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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)

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning

10/01, 2008, and ending

09/30, 2009

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OHIO DISTRICT OF KIWANIS FOUNDATION			D Employer identification number 31-1072405	
	Doing Business As			E Telephone number (330) 345-5316	
	Number and street (or P O box if mail is not delivered to street address)			Room/suite	
	PO BOX 1013				
	City or town, state or country, and ZIP + 4				
	WOOSTER, OH 44254			F Name and address of principal officer:	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) 4947(a)(1) or 527					
J Website: ► HTTP://ODKF.ORG					
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►					
L Year of formation 1982 M State of legal domicile OH					

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. THE MISSION OF THE OHIO DISTRICT KIWANIS FOUNDATION IS TO RAISE, MANAGE, AND DISTRIBUTE FUNDS TO SUPPORT PROGRAMS OF OHIO DISTRICT KIWANIS FAMILY ORGANIZATIONS FOR THE IMPROVEMENT OF INDIVIDUALS LIVES.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 17	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 17	
	5 Total number of employees (Part V, line 2a)	5 NONE	
	6 Total number of volunteers (estimate if necessary)	6 40	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 10	
	b Net unrelated business taxable income from Form 990-T, line 34	7b 10	
	8 Contribution and grants (Part VIII, line 1h) 61,744		
	9 Program service revenue (Part VIII, line 2g) 52,260		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7a) 65,043		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 41e) -6,867		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 154,517			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 34,729			
14 Benefits paid to or for members (Part IX, column (A), line 4) NONE			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) NONE			
16a Professional fundraising fees (Part IX, column (A), line 11e) NONE			
b Total fundraising expenses, Part IX, column (D), line 25) 1,921			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 6,281			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 49,424			
19 Revenue less expenses Subtract line 18 from line 12 78,395			
20 Total assets (Part X, line 16) 705,714			
21 Total liabilities (Part X, line 26) 151,162			
22 Net assets or fund balances Subtract line 21 from line 20 554,552			

Part II Signature Block

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		
	<i>Jean Forbes</i>		
	Signature of officer		
► <i>Jean Forbes, SECRETARY/TREASURER</i>			
Type or print name and title			1/30/12

Paid Preparer's Use Only	Preparer's signature ► <i>KB Cooney CPA</i>	Date JAN 19 2012	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) P00285983
	Firm's name (or yours if self-employed) address, and ZIP + 4 ► MEADEN & MOORE, LTD. 1100 SUPERIOR AVENUE, SUITE 1100 CLEVELAND, OH 44114		EIN ► 34-1818258	Phone no ► 216-241-3272

May the IRS discuss this return with the preparer shown above? (See instructions) X Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

**PROVIDED 23 GRANTS AND SCHOLARSHIPS TO SUPPORT SAFETY, GOOD
HEALTH, EDUCATION OF YOUNG CHILDREN AND THE PREVENTION EDUCATION
AND TREATMENT OF PEDIATRIC TRAUMA.**

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 34,729. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 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	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	X	
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	1a	NONE
1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	NONE
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	NONE
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a 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)?	4a	X
4b 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	4b	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a Did the organization solicit any contributions that were not tax deductible?	6a	X
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).	7a	X
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
7d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
7e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
7h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a	X
9b Did the organization make any taxable distributions under section 4966?	9b	X
10 Section 501(c)(7) organizations. Enter	10a	
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter	11a	
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions		
1a	Enter the number of voting members of the governing body	1a	17
b	Enter the number of voting members that are independent	1b	17
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9a	X
9a	Does the organization have local chapters, branches, or affiliates?	9b	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10	X
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	11	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	15a	X
a	The organization's CEO, Executive Director, or top management official?	15b	X
b	Other officers or key employees of the organization?		
	Describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► OH
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► JEAN FORBES PO BOX 1013 WOOSTER, OH 44691 330-345-5316

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

1b Total ► **NONE** **NONE** **NONE**

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► **NONE**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule L for such person.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► NONE		

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► **NONE**

Form 990 (2008)

