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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012, and ending 09-30-2013

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization  
KIWANIS INTERNATIONAL  
K04624 GREATER ABILENE

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

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

D Employer identification number  
75-6084879

E Telephone number  
(325) 669-4460

F Group Exemption Number  
0026

G Accounting Method

☒ Cash

☐ Accrual

Other (specify) \_\_\_\_\_

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

I Website: ☒ N/A

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization 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 ☒ \$ 85,299

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	5,122
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	49,070
	4	Investment income	4	1
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _____ 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	31,106
	c	Less direct expenses from gaming and fundraising events	6c	11,686
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	19,420
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	73,613
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	26,658
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	393
	16	Other expenses (describe in Schedule O)	16	43,129
	17	Total expenses. Add lines 10 through 16	17	70,180
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,433
	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	50,794
	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	54,227

Part II

Balance Sheets

(see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	47,437	22	52,311
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	3,357	24	1,916
25 Total assets	50,794	25	54,227
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	50,794	27	54,227

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

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

What is the organization's primary exempt purpose?  
to strengthen communities and SERVe CHILDREN

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

(Grants \$ )

If this amount includes foreign grants, check here

28a

29

(Grants \$ )

If this amount includes foreign grants, check here

29a

30

(Grants \$ )

If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$ )

If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV

List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated (see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V

Other Information (Note the Schedule A and personal benefit contract 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
35a	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	No
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	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of David Fairchilds Telephone no (325) 795-1828 Located at 3225 Woodlake Dr Abilene, TX ZIP + 4 79606		
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 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	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No
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 only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

		Yes	No
47	Did the organization engage in lobbying activities 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 as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . .		
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		
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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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	<div>*****</div> <div>Signature of officer</div>			<div>2014-05-07</div> <div>Date</div>	
	<div>David Fairchilds Treasurer</div> <div>Type or print name and title</div>				
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name <input type="checkbox"/>				Firm's EIN <input type="checkbox"/>
	Firm's address <input type="checkbox"/>				Phone no
May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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. Form 990-EZ filers are not required to complete this part.**

**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

# 2012

## Open to Public Inspection

Name of the organization  
KIWANIS INTERNATIONAL  
K04624 GREATER ABILENE

Employer identification number

75-6084879

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

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

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CHILI DAY FUNDRAISER (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . . .	31,106		31,106
	2	Less Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .	31,106		31,106
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .	1,814		1,814
	7	Food and beverages . . . . .	9,591		9,591
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	281		281
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶			
					(11,686)
					19,420

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

<b>a</b> The organization's facility	<b>13a</b>	
<b>b</b> An outside facility	<b>13b</b>	

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

Name  .....

Address  .....

**15a** Does the organization have a 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 of the third party

Name  .....

Address  .....

**16** Gaming manager information

Name  .....

Gaming manager compensation  \$ .....

Description of services provided  .....

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2012****Open to Public  
Inspection**Name of the organization  
KIWANIS INTERNATIONAL  
K04624 GREATER ABILENE**Employer identification number**

75-6084879

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$3357 Machinery and Equipment - Ending \$1916
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	Miscellaneous \$94
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	Awards \$335
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	New member fees-Kiw Internat'l \$433
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Officer & director insurance \$1000
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Board meeting meals \$2380
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Dues (internat'l/district) \$8383
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Club meeting meals \$27077
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$486
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$1441
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$1500

