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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- ▶ 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.

OMB No 1545-1150

**2008****Open to Public Inspection****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 Instructions

**C** Name of organization**KIWANIS CLUB OF FINDLAY, OHIO, INC.**

Number and street (or P O box, if mail is not delivered to street address)

**601 SOUTH MAIN STREET**

Room/suite

City or town, state or country, and ZIP + 4

**FINDLAY****OH 45840****D** Employer identification number**34-6539913****E** Telephone number**419-424-1835****F** Group Exemption Number**0026**

• 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****J** Organization type (check only one) — ☒ 501(c) ( **4** ) (insert no ) ☐ 4947(a)(1) or ☐ 527**H** 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 ▶ \$ **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	<b>1,524</b>
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	<b>36,666</b>
	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 )	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	<b>25,132</b>
	b	Less direct expenses other than fundraising expenses	6b	<b>8,259</b>
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<b>16,873</b>
	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)	7c	
	8	Other revenue (describe ▶ _____ )	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<b>55,063</b>
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	<b>1,080</b>
13		Professional fees and other payments to independent contractors	13	
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	<b>1,801</b>
16		Other expenses (describe ▶ <b>See Statement 2</b> )	16	<b>36,618</b>
17		<b>Total expenses.</b> Add lines 10 through 16	17	<b>50,963</b>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>4,100</b>
	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	<b>39,053</b>
	20	Other changes in net assets or fund balances (attach explanation) <b>See Statement 3</b>	20	<b>-62</b>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<b>43,091</b>

**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		
24 Other assets (describe ▶ <b>See Statement 4</b> )	<b>774</b>	<b>1,497</b>
25 <b>Total assets</b>	<b>39,772</b>	<b>43,621</b>
26 <b>Total liabilities</b> (describe ▶ <b>See Statement 5</b> )	<b>719</b>	<b>530</b>
27 <b>Net assets or fund balances</b> (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.

Form **990-EZ** (2008)

15 P

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? <b>PROMOTION OF SOCIAL WELFARE AND SERVICE TO THE COMMUNITY.</b>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
<b>28</b>	<b>COMMUNITY SERVICES PROVIDE ACTIVITIES FOR ELDERLY, COMPLETE SERVICE PROJECTS FOR OTHER LOCAL AGENCIES IN NEED; PROVIDE ASSISTANCE WHERE NEEDED</b> (Grants \$ <b>1,863</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
		<b>1,863</b>
<b>29</b>	<b>YOUTH PROGRAMS PROVIDED FOR CHILDREN IN NEED, SUPPORT YOUTH THROUGH SUPPORT PROGRAMS AND YOUTH ORGANIZATIONS</b> (Grants \$ <b>9,601</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
		<b>9,601</b>
<b>30</b>	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b>	<b>Other program services (attach schedule)</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>
		<b>11,464</b>

**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
Jeff Whitman 101 Sandusky St. Findlay OH 45840	President 1	0	0	0
Pat Garlock 17417 C.R. 70 Jenera OH 45841	Pres. Elect 1	0	0	0
Mike Pepple 13097 T.R. 37 Findlay OH 45840	Vice Pres. 1	0	0	0
Annette Shaffer 842 Park St. Findlay OH 45840	Past Pres. 1	0	0	0
Becky Bowman 730 Terra Oaks Findlay OH 45840	Secretary 2	540	0	0
Jason Gunn 314 W. Hardin St. Findlay OH 45840	Treasurer 2	540	0	0
Phil Cole 18398 C.R. 160 Mt. Blanchard OH 45867	Board Member 1	0	0	0
Marlene Hoorman 201 E. Lincoln St. Findlay OH 45840	Board Member 1	0	0	0
Jason Parkins 1007 Western Ave Findlay OH 45840	Board Member 1	0	0	0
Irvin Reinhart 613 S. Main St. Findlay OH 45840	Board Member 1	0	0	0
Karen Brannan 1536 W. Sandusky St. Findlay OH 45840	Board Member 1	0	0	0
Mike Brown 300 E. Lincoln St. Findlay OH 45840	Board Member 1	0	0	0
Doug Cameron 16187 Forest Lake Dr. Findlay OH 45840	Board Member 1	0	0	0
Rick Kidwell 316 Beechmont Dr. Findlay OH 45840	Board Member 1	0	0	0

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<b>X</b>
<b>35</b> 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		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instr <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40a</b> , section 4955 <b>40a</b>		
<b>b</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 <b>40b</b>		<b>X</b>
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>40c</b>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> 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 <b>40e</b>		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <b>OH</b>		
<b>42a</b> The books are in care of <b>Jason Gunn</b> Telephone no <b>419-424-1835</b> <b>314 W Hardin St</b> Located at <b>Findlay, OH</b> ZIP + 4 <b>45840</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>42b</b> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		<b>X</b>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <b>42c</b>		<b>X</b>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44</b>		<b>X</b>
<b>45</b> 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 <b>45</b>		<b>X</b>

Yes	No
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47		
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48		
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49a		
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43a		
491		

Form **990-EZ** (2008)



**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>	(b) Event #2 <b>Discount Cards</b>	(c) Other Events <b>None</b>	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	16,547	5,691		22,238
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	16,547	5,691		22,238
Direct Expenses	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))
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 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		X
10a		X
11		X
12		X

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► <b>Jason Gunn</b>			
314 W Hardin St			
Address ► <b>Findlay</b>			
OH 45840			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<b>15a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
<b>c</b>	If "Yes," enter name and address		
Name ►			
Address ►			
<b>16</b>	Gaming manager information		
Name ►			
Gaming manager compensation ► \$			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	<b>17a</b>	<b>X</b>
<b>b</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 ► \$		



34-6539913

**Federal Statements**

FYE: 9/30/2009

**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
	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
	719	530