



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2008

Open to Public
Inspection

► 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

A For the 2008 calendar year, or tax year beginning **10/01/08**, and ending **9/30/09**

<input type="checkbox"/> 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 Kiwanis International Club, 00115 Springfield, Ohio		D Employer identification number 31-0342098		
	Number and street (or P O box, if mail is not delivered to street address) PO Box 1653		Room/suite		
	City or town, state or country, and ZIP + 4 Springfield OH 45501-1653		E Telephone number 937-390-1265		
	F Group Exemption Number ►		G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
	I Website: ► N/A				J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (4) ▶ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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 returnL 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 ► \$ **158,666**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	5,923
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	21,420
	4 Investment income	4	116
	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) (attach sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	130,907
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	33,295
b Less direct expenses other than fundraising expenses	6c	97,612	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a		
7a Gross sales of inventory, less returns and allowances	7b		
b Less cost of goods sold	7c		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	300	
8 Other revenue (describe ► See Statement 2)	9	125,371	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	23,276	
Expenses	10 Grants and similar amounts paid (attach schedule)	11	
	11 Benefits paid to or for members	12	9,900
	12 Salaries, other compensation, and employee benefits	13	
	13 Professional fees and other payments to independent contractors	14	
	14 Occupancy, rent, utilities, and maintenance	15	4,193
	15 Printing, publications, postage, and shipping	16	91,552
	16 Other expenses (describe ► See Statement 4)	17	128,921
17 Total expenses. Add lines 10 through 16	18	-3,550	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	16,573
	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)	20	-7,998
	20 Other changes in net assets or fund balances (attach explanation)	21	5,025
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		

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.

22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► _____) 25 Total assets 26 Total liabilities (describe ► _____) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	(A) Beginning of year		(B) End of year	
	16,573	22	5,025	
		23		
		24		
	16,573	25	5,025	
	0	26	0	
	16,573	27	5,025	

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33

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 34

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 35a

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35b

b If "Yes," has it filed a tax return on Form 990-T for this year? 36

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 37a

37a Enter amount of political expenditures, direct or indirect, as described in the instr. 37b

b Did the organization file Form 1120-POL for this year? 38a

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 unpaid at the start of the period covered by this return? 38b

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a

39 Section 501(c)(7) organizations Enter 39b

a Initiation fees and capital contributions included on line 9 40a

b Gross receipts, included on line 9, for public use of club facilities 40b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 40c ; section 4912 ► 40d , section 4955 ► 40e

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 40f

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40g

d Enter amount of tax on line 40c reimbursed by the organization 40h

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 40i

41 List the states with which a copy of this return is filed ► **None**Telephone no ► **937-399-2629**42a The books are in care of ► **K. Richard Rice**
537 Renessellar StreetZIP + 4 ► **45504**Located at ► **Springfield, OH**

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 ► 42b

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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 ► 42c 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 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 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 45

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

49a 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"

(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

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

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".

Total number of other independent contractors each receiving over \$100,000

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			
	 <u>Richard Rice</u>		Date <u>12/15/09</u>	
	 Signature of officer	<u>RICHARD Rice - Treasurer</u>		
	 Type or print name and title			
Paid Preparer's Use Only	Preparer's signature 	Date <u>12/10/09</u>	Check if self- employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.) <u>P00790659</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4  <u>Stuckey & Associates, Inc.</u>  <u>2663 Derr Rd</u>  <u>Springfield, OH 45503</u>		EIN  <u>31-1671096</u>	
			Phone no  <u>937-629-0890</u>	
	May the IRS discuss this return with the preparer shown above? See instructions		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

**Open To Public
Inspection**

**Department of the Treasury
Internal Revenue Service**

Name of the organization

Name of the organization **Kiwanis International Club,
Springfield, Ohio**

Employer identification number
31-0342098

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 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. Form 990-EZ filers are not required to complete this table

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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1 Duncan Scholars (event type)	(b) Event #2 (event type)	(c) Other Events None (total number)	(d) Total Events (Add col (a) through col (c))
				17,075
				17,075
1 Gross receipts	17,075			
2 Less: Charitable contributions				
3 Gross revenue (line 1 minus line 2)	17,075			17,075
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs				
7 Other direct expenses	17,600			17,600
8 Direct expense summary Add lines 4 through 7 in column (d)				► 17,600
9 Net income summary Combine lines 3 and 8 in column (d)				► -525

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.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1 Gross revenue				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> 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?
b If "No," Explain

	Yes	No
9a		X
10a		X
11		X
12		X

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

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?

