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Department of the Treasury Internal Revenue Service

# 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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A Fo	r the	2009 calendar year, or tax year beginning and end	ding		
B Che	eck if	Please Use IRS		D Employer identific	ation number
<u> </u>	Addres	label or   KIWANIS FOUNDATION OF INDIANAPOLIS, I	INC.		
$\Box$	Name change Initial	type Doing Business As		35-60	26247
<u>'</u>	return Termin		om/suite	E Telephone number	626 0700
	ated Amend	Instruct SZO NORTH FIERIDIAN SIREET	20	(317)	1,955,765
	return Applica	City or town, state or country, and ZIP + 4		G Gross receipts \$	
	tion pendin	F Name and address of principal officer:MARY MARSH		H(a) Is this a group ref	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incli	
I Ta	x-exe	mpt status: X 501(c) ( 3		1	ist. (see instructions)
		e: ► N/A		H(c) Group exemption	
		organization X Corporation Trust Association Other ▶	L Year	of formation 1949 M	State of legal domicile II
Par		Summary			
Activities & Governance	:	Briefly describe the organization's mission or most significant activities: TO PROEDUCATIONAL YOUTH ACTIVITIES.			
E		Check this box 🕨 🔲 if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	
8		Number of voting members of the governing body (Part VI, line 1a)		3	9
مر م		Number of independent voting members of the governing body (Part VI, line 1b)		4	9
ţį		Total number of employees (Part V, line 2a)		5	0
돛		Total number of volunteers (estimate if necessary)  Total gross unrelated business revenue from Part VIII, column (C), line 12		6	0.
<b>ĕ</b>		Net unrelated business taxable income from Form 990-T, line 34		7a 7b	0.
		The same and the same in the same in the same and the sam		Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		59,961.	72,877.
en	9	Program service revenue (Part VIII, line 2g)			
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		21,679.	33,954.
_   '		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
		otal revenue - add lines 8-through\1/F(must equal Part VIII, column (A), line 12)		81,640.	106,831.
	13	Grants and similar amounts-paid-(Part-IX,-column (A), lines 1-3)		210,500.	185,801.
	14 15 :	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-		<del></del>
Se		Professional fundraising-fees-(Part.IX, column (A), lines 5-10)			
Expenses	. ъ	fotal fundraising expenses (Part )炎, cólyṃn (D), line 25)			
ω̃   .	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	$-\vdash$	64,351.	72,851.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		274,851.	258,652.
	19	Revenue less expenses. Subtract line 18 from line 12		-193,211.	-151,821.
52			Be	ginning of Current Year	End of Year
Base		Total assets (Part X, line 16)		4,761,296.	4,609,475.
ظ⊂ا		otal liabilities (Part X, line 26)	<u> </u>	4 761 006	4 600 475
Par		Net assets or fund balances. Subtract line 21 from line 20 Signature Block		4,761,296.	4,609,475.
rai		Under penalties of penury, I declare that I have examined this return, including accompanying schedules and st and complete/Declaration of preparer (other than officer) is based on all information of which preparer has any k	tatements, a	and to the best of my knowledge	e and belief, it is true, correct,
Sign		Mann & Brames		1/1-/2-	10
Here		Signature of officer		Date	<u>-</u>
		MARVIN J BRAMES, TREASURER			
		Type or print name and title			
Paid Prepa	rer's	Preparer's CHARLES J. NABER, JR., CPA 11/11/	l colf	(see inst	's identifying number ructions)
Use O		Firm's name (or yours if SOMERSET CPAS, P.C.		EIN >	
	- 1	self-emptoyed), address, and address, and	300		
		ZIP+4 INDIANAPOLIS, IN 46240		Phone no ► 31	7-472-2200
May t	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
932001	02-0	S discuss this return with the preparer shown above? (see instructions)  LHA For Privacy Act and Paperwork Reduction Act Notice, see the separation of the second s	rate inst	ructions.	Form <b>990</b> (2009
					,

