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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 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 10-01-2008 , and ending 09-30-2009**

**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 INTERNATIONAL
WOOSTER KIWANIS K01038

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O BOX 1766

City or town, state or country, and ZIP + 4
WOOSTER, OH 44691

**D Employer identification number**
34-6554933

**E** Telephone number
(330) 345-7893

**F** Group Exemption Number ▶

● ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

**G** Accounting method ☑ Cash ☐ Accrual
Other (specify) ▶

**I Website:** ▶ WWW WOOSTER NET/KIWANIS

**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 ▶ $ 78,512

## 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 | 1,379 |
| | 2 | Program service revenue including government fees and contracts | | 2 | |
| | 3 | Membership dues and assessments | | 3 | 41,913 |
| | 4 | Investment income | | 4 | 53 |
| | 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 schedule) | | 5c | |
| | 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐ | | | |
| | a | Gross revenue (not including $____ _____of contributions reported on line 1) | 6a | 35,167 | |
| | b | Less direct expenses other than fundraising expenses | 6b | 15,676 | |
| | c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | 6c | 19,491 |
| | 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 | **Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶ | | 9 | 62,836 |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | | 10 | 17,567 |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | 0 |
| | 13 | Professional fees and other payments to independent contractors | | 13 | 750 |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | |
| | 15 | Printing, publications, postage, and shipping | | 15 | 2,268 |
| | 16 | Other expenses (describe ▶ _____) | | 16 | 50,784 |
| | 17 | **Total expenses** (add lines 10 through 16) ▶ | | 17 | 71,369 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | -8,533 |
| | 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 | 18,764 |
| | 20 | Other changes in net assets or fund balances (attach explanation) | | 20 | |
| | 21 | Net assets or fund balances at end of year (combine lines 18 through 20) ▶ | | 21 | 10,231 |

## 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 | 12,453 | 22 | 10,231 |
| 23 | Land and buildings | 0 | 23 | 0 |
| 24 | Other assets (describe ▶ _____) | 6,311 | 24 | 0 |
| 25 | **Total assets** | 18,764 | 25 | 10,231 |
| 26 | **Total liabilities** (describe ▶ _____) | 0 | 26 | 0 |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 18,764 | 27 | 10,231 |

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

What is the organization's primary exempt purpose?
SERVING THE YOUTH IN OUR COMMUNITY

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

**Expenses** (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )

| | | | |
|---|---|---|---|
| **28** ACADEMIC ACHIEVEMENT AWARDS (Grants $ 7,500) If this amount includes foreign grants, check here . . . ▶ ☐ | | **28a** | |
| **29** CONTRIBUTIONS TO VARIOUS LOCAL CHARITIES (Grants $ 10,067) If this amount includes foreign grants, check here . . . ▶ ☐ | | **29a** | |
| **30** (Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ | | **30a** | |
| **31** Other program services (attach schedule) . . . . . (Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ | | **31a** | |
| **32 Total program service expenses** (add lines 28a through 31a) . . . . . ▶ | | **32** | |

**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 |
|---|---|---|---|---|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

**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 | | No |
| 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 | | No |
| 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 6033(e) notice, reporting, and proxy tax requirements? | 35a | | No |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? | 35b | | No |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? *If "Yes," complete applicable parts of Schedule N* | 36 | | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | No |
| 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 | | No |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | | |
| 39 | *501(c)(7) organizations.* Enter | | | |
| a | Initiation fees and capital contributions included on line 9 39a 0 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b 0 | | | |
| 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 | | No |
| 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? | 40e | | No |

41 List the states with which a copy of this return is filed ▶ OH

42a The books are in care of ▶ JEFF ROBERTS Telephone no ▶ (330) 345-7893

Located at ▶ PO BOX 1766 WOOSTER, OH ZIP + 4 ▶ 44691

| | | | Yes | No |
|---|---|---|---|---|
| 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 | | No |
| | 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 | | No |
| | 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 | | | |

| | | | Yes | No |
|---|---|---|---|---|
| 44 | Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.* | 44 | | No |
| 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 | | No |

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

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

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than $100,000 of compensation from the organization If there are 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 are 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 receiving over $100,000 ▶ | | |

