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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 , and ending 09-30-2012

☐ Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

KIWANIS OF SPARTANBURGINTL 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

F Group Exemption Number

▶

G Accounting method

☒ Cash

☐ Accrual

Other (specify) ▶

I Website:▶

NA

J Tax-Exempt status (check 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 or a section 527 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 ▶ \$ 83,565

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	31,057
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	36,420
	4	Investment income	4	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 \$ 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	14,894
	c	Less direct expenses from gaming and fundraising events	6c	8,072
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	6,822
	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	1,190
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	75,493
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	23,774
	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	1,200
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	279
	16	Other expenses (describe in Schedule O)	16	46,989
	17	Total expenses. Add lines 10 through 16	17	72,242
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,251
	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	9,899
	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	13,150

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

Cat No 10642I

Form 990-EZ (2010)

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

(A) Beginning of year

(B) End of year

9,899

22

13,150

0

23

0

0

24

0

9,899

25

13,150

0

26

0

9,899

27

13,150

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

SEE STATEMENT 122

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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

28a

29

29a

30

30a

31a

32

17,200

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

(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 significant 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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	
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	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 ▶ SC		
42a	The organization's books are in care of ▶ NEWT PRESSLEY Telephone no ▶ (864) 583-2450 110 EASTWOOD CIRCLE Located at ▶ SPARTANBURG, SC ZIP + 4 ▶ 29302		
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 and enter the amount of tax-exempt interest received or accrued during the tax year	43	
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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)	45b	No

		Yes	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 or have a section 501(h) election in effect during the tax year? 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

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		2013-05-09 Date		
	CHRIS CONNELLY CURRENT TREASUR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	S REEL ROBERTSON	Date 2013-05-09	Check if self-employed ☐	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4				EIN
	S Reel Robertson CPA PA 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

2011

Open to Public
Inspection

Name of the organization
KIWANIS OF SPARTANBURGINTL K-164

Employer identification number
57-6025022

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

b

☐ Internet and e-mail 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. 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.

SC

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>PANCAKE SUPP</u>	<u>TERRIFIC KID</u>	<u>2</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
1	Gross receipts	. . .	19,663	7,038	17,626	44,327	
2	Less Charitable contributions	. . .					
3	Gross income (line 1 minus line 2)	. . .	19,663	7,038	17,626	44,327	
Direct Expenses	4	Cash prizes	. . .				
	5	Non-cash prizes	. .				
	6	Rent/facility costs	. .				
	7	Food and beverages	. .				
	8	Entertainment	. . .				
	9	Other direct expenses	.	1,246	7,111	12,504	20,861
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					(20,861)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					23,466

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	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	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.

2011

**Open to Public
Inspection**

Name of the organization
KIWANIS OF SPARTANBURGINTL K-164

Employer identification number

57-6025022

Identifier	Return Reference	Explanation
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 1087 MISCELLANEOUS 103
03 List of grants and similar amounts paid (Part I, line 10)		Activity PROGRAMS FOR HANDICAPPED Grantee THE CHARLES LEA CENTER FOUNDATION Address 195 BURDETTE ST SPARTANBURG SC 29307 Amount 15499 Activity PROGRAM ASST - FREE DENTAL CLINICS Grantee HEALTHY SMILES OF SPARTANBURG Address PO BOX 1441 SPARTANBURG SC 29304 Amount 2100 Activity PROGRAM ASSISTANCE Grantee ELLEN HINES SMITH HOME FOR GIRLS SPARTANBURG SC Amount 2100 Activity PROGRAM ASSISTANCE Grantee THE FIRST TEE OF SPARTANBURG Address 640 KELTNER AVE SPARTANBURG SC 29302 Amount 3725 Activity CLUB EXPENSES Grantee K KIDS CLUB DUNCAN ELEM SCHOOL Address 100 S DANZLER RD DUNCAN SC 29334 Amount 250 Activity ANNUAL CLUB GIFT Grantee KIWANIS INTERNATIONAL FOUNDATION Address 3636 WOODVIEW TERRACE Indianapolis IN 46268 Amount 100
04 Description of other expenses (Part I, line 16)		Description Amount FUND RAISING REGISTRATION FEE 50 CITIZEN OF THE YEAR PROGRAM 1843 KIWANIS INTL AND DISTRICT DUES 6238 KIWANIS NIGHT BANQUET EXPENSE 2149 MEETINGS AND RELATED MEAL COSTS 20090 MISCELLANEOUS 1420 CONTRIBUTION TO SCHOLARSHIP FUND 918 TERRIFIC KIDS PROGRAM SUPPLIES 7111 INTERNATIONAL CONVENTION 1492 MATH MEDALLION PROGRAM SUPPLIES 5678
05 Other program services (Part III, line 31)		GRANTS TO OTHER ENTITIES ELLEN HINES SMITH HOME FOR GIRLS 2100 HEALTHY SMILES OF SPARTANBURG 2100 CONTRIBUTION TO SCHOLARSHIP FUND 918

Additional Data

Software ID:
Software Version:
EIN: 57-6025022
Name: KIWANIS OF SPARTANBURGINTL K-164

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 TERRIFIC KIDS PROGRAM RECOGNITION OF POSITIVE CHARACTER TRAITS IN ELEMENTARY SCHOOL CHILDREN OVER 10000 CHILDREN RECOGNIZED (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	7,111
29 CHARLES LEA CENTER GRANT SPONSORSHIP OF SUMMER PROGRAM FOR SCHOOL AGED CHILDREN WITH DISABILITIES (Grants \$ 15,499) If this amount includes foreign grants, check here . . . ☐		29a	1,246
30 THE FIRST TEE OF SPARTANBURG GRANT PROGRAM ASSISTANCE FOR CHILDRENS GOLF AND CHARACTER DEVELOPMENT PROGRAMS (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	3,725
Other program services (Grants \$) If this amount includes foreign grants, check here . . . ☐			5,118

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
TODD WHITEHEAD 805 MONTCLAIR CT SPARTANBURG, SC 293015348	PRESIDENT 3	0	0	0
NEWT PRESSLEY 110 EASTWOOD CIRCLE SPARTANBURG, SC 29302	TREASURER 3	0	0	0
TERRI HENDRIX PO BOX 5064 SPARTANBURG, SC 29304	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
LEE CLOSE PO BOX 5064 SPARTANBURG, SC 29304	PRESIDENT ELECT 1	0	0	0
CYNDI BEACHAM 195 BURDETTE ST SPARTANBURG, SC 29307	DIRECTOR 1	0	0	0
SUSAN HODGE 800 UNIVERSITY WAY SPARTANBURG, SC 29303	DIRECTOR 1	0	0	0
DAVID NICHOLS 672 MOSSWOOD LN SPARTANBURG, SC 29301	DIRECTOR 1	0	0	0
BEN CORRELL PO BOX 5064 SPARTANBURG, SC 29304	DIRECTOR 1	0	0	0
CHASE BIBER PO BOX 5064 SPARTANBURG, SC 29304	DIRECTOR 1	0	0	0
DICK BURGESS PO BOX 5064 SPARTANBURG, SC 29304	DIRECTOR 1	0	0	0
BILL WALSH PO BOX 5064 SPARTANBURG, SC 29304	DIRECTOR 1	0	0	0
ISAAC DICKSON PO BOX 5064 SPARTANBURG, SC 29304	DIRECTOR 1	0	0	