	1990 (2009) KIWANIS FOUNDATION OF INDIANAPOLIS, INC. 35-602	26247	Page 2
Par	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: TO PROMOTE EDUCATION AND CHARITY YOUTH ACTIVITIES.		
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	X 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?  If "Yes," describe these changes on Schedule O	Yes	X No
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 \$ 78,009. including grants of \$ 78,009.) (Revenue \$ PROVIDED EDUCATIONAL SCHOLARSHIPS TO QUALIFIED STUDENTS.		)
4b	(Code ) (Expenses \$ 107,792. including grants of \$ 107,792.) (Revenue \$ PROVIDED GRANTS TO OTHER NON-PROFIT ORGANIZATIONS WHICH PROMOTOUTH INITIATIVES.	red wor	RTHY
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
4d	Other program services. (Describe in Schedule O.)		
<b></b> u	(Expenses \$ including grants of \$ ) (Revenue \$ )		
4e	105 001		

	·		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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		_X
5	Section 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	5	N/	Α
6	Did the organization maintain any donor advised funds or any similar funds or 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	6		X
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X	]		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
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	15		X
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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
		Form	<b>990</b> (	20091

Part IV Checklist of Required Schedules (continued)

	`		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		v	
~~	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	·			
20	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	00		х
24a		23		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? 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			v
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
32	If "Yes," complete Schedule N, Part I	31		Λ_
JZ	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
•	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?	33		
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<u> </u>		
	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	Х	
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	<b>990</b> (	2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance No Yes 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns, Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a **b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** 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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Х 6a b 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). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services X provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. N/A a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders 11a **b** 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

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management						
		1	1	٥٢		Yes	No
	Enter the number of voting members of the governing body	1a		9			
	Enter the number of voting members that are independent	1b	<u> </u>	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other		_		٠,,
2	officer, director, trustee, or key employee?			-	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	he dire	ct supervision		_		v
4	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 Food the organization has a second to the prior Food the organization has a second to the prior Food the organization has a second to the prior Food the organization and the prior Food the organization has a second to the prior Food the organization and the prior Food		0 was filed?	-	4		X
5 6	Did the organization become aware during the year of a material diversion of the organization's asserbed are asserbed as a second of the organization become aware during the year of a material diversion of the organization	ets?			5		X
7a	Does the organization have members or stockholders?			-	6		
,,	Does the organization have members, stockholders, or other persons who may elect one or more m governing body?	ember	s of the		~-		v
h	Are any decisions of the governing body subject to approval by members, stockholders, or other pe		)	-	7a		X
8	Did the organization contemporaneously document the meetings held or written actions undertaker			F	7b		
•	by the following:	ı durin	g tne year				
а	The governing body?				0.	Х	İ
	Each committee with authority to act on behalf of the governing body?			-	8a 8b	X	$\vdash$
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	aabad	nt the	-	OD	Λ	_
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acneu	at the		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Pavani	ue Code )		9		
	the members of the second by the members about policies not required by the members	1076110	e 000e /			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			Γ	10a	103	X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chap	ers. affiliates.	F		-	
	and branches to ensure their operations are consistent with those of the organization?	. ср			10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	filing th	ne form?		11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•		ľ	, ,		
	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld giv	e 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			L	12c	<u>X</u>	
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 approve	-	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	7					
а	The organization's CEO, Executive Director, or top management official				15a		<u> </u>
b	Other officers or key employees of the organization				15b		X
40	If "Yes" to line 15a or 15b, 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 arrange	ment	with a				
	taxable entity during the year?			-	16a		X
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evo			İ			
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization of the control o	ganizat	ion's				
<u></u>	exempt status with respect to such arrangements?				16b j		
	tion C. Disclosure		<del> </del>				
17 10	List the states with which a copy of this Form 990 is required to be filed IN	T (504	( ) (0 ) (1 )				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (501	(c)(3)s only) avail	able f	or		
	public inspection. Indicate how you make these available. Check all that apply  Own website						
19					1 <b>£</b> 0	1	
13	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, statements available to the public.	CONTIIC	t of interest police	y, and	ina	ncial	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd	ordo of the		<b>.</b>		
	NANCY HERSHMAN - (317) 636-9700	and fec	orus or trie orga	uuzall	JI I. 🔽	-	
	320 N. MERIDIAN STREET, INDIANAPOLIS, IN 46204						
	The state of the s		<del> </del>				

# 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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 (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	/-		Pos			L A	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	lnstitutional trustee	Officer		Highest compensated de employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MARVIN J. BRAMES TREASURER		x		Х				0.	0.	0.
MARY Y. MARSH	-	<u> </u>	-	-				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
PRESIDENT		X		х				0.	0.	0.
J. TIMOTHY WORTHINGTON VICE PRESIDENT		x		X				0.	0.	0.
PRISCILLA S. DILLON SECRETARY		x		х				0.	0.	0.
THOMAS P. EWBANK DIRECTOR		Х						0.	0.	0.
JOHN F. FRANK DIRECTOR		х						0.	0.	0.
LAURA L. FEENEY DIRECTOR		х						0.	0.	0.
AUSTIN W. GREENE DIRECTOR		x						0.	0.	0.
DEBORAH HEARN SMITH DIRECTOR		x						0.	0.	0.
										_
				<b>-</b>						
	<u> </u>									