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

	Yes	No
13a	%	
13b	%	

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

Name ► K. Richard Rice
537 Renessellar Street
Address ► Springfield

OH 45504

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$
- amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address

15a	X

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?
- 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 ► \$

17a	X

Special Events Schedule

Name Kiwanis International Club, Springfield, Ohio	Employer Identification Number 31-0342098
--	---

	(A)	(B)	(C)	Others	Total
Gross receipts	27,306	26,703	25,429	34,394	113,832
Less contributions	0	0	0	0	0
Gross revenue	27,306	26,703	25,429	34,394	113,832
Less direct expenses	0	0	15,695	0	15,695
Net income (loss)	27,306	26,703	9,734	34,394	98,137

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
Membership Dues	\$ 20,980
New Member Fees	440
Total	\$ <u>21,420</u>

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
Bulletin Advertising	\$ 300
Total	\$ <u>300</u>

31-0342098

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Relationship to Organization		Class of Activity	Date of Gift
Description of Property	Cash Contribution	Noncash Contribution	Book Value	FMV
			Explanation	Explanation
Youth Services	7,570			
Total	7,570			

Federal Statements**Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Oktoberfest Ocktoberfest Expenses	\$ 22,553
Golf Outing Golf Outing Expenses	3,545
Basket Ball Tourney Basketball Tourney Expens	9,635
Pancake Day Pancake Breakfast Expense	802
Luncheon Luncheon Meal Expenses	21,958
Duncan Scholarship Fundraising Expenses	2,480
Pres Dinner/Silent Auction Other Expenses	2,942
90th Year Celebration Other Expenses	4,543
Expenses	
Conferences/Meetings	4,353
Insurance & Bonding	535
Liability Insurance	1,622
Payments to Affiliates	10,943
Club Committees	3,044
Membership/growth/educati	1,489
Public Relations	411
Miscellaneous	697
Total	\$ <u>91,552</u>

Statement 5 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Net Prepaids at year end	\$ <u>-7,998</u>
Total	\$ <u>-7,998</u>

Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service
Accomplishments

Description

Award college scholarships to area students.

Forms 990 / 990-EZ Return Summary

For calendar year 2008, or tax year beginning 10/01/08, and ending 9/30/09

Kiwanis International Club, **31-0342098**
Springfield, Ohio

Net Asset / Fund Balance at Beginning of Year **16,573**

Revenue

Contributions	<u>5,923</u>
Program service revenue	<u>21,420</u>
Investment income	<u>116</u>
Capital gain / loss	<u></u>
Special events:	<u></u>
Gross revenue	<u>130,907</u>
Direct expenses	<u>33,295</u>
Net income	<u>97,612</u>
Other income	<u>300</u>
Total revenue	<u>125,371</u>

Expenses

Program services	<u></u>
Management and general	<u></u>
Fundraising	<u></u>
Total expenses	<u>128,921</u>
Excess / (deficit)	<u>-3,550</u>
Other changes	<u>-7,998</u>
Net Asset / Fund Balance at End of Year	<u>5,025</u>

Reconciliation of Revenue

Total revenue per financial statements	<u></u>
Less:	
Unrealized gains	<u></u>
Donated services	<u></u>
Recoveries	<u></u>
Other	<u></u>
Plus:	
Investment expenses	<u></u>
Other	<u></u>
Total revenue per return	<u>16,573</u>

Reconciliation of Expenses

Total expenses per financial statements	<u></u>
Less:	
Donated services	<u></u>
Prior year adjustments	<u></u>
Losses	<u></u>
Other	<u></u>
Plus:	
Investment expenses	<u></u>
Other	<u></u>
Total expenses per return	<u>5,025</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>16,573</u>	<u>5,025</u>	
Liabilities	<u>16,573</u>	<u>5,025</u>	<u>-11,548</u>
Net assets			

Miscellaneous Information

Amended return	<u></u>
Return / extended due date	<u>2/16/10</u>
Failure to file penalty	<u></u>