## EXTENSION TO 8-15-20 ATTACHED 23 95 02 9

**Short Form** 

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Form **990-EZ** 

▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information. [4] September 30 A For the 2019 calendar year, or tax year beginning October 1, 2018 nd ending C Name of organization D Employer identification number B Check if applicable Address change Kiwanis International Dawn Busters of Metairie 23-7447429 Room/suite Name change Number and street (or P.O box if mail is not delivered to street address) E Telephone number Initial return 1134 Phosphor Avenue (504) 838-8568 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return D Number ▶ Application pending Metairie, LA 70005-1532 Other (specify) H Check ► ✓ If the organization is **not** G Accounting Method Website: ▶ required to attach Schedule B www.dawnbusters.org (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — 501(c)(3) ✓ 501(c) ( 4 ) 
✓ (insert no.) 
☐ 4947(a)(1) or K Form of organization. 

Corporation ☐ Trust ✓ Association Other 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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . . . . . . . . . . . . 168,385 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received . . . . . 31,158 2 Program service revenue including government fees and contracts 2 3 3 31,289 4 4 5a Gross amount from sale of assets other than inventory 5a Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events: 6 Gross income from gaming (attach Schedule G if greater than Revenue 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 103,519 Less: direct expenses from gaming and fundraising events . . . 41,592 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 61,927 7a Gross sales of inventory, less returns and allowances . 7a Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c C Other revenue (describe in Schedule O) . . . . . . 8 8 2,419 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 126,793 10 Grants and similar amounts paid (list in Schedule O) 10 79,677 11 11 Benefits paid to or for members . . . . . . 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractor 13 14 Occupancy, rent, utilities, and maintenance . 14 18,104 Printing, publications, postage, and shipping. 15 15 357 16 Other expenses (describe in Schedule O) . . . . 16 43,289 17 Total expenses. Add lines 10 through 16 . 17 141,427 Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 -14,634 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 76,743 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . . 20

Net assets or fund balances at end of year. Combine lines 18 through 20

62,109

21

Pa	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II	<u></u>	<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	76,743	22	62,109
23	Land and buildings		[		23	
24	Other assets (describe in Schedule O)			<del></del>	24	
25	Total assets			76,743		62,109
26	<b>Total liabilities</b> (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			76,743	27	62,109
Par	Statement of Program Service Accom	•		•		Expenses
VA ()	Check if the organization used Schedule	e O to respond to a	ny question in this	Part III L	(Rea	uired for section
	it is the organization's primary exempt purpose?				501(	c)(3) and 501(c)(4)
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise months on the control on the control of the c	nanner, describe the			orgar	nizations, optional for
28	Funding of accelerated reading programs for Jeffers	on Parish elementary	schools			
						[
	(Grants \$ ) If this amount	includes foreign gra	ants check here	▶ □	28a	33,062
29	Youth services - scholarships to ans support of area					33,002
		ingi school icy ord				
	(Grants \$ ) If this amount	ıncludes foreign gra	ants, check here .	▶ 🗆	29a	29,856
30	Contributions to Kiwanis Foundations and other Kiw	anis community serv	ice projects			
			····			ł
21		includes foreign gra			30a	16,759
31	Other program services (describe in Schedule O) (Grants \$ ) If this amount				31a	
32	Total program service expenses (add lines 28a	through 31a)	ints, check here .	· · · · ·	32	
Par						79,677
	Check if the organization used Schedule					<u> </u>
		(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		ot	Estimated amount of their compensation
	Massey					
<u>Presi</u>		20		) <del> </del>	0	0
	el Lashover	1	_			
	dent-elect d Rafidi	10		<u>)                                      </u>	9—	0
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Part				_
١	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
	The state of the s		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		✓
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		<b>√</b>
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		<b> </b> ✓
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
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		✓
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	1		
39	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9	ŀ		
a b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
J	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		<b>√</b>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		<b>\</b>
41	List the states with which a copy of this return is filed ► Louisiana			
42a		04 83	8-8568	3
_	Looditod at y 1111111111111111111111111111111111	70005		
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)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041—</b> Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. )	<b>▶</b> □
11-	Did the exceptation maintain any dense advised finds diving the years If 6Ves 9 Form 000 mint be	اــــــــــ	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		<b>√</b>
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		<b>✓</b>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	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		<b>✓</b>