	(A) Name and title	(B) Average			Pos	C) utuar			( <b>D</b> ) Reportable	(E) Reportable	-	(F Estim	
	Nume and the	hours	(c				арр	ly)	compensation	compensation		amou	nt of
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	5)	oth compen from organiz and re organiz	sation the ration lated
											$\perp$		
					_						_		
					_								
			<b></b>								$\perp$		
					ļ								<del></del>
							<del> </del>						
1 b	Total	_1	J	·	I	_	<b></b>	L	0.		0.		0.
2 —	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bov	e) wl	no re	eceived more than \$100	0,000 in reportable			0
3	Did the organization list any <b>former</b> office line 1a? If "Yes," complete Schedule J for			e, ke	y en	olqr	yee,	or h	nighest compensated er	mployee on		Ye 3	s No X
4	For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	le c							the organization		4	X
5	Did any person listed on line 1a receive o the organization? If "Yes," complete Schettion B. Independent Contractors				irom	any	unr	elat	ed organization for serv	ices rendered to		5	х
1	Complete this table for your five highest of the organization NONE	compensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of comp	ensatr	on from	 I
	(A) Name and busines	ss address							(B) Description of s	services	Cor	(C) mpensa	tion
		<del></del> -											
2	Total number of independent contractors \$100,000 in compensation from the organ		ot li	mite	d to		se li: 0	sted	above) who received m	nore than			2 (0000)

Form 990 (2009)

932009 02-04-10 Part IX Statement of Functional Expenses

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

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				***************************************
	organizations in the U.S. See Part IV, line 21	107,792.	107,792.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	78,009.	78,009.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			•	10
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	}			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)			_	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	5,720.		5,720.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				····
f	Investment management fees	22,502.		22,502.	
g	Other	10,747.	· <del>- · ·</del>	10,747.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		·		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total		. ,		
2	expenses shown on line 25 below ) KIWANIS CLUB REIMBURSEM	31,000.	•	31,000.	
b	OFFICE SUPPLIES	1,336.		1,336.	· <del>- · · ·</del>
c	LIABILITY INSURANCE	845.		845.	
d	BANK FEES	691.	· · · · · · · · · · · · · · · · · · ·	691.	
e		0,51.		0,71.	
f	All other expenses	10.		10.	
25	Total functional expenses. Add lines 1 through 24f	258,652.	185,801.	72,851.	0.
<u>25</u> 26	Joint costs. Check here I If following	230,032.	103,001.	72,031.	
20	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	oduodamai campaigir and tunuraising soncitation		J		

Part X Balance Sheet (A) (B) End of year Beginning of year 4,507. 1,717. Cash · non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 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 Notes and loans receivable, net 7 inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 4,756,789. 4,607,758. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments · program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 4,761,296. 4,609,475. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 iabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 25 0. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,472,217. 4,318,821. 27 Unrestricted net assets 27 89,079. 90,654. 28 Temporarily restricted net assets 28 200,000. 200,000. Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 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 4,761,296. 4,609,475. 33 33 Total net assets or fund balances Total liabilities and net assets/fund balances 4,761,296. 4,609,475. 34

Form **990** (2009)

Form	m 990 (2009) KIWANIS FOUNDATIO	ON OI	INDIANAPOLIS,	INC.	35-60262	247	Pa	ge <b>12</b>
Par	art XI Financial Statements and Reporting		·					
	•						Yes	No
1	Accounting method used to prepare the Form 990: X	Cash	Accrual Other		[			
	If the organization changed its method of accounting from	a prior y	ear or checked "Other," explai	n ın Schedul	e O.			
2a	Were the organization's financial statements compiled or re	viewed !	y an independent accountan	t?		2a		X
b						2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a comr	nittee th	at assumes responsibility for o	oversight of t	he audit,			
	review, or compilation of its financial statements and select			-		2c	X	
	If the organization changed either its oversight process or s	election	process during the tax year,	explain in Sc	hedule O.			
d	I If "Yes" to line 2a or 2b, check a box below to indicate whe	her the	financial statements for the ye	ar were issu	ed on a			
	consolidated basis, separate basis, or both:							
	X Separate basis Consolidated basis E	oth con	solidated and separate basis					
3a	As a result of a federal award, was the organization required	l to und	ergo an audit or audits as set	forth in the S	Single Audit			
	Act and OMB Circular A-133?					За		X
b	If "Yes," did the organization undergo the required audit or	audits?	f the organization did not und	lergo the req	uired audit			
	or audits, explain why in Schedule O and describe any sten	s taken	to undergo such audite			3h		