Part VIII Statement of Revenue

31-1072405

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1b Membership dues 1c Fundraising events 1d Related organizations 1e Government grants (contributions) 1f All other contributions, gifts, grants, and similar amounts not included above 1g Noncash contributions included in lines 1a-1f \$ 1h Total. Add lines 1a-1f STMT 2. ►	1a 1b 1c 4,625. 1d 1e 1f 47,635. 1g 1h 52,260.			
Program Service Revenue	2a b c d e f All other program service revenue g Total. Add lines 2a-2f ►	2a b c d e f g ►	Business Code		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) STMT 3. ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ► 6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) ► 7a Gross amount from sales of assets other than inventory (i) Securities b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ► 8a Gross income from fundraising events (not including \$ 4,625. of contributions reported on line 1c) See Part IV, line 18 a STMT 4 b Less direct expenses b 31,389. c Net income or (loss) from fundraising events STMT 5. ► 3,467. 3,467. 9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities ► NONE 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory ► NONE Miscellaneous Revenue	3 Investment income (including dividends, interest, and other similar amounts) STMT 3. ► 27,197. 4 Income from investment of tax-exempt bond proceeds ► NONE 5 Royalties ► NONE 6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) ► NONE 7a Gross amount from sales of assets other than inventory (i) Securities 27,643. b Less cost or other basis and sales expenses 61,707. c Gain or (loss) -34,064. d Net gain or (loss) ► -34,064. -34,064. 8a Gross income from fundraising events (not including \$ 4,625. of contributions reported on line 1c) See Part IV, line 18 a STMT 4 b Less direct expenses b 31,389. c Net income or (loss) from fundraising events STMT 5. ► 3,467. 3,467. 9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities ► NONE 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory ► NONE Miscellaneous Revenue	Business Code		
	11a CLUB ADVISED FUND FEES b c d All other revenue e Total. Add lines 11a-11d ► 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ►	11a 900099 b c d e ► 12 ►	1,698.	1,698.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	32,729.	32,729.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,000.	2,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	NONE			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	NONE			
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
9 Other employee benefits	NONE			
10 Payroll taxes	NONE			
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	NONE			
c Accounting	4,900.		4,900.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	4,154.		4,154.	
g Other	NONE			
12 Advertising and promotion	NONE			
13 Office expenses	2,172.		2,172.	
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	NONE			
17 Travel	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . .	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	360.		360.	
23 Insurance	445.		445.	
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a OTHER PROMOTION & FUNDRAISING	1,921.			1,921.
b MISCELLANEOUS EXPENSE	743.		743.	
c -----				
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	49,424.	34,729.	12,774.	1,921.
26 Joint Costs. Check here ► <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets				
1	Cash - non-interest-bearing	6,437	1	8,068
2	Savings and temporary cash investments	141,053	2	116,046
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	3,206	4	1,533
5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sales or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost basis	10a 2,427		
b	Less accumulated depreciation Complete Part VI of Schedule D.	10b 2,112	675	10c 315
11	Investments - publicly traded securities	STMT 6	531,858	11 566,143
12	Investments - other securities See Part IV, line 11		13,133	12 13,609
13	Investments - program-related See Part IV, line 11			13
14	Intangible assets			14
15	Other assets See Part IV, line 11			15
16	Total assets. Add lines 1 through 15 (must equal line 34)	696,362	16	705,714
Liabilities				
17	Accounts payable and accrued expenses	4,022	17	NONE
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable		24	
25	Other liabilities Complete Part X of Schedule D	152,202	25	151,162
26	Total liabilities. Add lines 17 through 25	156,224	26	151,162
Net Assets or Fund Balances				
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	508,331	27	521,846
28	Temporarily restricted net assets	31,807	28	32,706
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances.	540,138	33	554,552
34	Total liabilities and net assets/fund balances.	696,362	34	705,714

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a X	
b	Were the organization's financial statements audited by an independent accountant?	2b X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a X	
b	If "Yes," did the organization undergo the required audit or audits?	3b X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008

Open to Public
Inspection

Name of the organization

OHIO DISTRICT OF KIWANIS FOUNDATION, INC.

Employer identification number

31-1072405

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)
 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally Integrated d Type III - Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	147,241.	26,583.	38,930.	61,744.	52,260.	326,758.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	147,241.	26,583.	38,930.	61,744.	52,260.	326,758.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,276.
6 Public support Subtract line 5 from line 4						318,482.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	147,241.	26,583.	38,930.	61,744.	52,260.	326,758.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,139.	19,726.	13,621.	16,332.	27,197.	87,015.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						413,773.
12 Gross receipts from related activities, etc (See instructions)					12	217,330.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	76.97 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	NONE %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

2008**Open to Public
Inspection**

Name of the organization

OHIO DISTRICT OF KIWANIS FOUNDATION, INC.

