

Civitan International 38-0045 Greenville, Inc  
PO Box 16493-7493  
Greenville, SC 29606

Internal Revenue Service Center  
Ogden, UT 84201-0027

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**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)

**2006**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$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.

**Open to Public Inspection**

**A For the 2006 calendar year, or tax year beginning** Oct 1, 2006, **and ending** Sep 30, 2007

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C</b> Name of organization</p> <p>Civitan International 38-0045 Greenville, Inc</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</p> <p>PO Box 16493-7493</p> <p>City or town, state or country, and ZIP + 4</p> <p>Greenville SC 29606</p>	<p><b>D</b> Employer identification number</p> <p>57-0425032</p>	<p><b>E</b> Telephone number</p> <p>(864) 610-9780</p>	<p><b>F</b> Group Exemption Number</p> <p>..... ▶ 0956</p>
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• 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:** ▶ <http://www.greenvillecivitan.com/>

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

**J Organization type** (check only one) —  501(c) ( 4 ) (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 \$100,000 or more, file Form 990 instead of Form 990-EZ ..... ▶ \$ 71,716.

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

	1 Contributions, gifts, grants, and similar amounts received	<b>1</b>	1,000.
	2 Program service revenue including government fees and contracts	<b>2</b>	
	3 Membership dues and assessments	<b>3</b>	7,701.
	4 Investment income	<b>4</b>	2,552.
REVENUE	5a Gross amount from sale of assets other than inventory	<b>5a</b>	
	b Less: cost or other basis and sales expenses	<b>5b</b>	
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	<b>5c</b>	
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	<b>6a</b>	60,463.
	b Less: direct expenses other than fundraising expenses	<b>6b</b>	18,858.
	c Net income or (loss) from special events and activities (line 6a less line 6b)	<b>6c</b>	41,605.
	7a Gross sales of inventory, less returns and allowances	<b>7a</b>	
	b Less: cost of goods sold	<b>7b</b>	
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	<b>7c</b>	
	8 Other revenue (describe ▶ )	<b>8</b>	
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	52,858.
EXPENSES	10 Grants and similar amounts paid (attach schedule) Line 32	<b>10</b>	6,051.
	11 Benefits paid to or for members	<b>11</b>	
	12 Salaries, other compensation, and employee benefits	<b>12</b>	
	13 Professional fees and other payments to independent contractors	<b>13</b>	
	14 Occupancy, rent, utilities, and maintenance	<b>14</b>	
	15 Printing, publications, postage, and shipping	<b>15</b>	299.
	16 Other expenses (describe ▶ See attached schedule )	<b>16</b>	16,198.
	<b>17 Total expenses</b> (add lines 10 through 16)	<b>17</b>	22,548.
ASSETS	18 Excess or (deficit) for the year (line 9 less line 17)	<b>18</b>	30,310.
	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)	<b>19</b>	74,546.
	20 Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21 Net assets or fund balances at end of year</b> (combine lines 18 through 20)	<b>21</b>	104,856.

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

(See Instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	72,148.	85,904.
23 Land and buildings	0.	0.
24 Other assets (describe ▶ Accounts Receivable )	3,962.	21,033.
<b>25 Total assets</b>	76,110.	106,937.
26 Total liabilities (describe ▶ Accounts Payable )	1,564.	2,081.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	74,546.	104,856.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>Good citizenship, charity to needy</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
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.			
<b>28</b>	<u>Special Olympics</u> ----- \$ <u>563</u> <u>Earle Glazner Home, physically handicapped</u> ----- <u>330</u> <u>Meals on Wheels</u> ----- <u>232</u> (Grants \$ <u>1,125.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<u>1,125.</u>
<b>29</b>	<u>High School Citizenship</u> ----- \$ <u>2,566</u> <u>Scholarship award</u> ----- <u>\$1,000</u> <u>High School essay awards</u> ----- \$ <u>300</u> (Grants \$ <u>3,866.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<u>3,866.</u>
<b>30</b>	<u>Junior Civitan support</u> ----- \$ <u>325</u> <u>Salvation Army Boys/Girls</u> ----- <u>500</u> <u>Boys Home of the South</u> ----- <u>235</u> (Grants \$ <u>1,060.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	<u>1,060.</u>
<b>31</b>	Other program services (attach schedule) ..... (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) ..... ▶	<b>32</b>	<u>6,051.</u>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See Instructions.)				
(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 and deferred compensation	(E) Expense account and other allowances
<u>Heyward Johnston</u> <u>103 Loblolly Lane</u> <u>Greenville, SC 29607</u>	President 6 hours	0.	0.	0.
<u>Fred Burden</u> <u>211 Quail Ridge Dr.</u> <u>Simpsonville, SC 29680</u>	Pres. Elect 4 hours	0.	0.	0.
<u>Barbara Stone</u> <u>201 Broughton Dr.</u> <u>Greenville, SC 29609</u>	Secretary 6 hours	0.	0.	0.
<u>Debra Saunders</u> <u>5 S. Franklin Road</u> <u>Greenville, SC 29609</u>	Treasurer 6 hours	0.	0.	0.

<b>Part V Other Information</b> (Note the statement requirement in the instructions)		Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity .....	<b>33</b>		X
<b>34</b> 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 .....	<b>34</b>		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? .....	<b>35a</b>		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? .....	<b>35b</b>	N/A	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.) .....	<b>36</b>		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ..... ▶ <b>37a</b>		0.	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? .....	<b>37b</b>		X
<b>38a</b> 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? .....	<b>38a</b>		X
<b>b</b> If 'Yes,' attach the sch specified in the line 38 instructions and enter the amount involved .....	<b>38b</b>	N/A	
<b>39</b> 501(c)(7) organizations. Enter:			
<b>a</b> Initiation fees and capital contributions included on line 9 .....	<b>39a</b>	N/A	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities .....	<b>39b</b>	N/A	

**Part V Other Information** (Note the statement requirement in the instructions) (Continued)

**40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
 section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A

	Yes	No
<b>b</b> 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,' attach an explanation		X
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X

**41** List the states with which a copy of this return is filed ▶ South Carolina

**42 a** The books are in care of ▶ Donald P. Cresswell Telephone no. ▶ (864) 268-2249  
 Located at ▶ 105 Adelaide Dr., Greenville, SC ZIP + 4 ▶ 29615

	Yes	No
<b>b</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:		X
<b>c</b> 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

**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 N/A

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.

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Donald P. Cresswell, Treas.  
 Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See General Instruction X)
	08/18/08	<input type="checkbox"/>	
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	
Cresswell & Edwards-Thomas, LLC, CPA's P.O. Box 5764 Greenville	SC 29606-1329	(864) 610-9780	