Form **990** (2009)

# SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2009

Open to Public Inspection

Name of the organization

KIWANIS FOUNDATION OF INDIANAPOLIS, INC.

Employer identification number

			FOUNDATION						3	0-6026247
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.		
he organ	zation is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	oox)			
1			s, or association of chur					).		
2			7 <b>0(b)(1)(A)(ii)</b> . (Attach Sc							
3	A hospital or	a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii).			
4			operated in conjunction					(b)(1)(A)(i	ii). Enter t	he hospital's name,
	city, and state				•				•	•
5 🔲	An organizati	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	ıt describe	ed in
		(b)(1)(A)(iv). (Compl		-	•	•	•			
6 🗌	A federal, sta	te, or local governm	ent or governmental uni	ıt describe	d in sectio	n 170(b)(	1)(A)(v).			
7 X			eives a substantial part					or from the	e general r	oublic described in
		<b>b)(1)(A)(vi).</b> (Comple		• •		Ū				
8	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 🗀			eives: (1) more than 33			rom contr	ibutions, n	nembersh	ip fees, an	nd gross receipts from
			nctions · subject to certa							
			axable income (less sec							
		<b>509(a)(2)</b> . (Complete			•		•			
10	An organizati	on organized and o	perated exclusively to te	est for publ	ıc safety. S	See <b>secti</b> o	n 509(a)(4	4).		
11			perated exclusively for ti						y out the	purposes of one or
			ations described in secti							
			organization and compl							
	a L Type I	b _	Type II 🔻	с 🔙 Тур	e III - Fund	tionally in	tegrated		d 🗀	Type III - Other
e	By checking	this box, I certify tha	at the organization is not	t controllec	directly o	r indirectly	by one o	r more dis	qualified p	persons other than
	foundation m	anagers and other t	than one or more publicl	y supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or s	section 509(a)(2).
f	If the organiz	ation received a wri	tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
	supporting or	rganization, check ti	his box							
8	Since August	t 17, 2006, has the o	organization accepted a	ny gift or c	ontributior	from any	of the foll	owing per	sons?	
	(i) A persor	n who directly or inc	directly controls, either a	lone or tog	ether with	persons o	described	ın (iı) and (	(III) below,	Yes No
	the gove	erning body of the s	upported organization?							11g(i)
	(ii) A family	member of a perso	n described in (i) above?	>						11g(ii)
		•	person described in (i)	. ,			•			11g(iii)
h	Provide the fo	ollowing information	about the supported or	ganization	(s)					
		<del></del>				r		, <u>-</u>		
(ı) Name	of supported	(ii) EIN	(iii) Type of organization				u notify the	(vi) Is organizati		(vii) Amount of
orga	nization		(described on lines 1-9		sted in your document?		ion in col	(i) organiz U S	ed in the	support
			above or IRC section			ļ ' · · ·	r support?			
	<del></del>		(see instructions))	Yes	No	Yes	No	Yes	No	·
			]							
				<del> </del>						
									<del> </del>	
			!							
				-			<del> </del>	<del> </del>	1	
								-		
				-			ļ	ļ		
<b>Total</b>										
~~~		L	1	5	•	•	ł .	1	. 1	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 KIWANIS FOUNDATION OF INDIANAPOLIS, INC. 35-6026247 Page 2

Pε	irt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(v	ri)
	. (Complete only if you checke	d the box on line 5	, 7, or 8 of Part I.)				
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	41,682.	49,196.	97,935.	59,961.	72,877.	321,651.
2	Tax revenues levied for the organ-						
	ızatıon'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 through 3	41,682.	49,196.	97,935.	59,961.	72,877.	321,651.
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)						
_6	Public support. Subtract line 5 from line 4						321,651.
	ction B. Total Support					***************************************	•
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	41,682.	49,196.	97,935.	59,961.	72,877.	321,651.
8	Gross income from interest,						•
	dividends, payments received on			;			
	securities loans, rents, royalties						
	and income from similar sources	127,329.	143,720.	141,976.	157,148.	117,336.	687,509.
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		,				1009160.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stor	here					ightharpoons
Se	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2009 (I	ine 6, column (f) di	ivided by line 11, o	olumn (f))		14	31.87 %
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	28.03 %
16a	33 1/3% support test - 2009.If the o			line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies						▶
