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Department of the Treasury Internal Revenue Service

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)

OMB No 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements. ОСТ 1. 2012 and ending SEP 30, 2013 For the 2012 calendar year, or tax year beginning Check if C Name of organization D Employer identification number KIWANIS INTERNATIONAL - GREENVILLE UNIVERSITY CITY KIWANIS CLUB Name change 23-7171374 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 1003 RED BANKS RD. 252-321-0505 Amende City, town, or post office, state, and ZIP code G Gross receipts \$ 333,675 Applica-tion pending GREENVILLE, NC 27858 H(a) Is this a group return F Name and address of principal officer BRIAN FIELDS for affiliates? Yes X No 1003 RED BANKS ROAD, GREENVILLE, 27858 H(b) Are all affiliates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or [If "No," attach a list (see instructions) J Website: ► WWW.UNIVERSITYCITYKIWANIS.COM **H(c)** Group exemption number ▶ K Form of organization: Corporation Trust X Association Year of formation: 1972 M State of legal domicile; NC Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE FINANCIAL AND 1 Governance VOLUNTEER SUPPORT TO HELP CHILDREN IN OUR COMMUNITY AND SURROUNDING Check this box larger if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 23 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Ine 34 0. 7b Prior Year **Current Year** 51,089 61,907. Contributions and grants (Part VIII, line 1h) Revenue 0. Program service revenue (Part VIII, line 2g) 0. 244. 193. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 61.179. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 54,254. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 112,512. 116,354. 72,351 69,500. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column, (A), line 1, e) 0. 0. b Total fundraising expenses (Part IX, column D) Inne 25) V 0. Other expenses (Part IX, column (A), liftes 11a-11d, 11f-24e) 45,312. 44,275. or hit /\!\ Total expenses Add lines 13-17 (must equal Part IX, column) (A), line 25 117,663. 113,775 Revenue less expenses. Subtract line 18 from line 12 2,579. <5,151. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 78,164 80,743. 21 Total liabilities (Part X, line 26) 0. Net/ 22 Net assets or fund balances Subtract line 21 from line 20 78,164 Part II Signature Block 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. Signature of officer Date Sign BRAD G. GARNER, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature) Paid 02/08/14 BRAD G. GARNER P01329543 sett-employed Preparer Firm's name DIXON HUGHES GOODMAN 56-0747981 Firm's EIN Use Only Firm's address 1003 RED BANKS ROAD 252-321-0505 GREENVILLE, NC 27858

May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no.

X Yes

Form 990 (2012)

No_

KIWANIS INTERNATIONAL - GREENVILLE UNIVERSITY CITY KIWANIS CLUB 23-7171374 Form 990 (2012) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission. TO PROVIDE FINANCIAL AND VOLUNTEER SUPPORT TO HELP CHILDREN IN OUR COMMUNITY AND SURROUNDING COMMUNITIES. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 110,878. including grants of \$ 69,500.) (Revenue \$) (Expenses \$ DONATIONS TO LOCAL CHARITIES WITH AN EMPHASIS ON ORGANIZATIONS THAT PROVIDE SUPPORT, CARE, AND AID TO CHILDREN. __) (Expenses \$ _ _) (Revenue \$ including grants of \$ ____) (Expenses \$) (Revenue \$ including grants of \$

232002 12-10-12

4e Total program service expenses ▶

Other program services (Describe in Schedule O.)

including grants of \$

110,878.

) (Revenue \$

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1_	_ X	
	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		77
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		<u>X</u>
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		<u>_X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44-	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	<u>11a</u>	^	
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	TID		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			**
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		_X_
U	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2012)

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			ĺ
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ĺ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		<u> X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ا ۔ ا		ĺ
	any tax-exempt bonds?	24c		<u></u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	050		x
b	disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ĺ
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			<u> </u>
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u> _
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		- T
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			•
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	X
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	22		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
•	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		T	
-	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	_	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
		Form	990	(2012)

Form 990 (2012)

