

Form 990-EZ

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 10/1/2008, and ending 9/30/2009	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Kwanis Club of Sierra Vista-San Pedro, AZ Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 1447 City, town, or country State ZIP + 4 Sierra Vista AZ 85636
D Employer identification number 86-6052784	E Telephone number 520-458-2707
F Group Exemption Number 0026	

• 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) ►

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

I Website: ► www.sanpedrokiwanis.org

J Organization type (check only one)— ☒ 501(c) (04) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 7,493

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	1,445
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	3,868
4 Investment income	4	0
5a Gross amount from sale of assets other than inventory	5a	0
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) (attach schedule)	5c	0
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 \$ 0 of contributions reported on line 1)	6a	2,180
b Less direct expenses other than fundraising expenses	6b	641
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	1,539
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	0
8 Other revenue (describe ►)	8	0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	6,852
10 Grants and similar amounts paid (attach schedule)	10	811
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	75
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	625
16 Other expenses (describe ► See attached statement)	16	8,041
17 Total expenses. Add lines 10 through 16	17	9,552
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,700
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	8,378
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	5,678

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	8,378	5,678
23 Land and buildings		
24 Other assets (describe ►)	0	0
25 Total assets	8,378	5,678
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	8,378	5,678

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

(HTA)

Form 990-EZ (2008)

Process as Original

SCANNED MAY 20 2010

Expenses

Net Assets

0423345189MAY 10 2010

59996

6 P

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? Service Club with focus on children
 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, or other relevant information for each program title

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

28	Service	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29		(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30		(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule)	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a)		32	0

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (See the instructions for Part IV)

(a) Name and address			(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Judy Kelly	Str 3086 Gemstone Ct		Title PastPres			
City Sierra Vista	ST AZ	ZIP 85635	Hr/WK 10 00	0	0	0
Name Keith Linden	Str 2070 E Yaqui St		Title Pres			
City SV	ST AZ	ZIP 85650	Hr/WK 10 00	0	0	0
Name Nancy Hansen	Str 3069 E Eagle Rock		Title Sec			
City SV	ST AZ	ZIP 85635	Hr/WK 10 00	0	0	0
Name Anita Farrow	Str 1030 Tacoma St		Title Treas			
City SV	ST AZ	ZIP 85635	Hr/WK 10 00	0	0	0
Name Nilda Townsend	Str 1935 Brentwood Pl		Title VP			
City SV	ST AZ	ZIP 85635	Hr/WK 10 00	0	0	0
Name Debby DeRosa	Str 356 W Camino De M		Title Board			
City Huachuca City	ST AZ	ZIP 85616	Hr/WK 3 00	0	0	0
Name Candie Drouin	Str 2435 N Calle Sereno		Title Board			
City Huachuca City	ST AZ	ZIP 85616	Hr/WK 3 00	0	0	0
Name Stephen Kurtz	Str 2217 Santa Catalina		Title Board			
City SV	ST AZ	ZIP 85635	Hr/WK 3.00	0	0	0
Name Bobbi Moore	Str 2737 Lopez Link		Title Board			
City SV	ST AZ	ZIP 85635	Hr/WK 3 00	0	0	0
Name Nancy Drouin	Str 2435 N Calle Sereno		Title Board			
City Huachuca City	ST AZ	ZIP 85616	Hr/WK 3 00	0	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK 00	0	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK .00	0	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK 00	0	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK 00	0	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK 00	0	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK 00	0	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK 00	0	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	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?		X
38 a	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 unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40 a	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 (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	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		X
41	List the states with which a copy of this return is filed ▶ AZ		
42 a	The books are in care of ▶ Name Anita Farrow Telephone no ▶ 520-452-1127 Located at ▶ 1030 Tacoma St City SV ST AZ ZIP + 4 ▶ 85635		
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.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- 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
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization(s) a section 527 organization?
- 50** Complete this table for the 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"

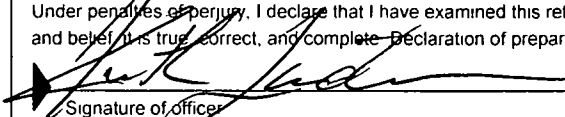
	Yes	No
46		
47		
48		
49a		
49b		

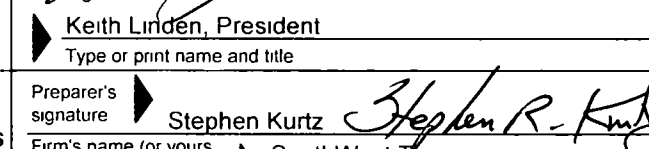
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Total number of other employees paid over \$100,000 ▶	0	0	0	0

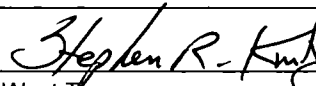
- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____		
City _____ ST _____ ZIP _____		0
Name _____ Str _____		
City _____ ST _____ ZIP _____		0
Name _____ Str _____		
City _____ ST _____ ZIP _____		0
Name _____ Str _____		
City _____ ST _____ ZIP _____		0
Name _____ Str _____		
City _____ ST _____ ZIP _____		0
Total number of other independent contractors each receiving over \$100,000 ▶	0	0

Sign Here 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 _____

 Signature of preparer _____ Date _____

Paid Preparer's Use Only Preparer's signature Stephen Kurtz  Date 4/12/2010 Check if self-employed ☒ Preparer's Identifying Number (See instructions) P00365858

Firm's name (or yours if self-employed) address, and ZIP +4 SouthWest Tax EIN 20-4058380

PO Box 1990, Sierra Vista, AZ 85636 Phone no 520-458-2707

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

▶ ☒ Yes ☐ No