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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

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**

B Check if applicable Address change Name change Initial return Termination Amended return Application pending	C Name of organization <b>KIWANIS CLUB OF FINDLAY, OHIO, INC.</b>	D Employer identification number <b>34-6539913</b>
	Number and street (or P O box, if mail is not delivered to street address) <b>601 SOUTH MAIN STREET</b>	E Telephone number <b>419-424-1835</b>
	City or town, state or country, and ZIP + 4 <b>FINDLAY OH 45840</b>	F Group Exemption Number <b>► 0026</b>

- 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: ► **www.findlaykiwanis.org**

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

J Organization type (check only one) —  501(c) (4) □ (insert no)  4947(a)(1) or  527

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ **63,322**

## 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	1,524
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	36,666
	4 Investment income	4	
	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.)		
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6c	16,873
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	25,132
	b Less direct expenses other than fundraising expenses	6b	8,259
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8 Other revenue (describe ► _____)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	55,063
Expenses	10 Grants and similar amounts paid (attach schedule)	10	11,464
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	1,080
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, maintenance, and supplies	14	
	15 Printing, publications, postage, and shipping	15	1,801
	16 Other expenses (describe ► See Statement 2)	16	36,618
	17 Total expenses. Add lines 10 through 16	17	50,963
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,100
	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	39,053
	20 Other changes in net assets or fund balances (attach explanation)	20	-62
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	43,091

## 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		<b>38,998</b>	<b>42,124</b>
23 Land and buildings		22	
24 Other assets (describe ► See Statement 4)		774	24
25 Total assets		<b>39,772</b>	<b>43,621</b>
26 Total liabilities (describe ► See Statement 5)		719	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		<b>39,053</b>	<b>43,091</b>

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

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Form 990-EZ (2008)

15 P



**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	33	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	34	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?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	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?	37b	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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► OH		
42a The books are in care of ► Jason Gunn 314 W Hardin St Located at ► Findlay, OH	Telephone no ► 419-424-1835	
	ZIP + 4 ► 45840	
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 ► _____ 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 ► _____		
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	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

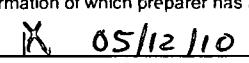
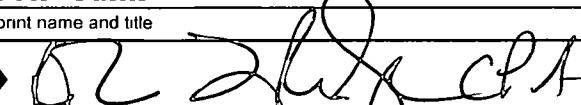
**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- |     |     |    |
|-----|-----|----|
| 46  | Yes | No |
| 47  |     |    |
| 48  |     |    |
| 49a |     |    |
| 49b |     |    |
- 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."

(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 ►		

<b>Sign Here</b>  Signature of officer <b>Jason Gunn</b> Type or print name and title	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		
	 Date <b>05/12/10</b> <b>Treasurer</b>		
<b>Paid Preparer's Use Only</b> Preparer's signature  Firm's name (or yours if self-employed). address, and ZIP + 4	Date	Check if self-employed	Preparer's Identifying Number (See instr.)
	5/11/10	<input type="checkbox"/>	<b>P00025172</b>
EIN ► <b>34-1935986</b> Phone no ► <b>419-424-1835</b>			

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

►  Yes  No

Form 990-EZ (2008)

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

## **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.

OMB No 1545-0047

2008

**Open To Public  
Inspection**

Name of the organization

KIWANIS CLUB OF FINDLAY, OHIO, INC.

Employer identification number  
**34-6539913**

**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.

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.

Revenue	(a) Event #1 <b>Pancake Day</b>  (event type)	(b) Event #2 <b>Discount Cards</b>  (event type)	(c) Other Events <b>None</b>  (total number)	(d) Total Events (Add col (a) through col (c))
				16,547
				5,691
1 Gross receipts				22,238
2 Less Charitable contributions				
3 Gross revenue (line 1 minus line 2)	16,547	5,691		22,238
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs				
7 Other direct expenses	4,375	990		5,365
8 Direct expense summary Add lines 4 through 7 in column (d)				5,365
9 Net income summary Combine lines 3 and 8 in column (d)				16,873

**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 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

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

Name ► Jason Gunn  
314 W Hardin St  
Address ► Findlay

13a	%	Yes	No
13b	%		

OH 45840

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 ► \$

15a X

17a X

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

Description	Amount
	\$ 36,666
Total	\$ 36,666

**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	\$
Conferences/Meetings	4,737
Insurance	625
Dues/Fees	7,407
Meals	19,531
Club Meetings	1,188
Membership	1,586
Presidential Special Fund	256
Kiwanis Foundation	601
Spiritual Aims	173
Miscellaneous	14
School Supplies	500
Total	\$ 36,618

**Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
Decrease in Value of Edward Jones Account	\$ -62
Total	\$ -62

**Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
Accounts Receivable	\$ 774	\$ 1,497

**Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 719	\$ 530