_	990 (2012) UNIVERSITY CITY KIWANIS CLUB 23-71	<u>/1374</u>	<u> P</u>	age 5
Par				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	
	(gambling) winnings to prize winners?	1c	ļ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	0		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	}	x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	†——	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	<u> </u>	t	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country.	10	 	
~	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	-		
5a		5a	Ì	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	 	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
Ou	any contributions that were not tax deductible as charitable contributions?	6a	1	х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		-25
	were not tax deductible?	6b	1	ļ
7	Organizations that may receive deductible contributions under section 170(c).	0.5	 	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay-	or? 7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10	 	
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	, <u>, , , , , , , , , , , , , , , , , , </u>		
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	\neg		
11	Section 501(c)(12) organizations. Enter	_		
a	Gross income from members or shareholders		Ì	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	-		
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	+	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\dashv		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	+-
a	Note. See the instructions for additional information the organization must report on Schedule O.	138	+	t^-
h	Enter the amount of reserves the organization is required to maintain by the states in which the	1		
U	organization is licensed to issue qualified health plans			1
С				1
		44-	+	X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No." provide an evaluation in School II.	14a	+	┼^

KIWANIS INTERNATIONAL - GREENVILLE

Form 990 (2012) UNIVERSITY CITY KIWANIS CLUB

23-<u>71</u>71374

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23	3		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b_	2:	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other			
	officer, director, trustee, or key employee?		•	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		_X_
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a		<u> X</u>
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:			
а	The governing body?			8a_	X	
Ь	Each committee with authority to act on behalf of the governing body?			8b		_X_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	_		9		X
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	<u>Revenu</u>	e Code)			
40-	Did the community of head sheeters broaden as afficiency			40	Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such or and harman and activities of such or activities of such or and activities of such or and activities of such or activities of such or and activities of such or activit	chapter	s, aπiliates,	40.		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	du baša	re films the form?	10b	-	X
_	Has the organization provided a complete copy of this Form 990 to all members of its governing both	dy beic	re ming the form?	11a		
122	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		х
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	flicte2	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			120		
·	in Schedule O how this was done	765, U	escribe	12c		
13	Did the organization have a written whistleblower policy?			13		<u>x</u> _
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approx	al by ii	ndenendent	 '''		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'	-	poridorit			
а	The organization's CEO, Executive Director, or top management official	•		15a		_x_
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a			
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its i	participation			l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic		•			
	exempt status with respect to such arrangements?		<u> </u>	16b		
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶NC					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	ion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain	n ın Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest policy, a	nd finar	ncial	
	statements available to the public during the tax year.		- 1			
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the organiz	ation 🕨	_	
	BRAD GARNER - 252-321-0505					
32006	1003 RED BANKS RD., GREENVILLE, NC 27858					
2-10-	12			Form	990	(2012)

UNIVERSITY CITY KIWANIS CLUB

23-7171374

Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees; and former such persons

(A) Name and Title	(B) Average hours per week	box,	not cl	ss pe	rtion more rson	than s bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRIAN R. FIELDS	3.00									
PRESIDENT	2 00	X		X				0.	0.	0.
(2) DAVID MONROE	2.00	,,		37					_	_
PRESIDENT - ELECT	2 00	X		X				0.	0.	0.
(3) GREG TUNNELL	2.00	X		x				0.	_	
VICE-PRESIDENT	3.00	^	_			┢		1 0.	0.	0.
(4) MICHAEL GRIZZARD	3.00	X		X				0.	0.	0.
SECRETARY (5) BRADLEY G. GARNER	2.00	Λ		Λ				0.		0.
TREASURER ACTIVITIES	2.00	x		x				0.	0.	0.
(6) ROBERT R. RICE, III	2.50	1						1	- 0.	
TREASURER - ADMINISTRATIVE	2.30	x		x			-	0.	0.	0.
(7) PATRICK PORTER	0.50	-				<u> </u>	_			
DIRECTOR		x						0.	0.	0.
(8) TODD E. SIEBELS	0.50									
DIRECTOR		X				ļ		0.	0.	0.
(9) G. ED PORTER	0.50									
DIRECTOR		X						0.	0.	0.
(10) RAY SPEARS	0.50									
DIRECTOR		X						0.	<u> </u>	0.
(11) GLEN CUTRELL	0.50									
DIRECTOR		X						0.	0.	0.
(12) GLENN WILLINGHAM	0.50	,				ŀ				
DIRECTOR		X				$oxed{oxed}$		0.	0.	0.
(13) WHITMAN C. BROWN	0.50						1			
DIRECTOR		X						0.	0.	0.
(14) ED A. DAUGHTRY	0.50							_		
DIRECTOR		X					_	0.	0.	0.
(15) JOHN FLETCHER	0.50								_	
DIRECTOR	0.50	X	_			_	_	0.	0.	0.
(16) DONALD BROOME	0.50									
DIRECTOR	0.50	X	_			_	\vdash	0.	0.	0.
(17) EDWIN GRAY	0.50	٦-								_
DIRECTOR 222007 12-10-12		X	L				L	<u> </u>	0.	Eorm 990 (2012