Additional Data

Software ID: 12000229

Software Version: 2012v2.0

EIN: 75-6084879

Name: KIWANIS INTERNATIONAL  
K04624 GREATER ABILENE

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 INTERNATIONAL RELATIONS- THIS COMMITTEE ASSISTED TWO ORGANIZATIONS THIS YEAR (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	400
29 MISCELLANEOUS- THE CLUB CONTRIBUTES TO THE FOUNDATIONS AT BOTH THE TEXAS/OKLAHOMA DISTRICT AND INTERNATIONAL LEVEL AS THEY SUPPORT PROJECTS SIMILAR TO OURS BUT ON A SCALE IMPOSSIBLE AT THE LOCAL CLUB LEVEL ALSO, OTHER PROJECTS, DEEMED WORTHWHILE BY THE BOARD, THAT DO NOT FIT INTO ANY OTHER COMMITTEE ASSIGNMENTS ARE CLASSIFIED HERE (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	4,479
30 GREATER ABILENE KIWANIS FOUNDATION- CONTRIBUTE TO THE FOUNDATION TO PROVIDE SCHOLARSHIPS (\$2,300) AND FOR LOCAL CHILDREN'S HOSPITAL (\$2,600) (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	4,900
CHILDREN'S MIRACLE NETWORK (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		3,500
AGRICULTURE- THE COMMITTEE ON AGRICULTURE PROMOTES THE AGRICULTURE RELATED PROJECTS IN THE LOCAL AREA SCHOOLS AND ENCOURAGES YOUNG PEOPLE TO PURSUE AGRICULTURE RELATED CAREERS THROUGH SCHOLARSHIP ASSISTANCE (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		2,000
YOUNG CHILDREN PRIORITY ONE- THIS COMMITTEE STUDIES AND DEVISES METHODS AND MEANS TO IMPLEMENT THE ONGOING MAJOR EMPHASIS CAMPAIGN OF KIWANIS INTERNATIONAL THIS COMMITTEE ASSISTED TWO ORGANIZATIONS THIS YEAR AS WELL AS PURCHASED PRENATAL VITAMINS FOR ORGANIZATIONS TO DISTRIBUTE TO EXPECTANT MOTHERS AND PURCHASED FLEECE TO MAKE BLANKETS FOR A CHILD ADVOCACY CENTER (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		1,671
YOUTH SERVICES- THE COMMITTEE ON YOUTH SERVICES STUDIES, DEVISES AND SUGGESTS METHODS AND MEANS TO ASSIST BOYS AND GIRLS TO ADJUST TO THEIR ENVIRONMENT AND BECOME ADAPTED TO THE SOCIAL, ECONOMIC, AND MORAL DEMANDS WHICH THEY MAY ENCOUNTER AND DEVELOPS WAYS AND MEANS OF ASSISTING IN THE GUIDANCE OF YOUTH THIS COMMITTEE ASSISTED 17 ORGANIZATIONS THIS YEAR, AS WELL AS PURCHASED AND DISTRIBUTED TOOTHBRUSHES TO EVERY KINDERGARDENER IN THE LOCAL SCHOOL DISTRICTS (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		4,713
COMMUNITY SERVICES- THE COMMITTEE ON COMMUNITY SERVICES STUDIES, DEVISES AND SUGGESTS METHODS AND MEANS WHEREBY THIS CLUB CAN RENDER EFFECTIVE COMMUNITY SERVICE THIS COMMITTEE ASSISTED TWELVE ORGANIZATIONS THIS YEAR (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		2,550
SERVICE LEADERSHIP- THE COMMITTEE ON SERVICE LEADERSHIP DETERMINES WHICH OTHER KIWANIS ORGANIZATIONS OR PROJECTS SHOULD BE SPONSORED AND FINANCIALLY ASSISTS THOSE ORGANIZATIONS WITH THEIR ENDEAVORS THIS COMMITTEE SPONSORED THE BRINGING-UP-GRADES PROGRAM AT A LOCAL ELEMENTARY SCHOOL AND TWO ORGANIZATIONS THIS YEAR (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		1,760

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

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Barbara Dahl Director	1 00	0		
Scott South President	4 00	0		
Raquel Garza Director	1 00	0		
Gail Jay Director	1 00	0		
Joe Cook Director	1 00	0		
Jamie Bearden Vice President	2 00	0		
Brad Hill Director	1 00	0		
Nancy Baker Secretary	2 00	0		
Kevin McSherry Past President	2 00	0		
David Fairchilds Treasurer	4 00	0		
Steven Smith Director	1 00	0		
Larry Folwell Vice President	2 00	0		
Megan Clifton Director	1 00	0		
Melinda Blay Director	1 00	0		
Gary Jay President Elect	2 00	0		