Employer identification number

31-1072405

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	16	
2 Aggregate contributions to (during year)	9,345.	
3 Aggregate grants from (during year)	5,000.	
4 Aggregate value at end of year	145,862.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	540,140.				
b Contributions	85,347.				
c Investment earnings or losses	6,413.				
d Grants or scholarships	34,729.				
e Other expenditures for facilities and programs	29,843.				
f Administrative expenses	12,776.				
g End of year balance	554,552.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► 94.0000 %

b Permanent endowment ► %

c Term endowment ► 6.0000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i)		X
3a(ii)		X
3b		

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		2,427.	2,112.	315.
e Other				

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ► 315.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Total. (Column (b) should equal Form 990, Part X, col (B) line 13)

Part IX Other Assets. See Form 990, Part X, line 15.

Total. (Column (b) should equal Form 990, Part X, col (B) line 15)

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
CLUB ADVISED FUNDS	145,862	
ASSETS HELD FOR OTHERS	5,300	

In Part XIV, provide the text of the footnote to the o

151, 152 's financial s

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4-8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Losses reported on Form 990, Part IX, line 25	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

SEE PAGE 5

Part XIV Supplemental Information (continued)USE OF ENDOWMENT FUNDSFORM 990, SCH D, PART V, LINE 4THE OHIO DISTRICT KIWANIS FOUNDATION INTENDS TO USE ENDOWMENT FUNDS FORGRANTS AND OPERATING EXPENDITURES TO FURTHER THE MISSION OF THEORGANIZATION, IN ACCORDANCE WITH THE SPENDING POLICY ADOPTED BY THE BOARDOF DIRECTORS.TAX FOOTNOTEPART XFASB ASC 740, "INCOME TAXES" CLARIFIES GENERALLY ACCEPTABLE ACCOUNTINGPRINCIPLES FOR RECOGNITION, MEASUREMENT, PRESENTATION AND DISCLOSURERELATING TO UNCERTAIN TAX POSITIONS. THIS STANDARD APPLIES TO BUSINESSENTERPRISES, NOT-FOR-PROFIT ENTITIES, AND PASS-THROUGH ENTITIES, SUCH ASS CORPORATIONS AND LIMITED LIABILITY COMPANIES. AS PERMITTED, THECOMPANY HAD ELECTED TO DEFER THE APPLICATION OF THE STANDARD UNTILISSUANCE OF ITS SEPTEMBER, 30, 2010 FINANCIAL STATEMENTS. FOR FINANCIALSTATEMENTS COVERING PERIODS PRIOR TO FISCAL YEAR 2010, THE COMPANYEVALUATED UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH EXISTING GENERALLYACCEPTED ACCOUNTING PRINCIPLES AND MAKES SUCH ACCRUALS AND DISCLOSURES ASMIGHT BE REQUIRED THEREUNDER.

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Department of the Treasury
Internal Revenue Service

Name of the organization

OHIO DISTRICT OF KIWANIS FOUNDATION, INC.

Employer identification number

31-1072405

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	e	Solicitation of non-government grants
b	Email solicitations	f	Solicitation of government grants
c	Phone solicitations	g	Special fundraising events
d	In-person solicitations		

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 activities? 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.

Total

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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>GOLF OUTING</u> (event type)	<u>MAGIC MILE</u> (event type)	<u>NONE</u> (total number)	
Revenue	1 Gross receipts	34,496.	1,518.		36,014.
	2 Less: Charitable contributions	4,625.			4,625.
	3 Gross revenue (line 1 minus line 2)	29,871.	1,518.		31,389.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	6,277.			6,277.
	6 Rent/facility costs	19,378.			19,378.
	7 Other direct expenses	2,267.			2,267.
	8 Direct expense summary Add lines 4 through 7 in column (d)			► (27,922.)
	9 Net income summary Combine lines 3 and 8 in column (d)			► (3,467.