232007 12-10-12

Form **990** (2012)

A	(B)	(C) Position						(D)	(E)	_	(F)
Name and title	Average hours per		not c	neck n ss per:	nore	than (Reportable compensation	Reportable compensation		imated ount of
	week			d a dir				from	from related		other
	(list any	rector						the	organizations		pensation
	hours for related	io c	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		om the
	organizations	ruste	ıl trusi		99	mpen		(W-2/1099-MISC)		_	anization I related
	below	Individual trustee or director	nstitutional trustee		Key employee	est co oyee	들				nizations
	line)	휼	ınstı	Officer	Keye	Highest compensated employee	Form				
(18) DAN TEW	0.50								•		•
DIRECTOR	0.50	X			-			0.	0.	 -	0.
(19) ERIC LOY	0.50	x						0.	0.		0.
DIRECTOR (20) GRADY NICHOLS	0.50	Λ						0.			
DIRECTOR	0100	x						0.	0.		0.
(21) TOM BEST	0.50							-			
DIRECTOR		x						0.	0.		0.
(22) STEVE BRYANT	0.50										
DIRECTOR		X						0.	0.		0.
(23) BERT POWELL	0.50								_		_
DIRECTOR		X	-	\dashv				0.	0.	<u> </u>	0.
		1									
-											
		1									
										_	
1b Sub-total								0.	0.		0.
c Total from continuation sheets to F	Part VII, Section A							0.	0.	ļ	0.
d Total (add lines 1b and 1c)	- - - - - - - - - - - - - -		1 4 .			<u> </u>		0.	0.	i	0.
2 Total number of individuals (including compensation from the organization		iose	iiste	eo ac	OVE	e) WI	1O re	eceived more than \$100	,000 of reportable		0
compensation from the organization									·	Т	Yes No
3 Did the organization list any former of	officer, director, or tr	uste	e, ke	y em	nplo	yee	or I	highest compensated ei	mployee on		_
line 1a? If "Yes," complete Schedule	J for such individual			•		•				3	X
4 For any individual listed on line 1a, is									the organization		
and related organizations greater tha										4	X
5 Did any person listed on line 1a recei	•				•		elate	ed organization or indivi	dual for services		
rendered to the organization? If "Yes,	," complete Schedu	e J 1	or s	uch p	oers	on				5	<u> </u>
		4000	d -					hat was a ward mayo than	\$100,000 of		
Section B. Independent Contractors	act companeated in	ucuc	zi iue	TIL CL	וויוט				•	sation	OIII
1 Complete this table for your five high			endi	na w	/th	Or W	rt hın		/ear		
Complete this table for your five high the organization. Report compensation.	on for the calendar y		<u>endı</u>	ng w	<u>rth</u>	or w	<u>ithin</u>		<u>/ear</u>		:)
Complete this table for your five high the organization. Report compensation.		ear	endı ONI		<u>rth</u>	or w	<u>ithin</u>	the organization's tax (B) Description of s		(C Compe	s) nsation
Complete this table for your five high the organization. Report compensation. (i)	on for the calendar y A)	ear			/th	or w	<u>ithin</u>	(B)			
Complete this table for your five high the organization. Report compensation.	on for the calendar y A)	ear			vth ·	or w	thin	(B)			
Complete this table for your five high the organization. Report compensation.	on for the calendar y A)	ear			vth ·	or w	thin	(B)			
Complete this table for your five high the organization. Report compensation. (i)	on for the calendar y A)	ear			vth ·	<u>or w</u>	thin	(B)			
Complete this table for your five high the organization. Report compensation. (i)	on for the calendar y A)	ear			vth ·	or w	thin	(B)			
Complete this table for your five high the organization. Report compensation.	on for the calendar y A)	ear			vith :	or w	ithin	(B)			
Complete this table for your five high the organization. Report compensation.	on for the calendar y A)	ear			vth ·	or w	ithin	(B)			
Complete this table for your five high the organization. Report compensation.	on for the calendar y A)	ear			vith .	or w	thir	(B)			
Complete this table for your five high the organization. Report compensation.	on for the calendar y A)	ear			vith .	or w	ithir	(B)			
Complete this table for your five high the organization. Report compensation.	on for the calendar y A) siness address	N(ONI	₹				(B) Description of s	ervices		

