010)

Part II

Balance Sheets

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

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	30,047	22	36,288
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	6,239	24	4,798
25	Total assets	36,286	25	41,086
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	36,286	27	41,086

Part III

Statement of Program Service Accomplishments

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

☐

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

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 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

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

☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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	No
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	No
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	No
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	No
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	No
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	No
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	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
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	No
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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>David Fairchilds</u> Telephone no ▶ <u>(325) 795-1828</u> 3225 Woodlake Dr Located at ▶ <u>Abilene, TX</u> ZIP + 4 ▶ <u>79606</u>		
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 ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
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	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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 must be completed instead of Form990-EZ		No
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		No

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.

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	
48	Is the organization a school 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?	
49b	If "Yes," was the related organization a section 527 organization?	

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
NONE				

50(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		

51(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		
	David Fairchilds Secr/Treasurer	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no
May the IRS discuss this return with the preparer shown above? See instructions Yes No				

Additional Data

Software ID: 10000105

Software Version: 2010v3.2

EIN: 75-6084879

Name: KIWANIS INTERNATIONAL
K04624 GREATER ABILENE

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

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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 INTERNATIONAL RELATIONS- THIS COMMITTEE ASSISTS ORGANIZATIONS THAT BENEFIT CHILDREN IN OTHER COUNTRIES THIS COMMITTEE ASSISTED THREE ORGANIZATIONS THIS YEAR (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	400
29 MISCELLANEOUS- THE CLUB CONTRIBUTES TO THE FOUNDATIONS AT BOTH THE TEXAS/OKLAHOMA DISTRICT AND INTERNATIONAL LEVEL AS THEY SUPPORT PROJECTS SIMILAR TO OURS BUT ON A SCALE IMPOSSIBLE AT THE LOCAL CLUB LEVEL ALSO, OTHER PROJECTS, DEEMED WORTHWHILE BY THE BOARD, THAT DO NOT FIT INTO ANY OTHER COMMITTEE ASSIGNMENTS ARE CLASSIFIED HERE (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	3,035
30 GREATER ABILENE KIWANIS FOUNDATION- CONTRIBUTE TO THE FOUNDATION TO PROVIDE SCHOLARSHIPS AND FOR LOCAL CHILDREN'S HOSPITAL (\$432) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	432
CHILDREN'S MIRACLE NETWORK (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			3,000
AGRICULTURE- THE COMMITTEE ON AGRICULTURE PROMOTES THE AGRICULTURE RELATED PROJECTS IN THE LOCAL AREA SCHOOLS AND ENCOURAGES YOUNG PEOPLE TO PURSUE AGRICULTURE RELATED CAREERS THROUGH SCHOLARSHIP ASSISTANCE (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			1,000
YOUNG CHILDREN PRIORITY ONE- THIS COMMITTEE STUDIES AND DEVISES METHODS AND MEANS TO IMPLEMENT THE ONGOING MAJOR EMPHASIS CAMPAIGN OF KIWANIS INTERNATIONAL THIS COMMITTEE ASSISTED TWO ORGANIZATIONS THIS YEAR AS WELL AS PURCHASED PRENATAL VITAMINS FOR ORGANIZATIONS TO DISTRIBUTE TO EXPECTANT MOTHERS AND PURCHASED FLEECE TO MAKE BLANKETS FOR A CHILD ADVOCACY CENTER (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			1,050
YOUTH SERVICES- THE COMMITTEE ON YOUTH SERVICES STUDIES, DEVISES AND SUGGESTS METHODS AND MEANS TO ASSIST BOYS AND GIRLS TO ADJUST TO THEIR ENVIRONMENT AND BECOME ADAPTED TO THE SOCIAL, ECONOMIC, AND MORAL DEMANDS WHICH THEY MAY ENCOUNTER AND DEVELOPS WAYS AND MEANS OF ASSISTING IN THE GUIDANCE OF YOUTH THIS COMMITTEE ASSISTED 15 ORGANIZATIONS THIS YEAR, AS WELL AS PURCHASED AND DISTRIBUTED TOOTHBRUSHES TO EVERY KINDERGARDENER IN THE LOCAL SCHOOL DISTRICTS (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			4,700
COMMUNITY SERVICES- THE COMMITTEE ON COMMUNITY SERVICES STUDIES, DEVISES AND SUGGESTS METHODS AND MEANS WHEREBY THIS CLUB CAN RENDER EFFECTIVE COMMUNITY SERVICE THIS COMMITTEE ASSISTED ELEVEN ORGANIZATIONS THIS YEAR (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			2,300
SERVICE LEADERSHIP- THE COMMITTEE ON SERVICE LEADERSHIP DETERMINES WHAT OTHER KIWANIS ORGANIZATIONS SHOULD BE SPONSORED AND FINANCIALLY ASSISTS THOSE ORGANIZATIONS WITH THEIR ENDEAVORS THIS COMMITTEE SPONSORED THREE ORGANIZATIONS THIS YEAR (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			1,328

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Scott South 3534 Cerromar Ct Abilene, TX 79606	Vice President 2 00	0		
Gerald Stephens 550 Country Place Abilene, TX 79606	Director 1 00	0		
Mary Rodriguez 2517 S 38th St Abilene, TX 79605	Director 1 00	0		
Jamie Bearden 5118 Ryan Circle S Abilene, TX 79606	Director 1 00	0		
Nancy Baker 3316 S 21st St Abilene, TX 79605	Director 1 00	0		
Vance Cooksey 4425 S 3rd Abilene, TX 79605	President 4 00	0		
Kevin McSherry 1086 Iberis Rd S Tuscola, TX 79562	President Elect 2 00	0		
David Fairchilds 3225 Woodlake Dr Abilene, TX 79606	Secr/Treasurer 4 00	0		
Steven Smith 2450 Windsor Rd Abilene, TX 79605	Director 1 00	0		
Chuck Schrader 3134 S 27th St Abilene, TX 79605	Director 1 00	0		
Angela Carson 812 Oak St Merkel, TX 79536	Director 1 00	0		
Mike Bannister 3801 Santa Monica Abilene, TX 79605	Past President 2 00	0		
Gary Jay 177 Pack Saddle Pass Abilene, TX 79602	Vice President 2 00	0		

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 INTERNATIONAL
K04624 GREATER ABILENE

Employer identification number

75-6084879

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations

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. Form 990-EZ filers are not required to complete this table.

(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 col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		CHILI DAY FUNDRAISER (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	24,589		24,589
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	24,589		24,589
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	1,732		1,732
	7	Food and beverages	9,009		9,009
	8	Entertainment			
	9	Other direct expenses	665		665
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					13,183

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 col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

Provide 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 contract 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

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 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 INTERNATIONAL K04624 GREATER ABILENE	Employer identification number 75-6084879
---	--

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$6239 Machinery and Equipment - Ending \$4798

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	Bank fees \$66

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	Miscellaneous \$95

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	Lt Governor's visit \$100

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Awards \$160

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	New member fees-Kiw Internat'l \$272

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Officer & director insurance \$500

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Board meeting meals \$2186

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Dues (internat'l/district) \$9470

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Club meeting meals \$26357

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$1441

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$223

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	PROGRAM SALES \$1128