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 Non-cash 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 lines 1 and 7 in column (d)			► ()
	9 Enter the state(s) in which the organization operates gaming activities				<input type="checkbox"/> Yes <input type="checkbox"/> No
	a Is the organization licensed to operate gaming activities in each of these states?				<input type="checkbox"/> 9a
	b If "No," Explain:				
	10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?				<input type="checkbox"/> 10a
	b If "Yes," Explain:				
	11 Does the organization operate gaming activities with nonmembers?				<input type="checkbox"/> 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?				<input type="checkbox"/> 12

13 Indicate the percentage of gaming activity operated in:

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

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

Name ► _____

Address ► _____

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 ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

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

17a

**SCHEDULE I
(Form 990)**

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Department of the Treasury
Internal Revenue Service

► Complete If the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

OMB No 1545-0047
2008
**Open to Public
Inspection**

OMB No 1545-0047

2008
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Innovation

OHIO DISTRICT OF KIWANIS FOUNDATION, INC.
Name of the organization

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Form 990, Part IV, line 21, to any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. X
Use Part IV and Schedule I-1 (Form 990) if additional space is needed
1 (a) Name and address of organization **(b) EIN** **(c) IRC section** **(d) Amount of cash grant** **(e) Amount of non-cash** **(f) Method of valuation** **(g) Description of** **(h) Purpose of grant**

11. *Leucosia* (Leucosia) *leucosia* (L.) *leucosia* (L.)

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I line 2 and any other additional information

BIBLIOGRAPHY OF SCHOOLS OF THOUGHT

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RECIPIENTS OF THE GRANTS PROVIDE NOTIFYAL OF RECEIPT OF THE CHECK,

EXPENDITURES FOR THE DOCUMENTATION OF THE GRANT PROJECT AND A SUMMARY OF

ACTIVITIES. UNUSED FUNDS ARE RETURNED TO THE FOUNDATION.

**SCHEDULE J-2
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Form 990**

OMB No 1545-0047

2008**Open to Public
Inspection**

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

OHIO DISTRICT OF KIWANIS FOUNDATION, INC.

31-1072405

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
BARBARA SMITH									
PRESIDENT	1.	X		X			NONE	NONE	NONE
AL ALLENDER									
VICE PRESIDENT	1.	X		X			NONE	NONE	NONE
JEAN FORBES									
TREASURER/SECRETARY	15.	X		X			NONE	NONE	NONE
BOB AMSTER									
BOARD MEMBER	1.	X					NONE	NONE	NONE
RANDY BEARD									
BOARD MEMBER	1.	X					NONE	NONE	NONE
FRED HOLMAN									
BOARD MEMBER	1.	X					NONE	NONE	NONE
CHARLES HOLTZMAN									
BOARD MEMBER	1.	X					NONE	NONE	NONE
SANDE JOHNSON									
BOARD MEMBER	1.	X					NONE	NONE	NONE
KATHY KELCH									
BOARD MEMBER	1.	X					NONE	NONE	NONE
WALT MAKI									
BOARD MEMBER	1.	X					NONE	NONE	NONE
TOBY MARKHAM									
BOARD MEMBER	1.	X					NONE	NONE	NONE
BILL MCCORMICK									
BOARD MEMBER	1.	X					NONE	NONE	NONE
CLAUDETTE ROGERS									
BOARD MEMBER	1.	X					NONE	NONE	NONE
LYNN HANNA STOYCHEFF									
BOARD MEMBER	1.	X					NONE	NONE	NONE
KEVIN WHITLATCH									
BOARD MEMBER	1.	X					NONE	NONE	NONE
BOB WILLIAMS									
BOARD MEMBER	1.	X					NONE	NONE	NONE
KENT WILLIAMSON									
BOARD MEMBER	1.	X					NONE	NONE	NONE
TED COONS									
EXECUTIVE DIRECTOR	5.			X			NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2008

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Inspection**

Name of the organization

OHIO DISTRICT OF KIWANIS FOUNDATION, INC.

Employer identification number

31-1072405

MEETING DOCUMENTATION OF GOVERNING BODY & COMMITTEES

FORM 990, PART VI, LINE 8

THE SECRETARY OF THE ORGANIZATION IS CHARGED WITH RECORDING THE MINUTES

OF EACH BOARD MEETING.

PROCESS USED TO REVIEW THE FORM 990

FORM 990, PART VI, LINE 10

A COPY OF THE FEDERAL FORM 990, AS ULTIMATELY FILED WITH THE IRS, IS

PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY. THE

FORM IS REVIEWED AND ACCEPTED AT A BOARD MEETING BEFORE FINAL

SUBMISSION.