UNIVERSITY CITY KIWANIS CLUB

		Check if Schedule O cont	carrio a response	to any question i	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a	41,907.				
<u>a</u> <u>a</u>	b	Membership dues	1b					
A A	С	Fundraising events	1c					
<u>a</u> g	d	Related organizations	1d					
S.E		Government grants (contribut	· —					
를 들	f	All other contributions, gifts, gran	1 1					
듗된		similar amounts not included abo	ove 1f	20,000.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines	s 1a-1f \$		64 000			
0 6	<u>h</u>	Total. Add lines 1a-1f			61,907.			
	•			Business Code				
Ž	2 a	•						
Program Service Revenue	b						 .	
E S	d							
P. C.	-							-
F.	f	All other program service reve	enue	_				
	g	Total. Add lines 2a-2f		•				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	193.	193.		
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties		•				
			(i) Real	(II) Personal				
	6 a			 -				
	b	Less rental expenses						
	C	\ /	<u>.</u>					
		Net rental income or (loss)		_				
	/ a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory Less: cost or other basis						
	U	and sales expenses		i				
	c	Gain or (loss)						
		Net gain or (loss)		—				
		Gross income from fundraisin	na events (not					
ğ		including \$	of					
e e		contributions reported on line	1c). See					
Other Revenu		Part IV, line 18	а	8,635.				
ξ	b	Less: direct expenses	b					
		Net income or (loss) from fund			8,635.			8,635.
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	а					
		Less direct expenses	b					
۔ ا		Net income or (loss) from gan		>				
1	0 a	Gross sales of inventory, less		25.				
	_	and allowances	a	265,312. 217,321.				
		Less. cost of goods sold		211,321.	47 001	47 001		
		Net income or (loss) from sale Miscellaneous Revenue		Business Code	47,991.	47,991.		
 	1 2	OTHER		900099	1,783.	1,783.		
	b		IATED FU	900099	<4,155.			
	c			70000	\ \ \ <u>\</u> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\=/±JJ•		
	d	All other revenue			· · · · · · · · · · · · · · · · · · ·	,	 	
	e	Total. Add lines 11a-11d		•	<2,372.			
	2	Total revenue. See instructions.			116,354.	45,812.	0.	8,635.
232009 12-10-12								Form 990 (20