t	33 1/3% support test - 2008.If the o		_		line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes				13, 16a, or 16b. a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						► X
t	10% -facts-and-circumstances tes					7a, and line 15 is 1	

Schedule A (Form 990 or 990-EZ) 2009

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude 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						
						<u></u>
Tax revenues levied for the organ- ization'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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(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>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975			1			
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, thii	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here					, , , , , , , , , , , , , , , , , , ,	▶□
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2009 (li	ne 8, column (f) c	divided by line 13, o	column (f))		15	
16 Public support percentage from 2008			``		16	
Section D. Computation of Inves						
17 Investment income percentage for 20			ne 13, column (fl)		17	
18 Investment income percentage from 2	•	• •	(,,		18	
19a 33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box ar						▶□
b 33 1/3% support tests - 2008. If the						and
line 18 is not more than 33 1/3%, che						▶ .
20 Private foundation. If the organization						, <u> </u>
organization	ojiook b		-, -, 100, 01100K ti		hedule A (Form 99	

Schedule A (Form 990 or 990-EZ) 2009 KIWANIS FOUNDATION OF INDIANAPOLIS, INC. 33-6026247 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions
PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:
THE ORGANIZATION MAINTAINS A CONTINUOUS PROGRAM FOR SOLICITATION OF FUNDS
FROM MEMBERSHIP GROUPS INVOLVED IN THE KIWANIS CLUB OF INDIANAPOLIS.
MEMBERSHIP IS AVAILABLE AT RATES THAT WOULD PERMIT MEMBERSHIP BY THE
ENTIRE COMMUNITY. IT ALSO HAS AS GOVERNING BOARD THAT REPRESENTS THE
BROAD INTERESTS OF THE PUBLIC INCLUDING RECOGNIZED BUSINESS LEADERS,
EDUCATORS AND COMMUNITY LEADERS. MOST OF THE FUNDS THAT REMAIN WITH THE
ORGANIZATION WERE DERIVED FROM GENERAL PUBLIC CONTRIBUTIONS FROM PRIOR
YEARS.

0 2 Schedule I (Form 990) 2009 **Employer identification number** INTERNATIONAL EDUCATIONAL 35-6026247 Open to Public OMB No 1545-0047 2009 Inspection (h) Purpose of grant CHILDRENS' EDUCATION CHILDRENS' WELFARE or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (if) Method of recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (if) Method of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipion of recipio YOUTH PROGRAMS Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö ö ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. INC 000 23,705 7,309 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 15 INDIANAPOLIS, 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of section 501(c)(3) and goverr ment organizations KIWANIS FOUNDATION OF 01-36/6150 35-0868147 35-6072039 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization KIWANIS INTERNATIONAL FOUNDATION 30 SOUTH MERIDIAN STREET #200 RILEY CHILDREN FOUNDATION INDIANAPOLIS, IN 46268 INDIANAPOLIS, IN 46204 HARSHMAN MIDDLE SCHOOL INDIANAPOLIS, IN 46201 3636 WOODVIEW TRACE Name of the organization 1501 E 10TH STREET Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part =

Schedule I (Form 990) 2009 (f) Description of non-cash assistance N/N (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and 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. THE FOUNDATION MONITORS THE USE OF GRANT FUNDS THROUGH OBSERVATION AND (d) Amount of non-cash assistance 0 REPORTING BY THE SERVICE AND/OR CHARITABLE ORGANIZATIONS. 78,009. (c) Amount of cash grant 22 33 (b) Number of recipients (a) Type of grant or assistance COLLEGE TUITION SCHOLARSHIPS 932102 02-02-10

Page 2

35-6026247

KIWANIS FOUNDATION OF INDIANAPOLIS, INC.

Schedule | (Form 990) 2009

Part III

### SCHÉDULE O (Form 990)

**Supplemental Information to Form 990** 

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

KIWANIS FOUNDATION OF INDIANAPOLIS, INC.

Employer identification number 35-6026247

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE
TREASURER AND REPORTED TO THE GOVERNING BODY OF THE ORGANIZATION PRIOR TO
FILING.
FORM 990, PART VI, SECTION B, LINE 12C: NEW CONFLICT OF INTEREST
STATEMENTS ARE SIGNED ANNUALLY BY EACH DIRECTOR AND OFFICER.
FORM 990, PART VI, SECTION B, LINE
15: THE ORGANIZATION HAS NO EMPLOYEES THEREFORE THEY DO NOT HAVE A FORMAL