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

THE ORGANIZATION PROVIDES ALL OFFICERS AND DIRECTORS WITH A COPY OF THE

CONFLICT OF INTEREST POLICY ALONG WITH AN ANNUAL DISCLOSURE FORM THAT

MUST BE COMPLETED AND SIGNED. EACH MEMBER IS REQUIRED TO DISCLOSE ANY

CONFLICTS THAT MAY EXIST. MEMBERS DISCLOSING A CONFLICT OF INTEREST MAY

NOT PARTICIPATE IN THE DISCUSSION OR VOTING ACTIONS IN REGARDS TO

SPECIFIED INTEREST.

AVAILABILITY OF DOCUMENTS FOR PUBLIC INSPECTION

FORM 990, PART VI, LINE 19

THE ORGANIZATION MAKES AVAILABLE FOR PUBLIC INSPECTION, UPON REQUEST, ALL

DOCUMENTS AS REQUIRED BY FEDERAL, STATE, AND LOCAL LAW.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

NET ASSET RECONCILIATION

FORM 990, PART I, LINE 22

BEGINNING OF YEAR NET ASSETS \$540,138

CURRENT YEAR NET REVENUE 1,134

UNREALIZED GAIN ON INVESTMENTS HELD 13,280

ENDING NET ASSETS 554,552

ADDITIONAL INFORMATION REGARDING DONOR ADVISED FUNDS

FORM 990, PART V, LINE 9B

NOTE THAT THE FOUNDATION MADE A DISTRIBUTION FROM A DONOR ADVISED FUND

FOR A SCHOLARSHIP TO AN UNRELATED INDIVIDUAL ATTENDING COLLEGE. THIS

AMOUNT WAS RETURNED TO THE CLUB ADVISING THE FUND WHO IMMEDIATELY

PRESENTED THE MONEY TO THE RECIPIENT STUDENT. SIMILAR SMALL

DISTRIBUTIONS INTENDED FOR USE BY VARIOUS SECTION 501(C)(3) ENTITIES AT

TIMES WERE MADE BACK TO CLUBS WHO IMMEDIATELY TRANSFERRED FUNDS TO THE

RECIPIENTS.

REASON FOR FILING AMENDED RETURN

FORM 990, PAGE 1

AN AMENDED RETURN IS FILED DUE TO THE PRESENCE OF DONOR ADVISED FUNDS AND

IN ORDER TO PRESENT A FULL FORM 990 INSTEAD OF FORM 990-EZ. NO AMOUNTS

WERE CHANGED AND ALL ADDITIONAL REQUIRED SCHEDULES HAVE BEEN COMPLETED.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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THE MISSION OF THE OHIO DISTRICT KIWANIS FOUNDATION IS TO RAISE, MANAGE, AND DISTRIBUTE FUNDS TO SUPPORT PROGRAMS OF OHIO DISTRICT KIWANIS FAMILY ORGANIZATIONS FOR THE IMPROVEMENT OF LIVES OF INDIVIDUALS.

THE FOCUS WILL BE FUNDRAISING AND PROJECT SUPPORT OF PEDIATRIC TRAUMA - PREVENTION, EDUCATION, AND TREATMENT.

FORM 990, PART VIII - CONTRIBUTIONS

NAME AND ADDRESS	DATE	FEDERATED CAMPAIGNS	MEMBERSHIP DUES	FUNDRAISING EVENTS	RELATED ORGANIZATIONS	GOVERNMENT GRANTS	ALL OTHER CONTRIBUTIONS
CASH CONTRIBUTIONS <\$5,000	-----	-----	-----	-----	-----	-----	-----
FUNDRAISING CONTRIBUTIONS <\$5,000	-----	-----	-----	-----	-----	-----	-----
TOTALS	-----	-----	-----	4,625.	-----	-----	47,635.
VARIOUS	-----	-----	-----	4,625.	-----	-----	47,635.
VARIOUS	-----	-----	-----	4,625.	-----	-----	47,635.

FORM 990, PART VIII - INVESTMENT INCOME

(A) DESCRIPTION	(B) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST & DIVIDENDS	27,197.		27,197.	
TOTALS	27,197.		27,197.	

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
GOLF OUTING	4,625.
OTHER	NONE
TOTAL	4,625.

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GOLF OUTING	29,871.	27,922.	1,949.
OTHER	1,518.		1,518.
TOTALS	31,389.	27,922.	3,467.

OHIO DISTRICT OF KIWANIS FOUNDATION, INC.

31-1072405

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

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DESCRIPTION	ENDING BOOK VALUE
INVESTMENTS - MUTUAL FUNDS	566,143.
TOTALS	566,143.

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