Form 990 (2012) UNIVERSITY CI
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).									
	Check if Schedule O contains a response to any question in this Part IX												
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses								
1	Grants and other assistance to governments and												
	organizations in the United States. See Part IV, line 21	69,500.	69,500.										
2	Grants and other assistance to individuals in												
	the United States See Part IV, line 22												
3	Grants and other assistance to governments,												
	organizations, and individuals outside the												
	United States. See Part IV, lines 15 and 16			, <u>-</u>									
4	Benefits paid to or for members												
5	Compensation of current officers, directors,												
	trustees, and key employees												
6	Compensation not included above, to disqualified												
	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)												
7	Other salaries and wages			<u> </u>									
8	Pension plan accruals and contributions (include												
	section 401(k) and 403(b) employer contributions)												
9	Other employee benefits												
10	Payroll taxes												
11	Fees for services (non-employees):												
а	Management												
b	Legal												
С	Accounting	2,400.		2,400.									
d	Lobbying												
е	Professional fundraising services. See Part IV, line 17				<u> </u>								
f	Investment management fees												
g	Other (If line 11g amount exceeds 10% of line 25,												
	column (A) amount, list line 11g expenses on Sch 0.)												
12	Advertising and promotion	405		405									
13	Office expenses	497.		497.									
14	Information technology												
15	Royalties												
16	Occupancy	· · · · · · · · · · · · · · · · · · ·			·								
17	Travel												
18	Payments of travel or entertainment expenses												
40	for any federal, state, or local public officials	2 700	2 700										
19	Conferences, conventions, and meetings	3,788.	3,788. 510.										
20	Interest	510.	210.	<u> </u>									
21 22	Payments to affiliates Depreciation, depletion, and amortization	96.	96.										
23	Insurance	1,116.	1,116.										
24	Other expenses. Itemize expenses not covered		1,110.										
27	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)												
а	MEMBER MEALS EXPENSE	27,151.	27,151.										
b	INTERNATIONAL/DISTRICT	7,955.	7,955.										
С	MISCELLANEOUS EXPENSE	712.	712.										
d	EQUIPMENT MAINTENANCE	50.	50.										
е	All other expenses												
<u>25</u>	Total functional expenses. Add lines 1 through 24e	113,775.	110,878.	2,897.	0.								
26	Joint costs. Complete this line only if the organization												
	reported in column (B) joint costs from a combined												
	educational campaign and fundraising solicitation.												
	Check here If following SOP 98-2 (ASC 958-720)												

Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	3,369.	1	11,655
2	Savings and temporary cash investments	74,361.	2	68,750
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under		[
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
_	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
2 7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment, cost or other			
	basis. Complete Part VI of Schedule D 10a 1,472.			
l t	1 124	434.	10c	338
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets	·	14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	78,164.	16	80,743
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	_
22	Loans and other payables to current and former officers, directors, trustees,		 	
21 22	key employees, highest compensated employees, and disqualified persons.			
ן בֿ	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		 - 	· · · · · · · · · · · · · · · · · · ·
	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.		0
	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
e l	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 30 31 32	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	0.	30	0
31	Paid in or capital surplus, or land, building, or equipment fund	0.	31	0
32	Retained earnings, endowment, accumulated income, or other funds	78,164.		80,743
33	Total net assets or fund balances	78,164.		80,743
34	Total liabilities and net assets/fund balances	78,164.	34_	80,743
				Form 990 (201)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Х