**Please 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

****** — Signature of officer — 2010-02-03 — Date

JEFF ROBERTS TREASURER — Type or print name and title

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ▶ JON A BRIGGS | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst X) |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ FRANK SERINGER & CHANEY INC<br>527 PORTAGE ROAD<br>WOOSTER, OH 44691 | | | EIN ▶<br>Phone no ▶ (330) 264-9750 |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 34-6554933
**Name:** KIWANIS INTERNATIONAL
WOOSTER KIWANIS K01038

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (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 |
|---|---|---|---|---|
| JOSEPH MURR<br>545 N MARKET ST<br>WOOSTER,OH 44691 | PRESIDENT 10 0 | 0 | 0 | 0 |
| STEVE LOGIUDICE<br>545 N MARKET ST<br>WOOSTER,OH 44691 | 1ST VICE PRESIDENT 5 0 | 0 | 0 | 0 |
| MARK GOOCH<br>545 N MARKET ST<br>WOOSTER,OH 44691 | 2ND VICE PRESIDENT 5 0 | 0 | 0 | 0 |
| TIM TEGTMEIER<br>545 N MARKET ST<br>WOOSTER,OH 44691 | IMMEDIATE PAST PRESIDENT 5 0 | 0 | 0 | 0 |
| JEAN SCHLUDECKER<br>545 N MARKET ST<br>WOOSTER,OH 44691 | SECRETARY 1 0 | 0 | 0 | 0 |
| DEB CATLETT<br>545 N MARKET ST<br>WOOSTER,OH 44691 | SECRETARY 1 0 | 0 | 0 | 0 |
| JEFF ROBERTS<br>545 N MARKET ST<br>WOOSTER,OH 44691 | TREASURER 1 0 | 0 | 0 | 0 |
| SANDY ELLIOTT<br>545 N MARKET ST<br>WOOSTER,OH 44691 | DIRECTOR 1 0 | 0 | 0 | 0 |
| DAVID HOCHSTETLER<br>545 N MARKET ST<br>WOOSTER,OH 44691 | DIRECTOR 1 0 | 0 | 0 | 0 |
| DEAN KARHAN<br>545 N MARKET ST<br>WOOSTER,OH 44691 | DIRECTOR 1 0 | 0 | 0 | 0 |
| CRAIG SANDERS<br>545 N MARKET ST<br>WOOSTER,OH 44691 | DIRECTOR 1 0 | 0 | 0 | 0 |
| STEWART FITZGIBBON<br>545 N MARKET ST<br>WOOSTER,OH 44691 | DIRECTOR 1 0 | 0 | 0 | 0 |
| LISA REICHERT<br>545 N MARKET ST<br>WOOSTER,OH 44691 | DIRECTOR 1 0 | 0 | 0 | 0 |
| DON ACKERMAN<br>545 N MARKET ST<br>WOOSTER,OH 44691 | DIRECTOR 1 0 | 0 | 0 | 0 |
| VICTORIA SMOTHERMAN<br>545 N MARKET ST<br>WOOSTER,OH 44691 | DIRECTOR 1 0 | 0 | 0 | 0 |

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# TY 2008 Grants and Similar Amounts Paid Schedule

**Name:** KIWANIS INTERNATIONAL
WOOSTER KIWANIS K01038

**EIN:** 34-6554933

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# TY 2008 Other Assets Schedule

**Name:** KIWANIS INTERNATIONAL
WOOSTER KIWANIS K01038

**EIN:** 34-6554933

| Description | Beginning of Year Amount | End of Year Amount |
|---|---|---|
| Accounts Receivable | 6,311 | |

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|---|---|---|

# TY 2008 Other Expenses Schedule

**Name:** KIWANIS INTERNATIONAL
WOOSTER KIWANIS K01038

**EIN:** 34-6554933

| Description | Amount |
|---|---|
| MEMBERSHIP MEETING MEALS | 30,761 |
| DUES | 12,841 |
| MEMBERSHIP EXPENSE | 1,572 |
| OFFICER INSURANCE | 500 |
| OFFICE EXPENSE | 433 |
| OHIO & INTERNATIONAL KIWANIS | 1,700 |
| 4H, AGRICULTURAL | 827 |
| PROGRAMS | 402 |
| MISCELLANEOUS | 156 |
| Conferences and Conventions | 1,592 |