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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public
InspectionDepartment 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 \$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

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.

C Name of organization

Kiwans International Club, 00115
Springfield, Ohio

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

D Employer identification number

31-0342098

E Telephone number

937-390-1265

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: ▶ N/A

J Organization type (check only one) ☒ 501(c) (4) ◀ (insert no) 4947(a)(1) or 527H 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 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 ▶ \$ 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	
	5b	Less cost or other basis and sales expenses	5b	
	5c	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	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	130,907
6b	Less direct expenses other than fundraising expenses	6b	33,295	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	97,612	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ See Statement 2)	8	300	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	125,371	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	23,276
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	9,900
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	4,193
	16	Other expenses (describe ▶ See Statement 4)	16	91,552
	17	Total expenses. Add lines 10 through 16	17	128,921
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,550
	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	16,573
	20	Other changes in net assets or fund balances (attach explanation)	20	-7,998
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	5,025

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	16,573	5,025
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	16,573	5,025
26 Total liabilities (describe ▶)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,573	5,025

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

Form 990-EZ (2008)

DAA

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

What is the organization's primary exempt purpose?

Service Club

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	Youth services; Circle K; Key Clubs; Builders Clubs; assist disadvantaged & handicapped youth & small children. Benefit 1000+ per year. (Grants \$ 13,757) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	13,757
29	Citizenship services; senior & disadvantaged; Kiwanis World Health; charitable causes. Benefit 5000-10000 each year. (Grants \$ 3,147) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	3,147
30	Human & spiritual values; inspirational & educational materials. Benefit 500+ each year. (Grants \$ 6,372) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	6,372
31	Other program services (attach schedule) See Statement 6 (Grants \$ 17,600) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	17,600
32	Total program service expenses (add lines 28a through 31a)	32	40,876

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
Jeannine Fox 2685 Prestwick Village Circle Springfield OH 45503	President 2	0	0	0
Gene Clifton 908 N. Fountain Springfield OH 45504	Pres-Elect 2	0	0	0
Steven Stuckey 2105 Cheviot Hills Drive Springfield OH 45505	Past Pres. 1	0	0	0
Kent Ross 721 Hartford Drive Springfield OH 45503	Vice Pres. 2	0	0	0
Richard Rice 537 Renesselar St Springfield OH 45503	Treasurer 4	2,400	0	0
Paul Price 3214 Sudbury Street Springfield OH 45503	Secretary 25	6,300	0	0
Michael L. Bassell 2646 Cavins St. Springfield OH 45503	Director 1	0	0	0
Nancy Eubanks 2116 Simon Court Springfield OH 45503	Director 1	0	0	0
Patricia L. Perry 2711 Skylark Road Springfield OH 45502	Director 1	0	0	0
Shannon Doyle 29 E. Third Street Springfield OH 45504	Director 1	0	0	0
Donna Frederick 5165 Hearthstone Drive Springfield OH 45502	Director 1	0	0	0
Cathy Tuckerman 3232 Plum Street Court Springfield OH 45503	Director 1	0	0	0
Ted VanderRoest 4 W. Main Street Rm 825 Springfield OH 45502	Director 1	0	0	0
Rich Waldren 1355 E. Home Road Springfield OH 45503	Director 1	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
37a Enter amount of political expenditures, direct or indirect, as described in the instr. 37a		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
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		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 40a ; section 4912 40a ; section 4955 40a		
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 40c		
d Enter amount of tax on line 40c reimbursed by the organization 40d		
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 40e		X
41 List the states with which a copy of this return is filed 41 None		
42a The books are in care of 42a K. Richard Rice Telephone no 42a 937-399-2629 537 Renesselar Street Located at 42a Springfield, OH ZIP + 4 42a 45504		
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		X
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.? 42c		X
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 43 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		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 45		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.

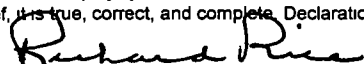

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization(s) a section 527 organization?	49b	

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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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, this 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 <u>12/15/09</u>	
Paid Preparer's Use Only	 Type or print name and title		Date <u>12/10/09</u>	
	Preparer's signature		Check if self-employed <input type="checkbox"/>	
	Firm's name (or yours if self-employed), address, and ZIP + 4		Preparer's Identifying Number (See instr.) P00790659	
	EIN 31-1671096		Phone no 937-629-0890	
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No				

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	(b) Event #2	(c) Other Events	(d) Total Events
		Duncan Scholars (event type)	(event type)	None (total number)	(Add col (a) through col (c))
1	Gross receipts	17,075			17,075
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	17,075			17,075
Direct Expenses	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)				
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				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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

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?

	Yes	No
9a		<input checked="" type="checkbox"/>
10a		<input checked="" type="checkbox"/>
11		<input checked="" type="checkbox"/>
12		<input checked="" type="checkbox"/>

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**b** An outside facility

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 Renesselar 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 ► \$

and the

c If "Yes," enter name and address

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 ► \$

Yes No

15a X

17a X

90th Year Celebration

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

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

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

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

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	
		Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation
Youth Services		7,570			FMV Explanation
Total		7,570			

Federal Statements

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

<u>Description</u>	<u>Amount</u>
Oktoberfest	\$
Oktoberfest 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

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

31-0342098

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		
Special events:		
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		
Management and general		
Fundraising		
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 **5,025**

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	

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

Miscellaneous Information

Amended return _____
Return / extended due date **2/16/10**
Failure to file penalty _____