Form 99	90-EZ (2019)						P	age 4
46	Did the organization engage, directly or in	adirectly in political c	eampaign activities on	behalf of or in o	nnosition		Yes	No
40	to candidates for public office? If "Yes," of					46		<b>√</b>
Part	VI Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51. Check if the organization used Sc	ns must answer que			ete the tat	oles f	or line	∍s ⊏
			7.4		<del></del>		Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect durir	ig the tax	47		
48	Is the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete S	Schedule E .		48		
49a	Did the organization make any transfers t	o an exempt non-cha	ıritable related organız	ation?		49a		
b	If "Yes," was the related organization a se					49b		
50	Complete this table for the organization's	five highest compen	sated employees (oth	er than officers,	directors, t	rustee	s, an	d ke
	employees) who each received more than  (a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee (e)		) Estimated amount of other compensation		
		devoted to position	(FOITIS W-2/1099-WIGC)	compensation	<u>1</u>			
	·			1				
_								
	\							
•	Total number of other employees paid ov	or \$100,000		<u> </u>				
51	Complete this table for the organization' \$100,000 of compensation from the organization	s five highest compe		contractors who	each rece	eived	more	thar
	(a) Name and business address of each independ	dent contractor	(b) Type of service		(c) Compensation			
			-					
		<u>.</u>						
				-				
d	Total number of other independent contra	actors each receiving	over \$100,000	<u> </u>				_
52	Did the organization complete Schedu	ıle A? <b>Note:</b> All se			attach a	Yes		lo
Jnder p	enalties of perjury, I declare that I have examined this rect, and complete, Declaration of preparer (other than	eturn, including accompany	ying schedules and statemen	nts, and to the best of				
	I fal Inouch	Value of all fills		70	h. 27		0	70
Sign	Signature of officer			Date	<del>1 · a ·</del>	1		
Here	Joe Ineich, Treasurer			<u></u>				
	Type or print name and title							

Preparer's signature

Here

**Paid** Preparer

Use Only

Print/Type preparer's name

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name

Firm's address ▶

Fırm's EIN ▶ Phone no. ► ☐ Yes ☐ No Form **990-EZ** (2019)

PTIN

Check if self-employed

Date

P	art ((	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions	ion answered "Yes" o and gross income on	n Form 990, Part IV, li Form 990-EZ, lines 1	ne 18, or reported more and 6b. List events with
			(a) Event #1  Turkey fry  (event type)	(b) Event #2  Golf tourney  (event type)	(c) Other events  JazzFest (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	39,468	29,709	34,342	103,519
<u>~</u>	2 3	Less: Contributions Gross income (line 1 minus line 2)	39,468	_29,709	34,342	103,519
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	500	8,340	0	8,840
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .	22,130	4,784	5,838	32,572
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Subtra <b>Gaming.</b> Complete if th \$15,000 on Form 990-E2	act line 10 from line 3, c e organization answe	olumn (d)		41,592 61,927 or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u></u>	_1_	Gross revenue				
ses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes%	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)		
_	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)	<u> ▶</u>	
	a Is 1	iter the state(s) in which the org the organization licensed to co 'No," explain.	onduct gaming activities	in each of these states		
10		ere any of the organization's gates," explain:	aming licenses revoked	, suspended, or termina	ated during the tax year	? . Yes No

## SCHEDULE O' (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Kiwanis Internation	al Dawn Busters of Metair	rie	· · · · · · · · · · · · · · · · · · ·	23-7	447429
Part 1, Line 8	·				
Red Dress Run	2,169				
Other races	250				
Total	2,419				
Part 1, Line 16					
Board meeting	838				
Membership/retenti	on 1,175				
Midwinter	1,271				
International	3,638				
Regional	2,627				
Recognition	1,835				
Social	3,592				
Dues	21 424	,			
Storage	1,200			(	
Division Council	398				
Service charges	233				
Miscellaneous	4,994				
	357	·····			
	43,289			<del></del>	·····
		· <b></b>			