

Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

A For the 2009 calendar year, or tax year beginning October 1, 2009, and ending September 30, 20 10

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
Kiwanis Club of Greater Lodi

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. Box 761

City or town, state or country, and ZIP + 4
Lodi, CA 95241

D Employer identification number
94-6117524

E Telephone number
209-712-2099

F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method. Cash Accrual
Other (specify) ▶

I Website: ▶

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

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

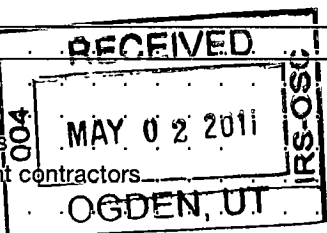
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

POSTMARK DATE APR 28 2011

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

	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	28,418
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	72,893
	b Less direct expenses other than fundraising expenses	6b	36,502
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	36,391
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ _____)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	64,809
Expenses	10 Grants and similar amounts paid (attach schedule)	10	31,411
	11 Benefits paid to or for members	11	25,725
	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	88
	16 Other expenses (describe ▶ <u>PO Box, Storage Unit, Insurance, Secretary of State fee</u>)	16	2,282
	17 Total expenses. Add lines 10 through 16	17	59,506
Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,303
	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	23,259
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	28,562



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year
Cash, savings, and investments	23,259	22	28,562
Land and buildings		23	
Other assets (describe ▶ _____)		24	
Total assets	23,259	25	28,562
Total liabilities (describe ▶ _____)		26	
Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,259	27	28,562

[Handwritten Signature]

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|------------|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | 49b | <input checked="" type="checkbox"/> |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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 more than \$100,000 ▶ _____

Under penalties of perjury, I declare that I have examined this return, in its entirety and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Rae Whitby Brummer
Signature of officer

▶ **Rae Whitby-Brummer, Board Member**
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Crab Feed (event type)	Golf Tournament (event type)	2 (see detail) (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	31,430	20,627	20,836	72,893
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	31,430	20,627	20,836	72,893
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,180	9,535		10,715
	7 Food and beverages	10,247		5,613	15,860
	8 Entertainment				
	9 Other direct expenses	2,158	2,695	5,074	9,927
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(36,502)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				36,391

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

	Yes	No
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?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

- | | | | |
|--|------------|---|--|
| a The organization's facility | 13a | % | |
| b An outside facility | 13b | % | |

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? **15a**

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? **17a**

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

KIWANIS CLUB OF GREATER LODI**TAX ID #94-6117524****990 EZ Tax Year 2009****SPECIAL EVENTS & ACTIVITIES**

	<u>Income</u>	<u>Expense</u>	<u>Net</u>
Crab Feed	31,430	13,585	17,845
Golf Tournament (Salvation Army)	20,627	12,230	8,397
July 4th Pancake Breakfast	18,826	9,736	9,090
Tri-Tip Dinner @ Abundance Winery	2,010	951	1,059
Total	72,893	36,502	36,391

GRANTS/PROGRAM SERVICES EXPENSES

<u>Youth Services (Age 6-18)</u>	<u>Expense</u>	<u># Benefited</u>
High School Scholarships	7,000	7
Boy Scout Eagle Project	250	1
Key Club (2) + K-Kids (1)	3,602	250
Kids Don't Float (Life Vests)	250	10
Literacy (Books for Elem Schools)	77	50
Lodi High Band	405	50
Lodi House (Family Shelter)	76	25
Total	11,660	393

Young Children Priority One (Age 0-5)

Kiwanis Cal-Nev-Ha Foundation	1,650	100
Support for Kiwanis Family House	1,150	200
Quilts for Trauma Victims	931	50
Special Access Day	750	150
Total	4,481	500

Community Service

Lodi Memorial Hospital Run/Walk	110	50
Lodi Police Canine Team	300	10
Lodi Street Fair (Children's Safety)	478	1,000
Loel Senior Center	600	50
Parade of Lights	784	10,000
Pink October (cancer awareness)	501	100
Salvation Army	9,427	500
Sandhill Crane Festival	500	100
Senior Bingo	200	600
Total	12,900	12,410

International Service Projects

Heifer International	500	50
Hogares Club (Medical Aid So Amer)	500	50
Kiwanis International Foundation	1,370	100
Total	2,370	200