2c

За

3b

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of t	he organizati	on KIWANIS	INTERNATION	AL -	GREEN	VILLE		E	mployer	identificati	on nur	mber
			ITY CITY KIW						2	<u>3-7171</u>	374	
Part I	Reason	for Public Chari	ity Status (All organiz	ations mu	st complet	e this part) See inst	ructions.				
Part I The organ 1	A church, con A school des A hospital or A medical rescity, and state An organizating section 170 A federal, state An organizating section 170 A community An organizating activities relaincome and a see section An organizating activities relaincome publicly describes the a Type By checking foundation or lift the organizating organization org	for Public Charical private foundation Invention of churches cribed in section 17 a cooperative hospital search organization of the invention operated for the invention operated for the invention operated for the invention that normally received the invention that normally received to its exempt fur unrelated business to 1509(a)(2). (Complete invention organized and operated organized in the invention organized and operated organized and other the invention of the invention	because it is. (For lines of some special service organization of operated in conjunction operated in college or undete Part II.) Determine the part II.) Determine the part III.) Determine the part III. Determine	ations must although a through a through a ches described with a hos a ches are a ches at a ches	est complete 11, check of 12, check of 13, check of 14, check of 15, check of 16, check of 17, check of 18, check of 19, check of 20, check of 21, check of 22, check of 23, check of 24, check of 24, check of 25, check of 26, check of 26, check of 27, check of 28, check of 29, check of 20, check of 21, check of 21, check of 22, check of 23, check of 24, check of 24, check of 25, check of 26, check of 27, check of 27, check of 28, check of 28	only one bection 170(b)(1)(abed in separated by an 170(b)(1)(agovernment) no more sinesses as see section and the function 509(a)(2) and the functions described in Type from any	ox) (b)(1)(A)(i) (A)(iii). ction 170(a governr (I)(A)(v). ental unit of than 33 1 acquired b (an 509(a)(4) (anctions of, (b) See sec (anctions of, (c) See sec (d) (nental un from the membersh /3% of its y the orga tion 509 Typ r more dis ection 50	e general property out the (a)(3). Che III - No equalified (9)(a)(1) or expense.	the hospital red in public description gross red from gross after June 3 reck the box in-functional persons off section 509	ribed in ceipts for investing that	n from ment '5.
	the gove	erning body of the si	upported organization?			•			•	11g(i)		
	-		n described in (i) above?	1						11g(ii)		
		•	person described in (i)		e?					11g(iii)	1	
h		•	about the supported or	• • •						<u> 1 19(111/</u>	<u>.ll</u>	
••	· · · · · · · · · · · · · · · · · · ·	OROWING INTOMMERON	about the supported of	garnzation	(3).							
	of supported anization	(ii) EIN	(described on lines 1-9	jin col. (i) lu	organization sted in your document?	organizat	ion in col.	Lorganizat	s the ion in col. zed in the S.?	(vii) Amoun	t of mor	netary
			(doc mondenono))	Yes	No	Yes	No	Yes	No	_		
								ļ <u> </u>	 			
									1			
		_										
				_	-		-	<u> </u>	 	<u> </u>		
		-		 					-			
Total												
	anerwork De	duction Act Notice	see the Instructions f	Or .	•			Schodu	le A (For	m 990 or 9	90.F7)	2012

232021 12-04-12

Form 990 or 990-EZ.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				<u>, </u>	· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	ınclude any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the				1					
	amount shown on line 11,									
	column (f)									
	Public support. Subtract line 5 from line 4			<u> </u>	<u> </u>					
Sec	ction B. Total Support		_	·- 	 -					
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
7	Amounts from line 4					_				
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources			ļ <u> </u>	-					
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV)									
	Total support. Add lines 7 through 10					 				
	Gross receipts from related activities	•				12	<u> </u>			
13	First five years. If the Form 990 is fo	=	s first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	_			
Sec	organization, check this box and storection C. Computation of Publ		rcentage	 						
				column (f)		14	<u>%</u>			
	Public support percentage for 2012 (wiumm (i))						
	Public support percentage from 2013 33 1/3% support test - 2012. If the			on line 13, and line	14 is 33 1/3% or					
108	stop here. The organization qualifies				, 1 4 13 33 1/3/0 UI	more, check this D	▶			
<u>,</u>	33 1/3% support test - 2011. If the		_		d line 15 is 33 1/3	% or more check t	his hox			
	and stop here. The organization qua					or more, oneon t	▶ □			
179		•			ne 13, 16a, or 16b	and line 14 is 10%	or more.			
1/4	7a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization									
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
h	10% -facts-and-circumstances tes	_	•			r 17a, and line 15 is	10% or			
N.	more, and if the organization meets to									
	organization meets the "facts-and-cir						. ▶□			
12	Private foundation. If the organization		=			-	ns 🕨			
10	Titale louisuauoti, it the organizatio	AT GIG HOL CHECK A	DOX OF HITE 10, 1	oa, 100, 17a, 01 17		hedule A (Form 99				
					30	iledule A (i Oi ili 33	<u></u> ,			

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Schedule A (Form 990 or 990-EZ) 2012 UNIVERSITY CITY KIWANIS CLUB