PROCESS FOR DETERMINING COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTED GOVERNING POLICIES,
PROCEDURES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 2C
THE TREASURER OF THE FOUNDATION IS RESPONSIBLE FOR THE OVERSIGHT OF THE
AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT
AUDITOR. THE TREASURER PRESENTS THE ANNUAL AUDITED FINANCIAL
STATEMENTS TO THE BOARD OF DIRECTORS WITH THE RECOMMENDATIONS FOR THE
SELECTION OF THE INDEPENDENT AUDITOR.

Schedule R (Form 990) 2009 2009 Open to Public Inspection Employer identification number 35-6026247 OMB No 1545-0047 Direct controlling Direct controlling entity entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) ₹\X End-of-year assets status (if section Public charity 501(c)(3)) <u>e</u> Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► See separate instructions. Total income **Exempt Code** section D 501C(4) ▶ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) INC. INDIANA KIWANIS FOUNDATION OF INDIANAPOLIS, LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. PROMOTE COMMUNITY SERVICE Primary activity Primary activity 9 KIWANIS CLUB OF INDIANAPOLIS - 35-0824599 320 NORTH MERIDIAN STREET, #1020 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity INDIANAPOLIS, IN 46204 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R Form 990) Part Part #

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Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

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(j) General or managing	Yes No	-		H	 	+-				 ate
(i) Code V-UBI	20 of Schedule K-1 (Form 1065)				 					ad one or more rela
(h) Disproportion-	Yes No								 	because it ha
	assets									0, Part IV, line 34 t
(f) Share of total	<u> </u>								•	J "Yes" to Form 99
(e) Predominant income	excluded from tax under sections 512-514)									e organization answered
(d) Direct controlling	foreign country)									Frust (Complete if th
(c) Legal domicile	foreign country)									rporation or
í <b>b)</b> Primar / activity										anizations Taxable as a Cou
(a) Name, address, and EIN	O Telateo O galitzation									Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related

organizations treated as a corporation or trust during the tax year)

organizations in each as a corporation of the studied the tax year	(a)						
(a)	<b>@</b>	<u>©</u>	Ð	<b>(e)</b>	9		Ê
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Legal domicile Direct controlling Type of entity (C corp., S corp., foreign country)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
		•					
							,

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# Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		Ta X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		Tb X
c Gift, grant, or capital contribution from other organization(s)		1c X
		X
<ul> <li>Loans or loan guarantees by other organization(s)</li> </ul>		J.
		+
f Sale of assets to other organization(s)		×
g Purchase of assets from other organization(s)		19 X
h Exchange of assets		Th X
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
j Lease of facilities, equipment, or other assets frcm other organization(s)		1j X
k Performance of services or membership or fundraising solicitations for other organization(s)		
I Performance of services or membership or fundraising solicitations by other organization(s)		T X
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharing of paid employees		T X
		+
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>		To X
p Reimbursement paid by other organization for expenses		1 <sub>p</sub> X
q Other transfer of cash or property to other organization(s)		19
r Other transfer of cash or property from other organization(s)		1r X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nsaction thresholds.	
(a) Name of other organization(s)	(b) Transaction	(c) Amount involved
	( and c	
(1) KIWANIS CLUB OF INDIANAPOLIS, INC.	L	31,000.
(3)		
(4)		
(2)		
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INC. KIWANIS FOUNDATION OF INDIANAPOLIS, Schedule R (Form 990) 2009 Part VI Unrelated Organizations Taxable as a Purtnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxec as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue). that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b)	(Q)	(5)	9	(e)	8	(6)	ε
Name address and FIN	Primary activity	elicile	Are all partners	Share of end-of-		Code V-UBI	
of entity			section 501(c)(3) organizations?	year assets	tionate allocations?	amount in box 20	managing partner?
		country)	Yes No		Yes No	(Form 1065)	٠,
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