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	elow, please comp	nete Part II)							
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
	Gifts, grants, contributions, and	(2, 2000	(2, 2000	(0) 2010	(4) 2011	(0) =0 12	(i) iotai			
•	membership fees received (Do not									
	include any "unusual grants.")	37,973.	52,142.	45,556.	51,089.	61,907.	248,667.			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	308,477.			294,301.		1,406,649.			
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	·								
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
	Total. Add lines 1 through 5	346,450.	310,742.	316,880.	345,390.	335,854.	1,655,316.			
7 8	Amounts included on lines 1, 2, and									
t	3 received from disqualified persons 3 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.			
	amount on line 13 for the year						0.			
c	Add lines 7a and 7b						0.			
	Public support (Subtract line 7c from line 6)						1,655,316,			
Se	ction B. Total Support		-							
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
	Amounts from line 6	346,450.	310,742.	316,880.	345,390.	335,854.	1,655,316.			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	979.	639.	344.	244.	193.	2,399.			
ŀ	Unrelated business taxable income	<u> </u>	- 000.	344.	211.	1,55.	2,333.			
_	(less section 511 taxes) from businesses									
	acquired after June 30, 1975									
	Add lines 10a and 10b	979.	639.	344.	244.	193.	2,399.			
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3,3.	037	J 4 4 •	233.	193.	<u> </u>			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,814.	2,785.	2,748.	2,214.	1,783.	12,344.			
13	Total support (Add lines 9, 10c, 11, and 12)	350,243.	314,166.	319,972.	347,848.	337,830.	1,670,059.			
14	First five years. If the Form 990 s for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section					
	check this box and stop here									
Sec	ction C. Computation of Publi	c Support Pe	rcentage							
	Public support percentage for 2012 (I			olumn (f))		15	99.12 %			
	Public support percentage from 2011			<u> </u>		16	98.94 %			
Sec	ction D. Computation of Inves	tment Income	e Percentage							
17	Investment income percentage for 20	12 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	.14 %			
18	Investment income percentage from 2	2011 Schedule A,	Part III, line 17			18	.25 %			
19a	33 1/3% support tests - 2012. If the									
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
b	33 1/3% support tests - 2011. If the						and			
	line 18 is not more than 33 1/3%, che						▶□			
20	Private foundation. If the organization	n did not check a	<u>box on line 14, 19</u>	a, or 19b, check th	ns box and see ins	tructions				
23202	3 12-04-12				Sch	edule A (Form 99	0 or 990-F7) 2012			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

KIWANIS INTERNATIONAL - GREENVILLE

Employer identification number 23-7171374

Par		d Funds or Other Similar Funds of	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or deriver devices, or for dry extress purposes de-	Yes No
Pai		ganization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
_	day of the tax year		
	, · · · · · · · · · · · · · · · ·		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	` '	
	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	rganization during the tax
	year >		-
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements duri	ng the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year ▶ \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)((4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
	conservation easements.		·
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	nbes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial g	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	•	> \$
b	Assets included in Form 990, Part X		> \$
			-

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2012

KIWANIS INTERNATIONAL - GREENVILLE

		ITY CITY K							4 Page 2
Par									
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items								
	(check all that apply).								
а	Public exhibition	d	_		hange progra				
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	•		-	_	·-	•	Part XIII	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar as	ssets	_	
	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Parents 1990, Parent	•	ete if the	organizatio	n answered '	"Yes" to Fo	rm 990, Part l'	V, line 9, or	
10	Is the organization an agent, trustee, custodi		tion, for	contribution	e or other as	ente not ini			
Id	on Form 990, Part X?	an or other intermet	lial y 101	COntribution	is of other as	2612 1101 1111	iuueu 	Yes	□ No
	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowna 1	table:			1	165	140
Ь	ii res, explain the arrangement in Fart Alli	and complete the fo	alowing i	lable.				Amount	
_	Beginning balance						1c	Amoun	
d	Additions during the year						1d		
e	Distributions during the year						1e		
f	Ending balance						1f		
-	Did the organization include an amount on F	orm 990 Part X line	212				_ ••	Yes	□ No
	If "Yes," explain the arrangement in Part XIII.			on has been	provided in	Part XIII	'	163	
Pai									
		(a) Current year		rior year			Three years ba	ck (e) Four	years back
1a	Beginning of year balance	(u) canon jour	(2)	,	(6)		, 00 , 02.10 00	(6) : 64:	Jours Busin
b	Contributions								
c	Net investment earnings, gains, and losses								<u>-</u>
d	Grants or scholarships						***		
e	Other expenditures for facilities								
•	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur-	rent year end baland	e (line 1	g, column (a	a)) held as.	•		•	
а	Board designated or quasi-endowment	-	%	,	,,				
b	Permanent endowment	%	_						
С	Temporarily restricted endowment ▶	 %							
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administe	ered for the	organization		
	by.						•		Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	["
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's ende	owment	funds					
Pai	t VI Land, Buildings, and Equipm					_			
	Description of property	(a) Cost or o		(b) Cost	or other		umulated	(d) Boo	k value
		basis (investi	nent)	basis	(other)	depre	eciation		
1a	Land								
	Buildings						T		
С	Leasehold improvements								
d	Equipment .	1,	472.				1,134.		338.
<u>e</u>	Other			L					
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10(c).)				338.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	luation: Cost or end-of-year market valu
) Financial derivatives			
Closely-held equity interests			
) Other		_	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)		<u> </u>	
(H)		<u> </u>	
(1)			
tal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	- F 000 D+ V b	10	
Part VIII Investments - Program Related. Se (a) Description of investment type	(b) Book value		luation Cost or end-of-year market valu
	(b) Book value	(C) WICH IOC OF VA	dation dost of end of year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
(10)			
(10) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	15.		
(10) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line			(b) Book value
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(10) Mai. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line (a)	Description		(b) Book value
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(10) Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line (a)	Description	(b) Book value	(b) Book value
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(10) Mai. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line (a)	Description	(b) Book value	(b) Book value
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(10)	Description	(b) Book value	(b) Book value
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(10)	Description	(b) Book value	(b) Book value

232053 12-10-12

KIWANIS INTERNATIONAL - GREENVILLE UNIVERSITY CITY KIWANIS CLUB 23-7171374 Page 4 Schedule D (Form 990) 2012 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments 2a 2b b Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

Schedule D (Form 990) 2012

4c

5

a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

b Other (Describe in Part XIII)c Add lines 4a and 4b

Part XIII Supplemental Information

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. GREENVILLE KIWANIS INTERNATIONAL Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

OMB No 1545-0047 2012

Open to Public Inspection ž

X Yes

23-7171374

Employer identification number 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection UNIVERSITY CITY KIWANIS Part I General Information on Grants and Assistance

	rm 990, Part IV, line 21, for any	
ids in the United States	ganizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	inclination of and defined an according
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the U	Grants and Other Assistance to Governments and Organizations in the L	resident a between the end of the OOO Date of the control of the second
Desc	art II	

criteria used to award the grants or assistance?

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	(h) Purpose of grant or assistance	TO PROVIDE FUNDS FOR THE CAPITAL CAMPAIGN,			
	(g) Description of non-cash assistance				
	(f) Method of valuation (book, EMV, appraisal, other)				
	(e) Amount of non-cash assistance	0			
	(d) Amount of cash grant	13,635.			
	(c) IRC section if applicable				
	(a)	56-0927694	:		
	1 (a) Name and address of organization or government	BOY'S & GIRL'S CLUB OF PITT COUNTY, INC 621 W. FIRETOWER RD WINTERVILLE, NC 28590			

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

KIWANIS INTERNATIONAL - GREENVILLE

Schedule I (Form 990) (2012)

Part III

Page 2

23-7171374

I (Form 990) (2012) UNIVERSITY CITY KIWANIS CLUB
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(f) Description of non-cash assistance			iformation.					
(e) Method of valuation (book, FMV, appraisal, other)			n (b), and any other additional in					
(d) Amount of non- cash assistance			ine 2, Part III, colum					
(c) Amount of cash grant			required in Part I, I				I	
(b) Number of recipients			le the information					
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					
ļ			Pa			1	Ī	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

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.

2012
Open to Public Inspection

Internal Revenue Service KIWANIS INTERNATIONAL GREENVILLE Employer identification number Name of the organization UNIVERSITY CITY KIWANIS CLUB 23-7171374 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITIES. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO SUBCOMMITTEES OF THE BOARD OF DIRECTORS WITH DECISION MAKING AUTHORITY. FORM 990, PART VI, SECTION B, LINE 11: THE TREASURER REVIEWS AND SIGNS THE RETURN PRIOR TO FILING WITH THE APPLICABLE FEDERAL AGENCY. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENT AVAILABLE UPON REQUEST.