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Form 990

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)

OMB No 1545-0047

2009

Department of the Treasury

Open to Public

		ue Service		The organization may have to use a copy of this return to sa			ients	nispection .
A F	or the	2009 calend	ar year, o	tax year beginning	, 2009, and end	ling		, 20
B C	heck if a	ipplicable	Please	C Name of organization KIWANIS CLUB OF BARTLESVILL			Employer identification no.	
A	ddress c	change	use IRS label or	Doing Business As				73-1518732
N	ame cha	ange	print or type.	Number and street (or P O box if mail is not delivered to street address)		Room/suite	E	Telephone number
In	ntial retu	ım	See	PO BOX 11				
_ т	erminate	ed	Specific Instruc-	City or town, state or country, and ZIP + 4				Gross receipts
A	mended	retum	tions.	Bartlesville, OK 74005				\$ 23,520
Π̈ A	pplicatio	on pending	F Name	and address of principal officer				
					_	H(a) Is this affiliate	a group reti es?	ım tor Yes Xi No
ı T	ax-exem	npt status	X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		H(b) Are al	l affiliates in	cluded? Yes No
J V	Vebsite:	<u> </u>				H(c) Group	," attach a lis exemption	st (see instructions) number
K F	orm of o	rganization X	Corporation	Trust Association Other L Ye	ar of formation 19	97 M S	State of lega	I domicile OK
Pai	rt I	Summar						
	1			anization's mission or most significant activities COM	MUNITY SERV	ICE		
		•						
A c G								
t o								
v e	2	Check this b	oox ▶ ☐ı	the organization discontinued its operations or disposed of n	nore than 25% c	of its net asse	ets	
ir tn	3			•				2
i a	4			t voting members of the governing body (Part VI, line 1b)			4	2
e n s c	5			yees (Part V, line 2a)				0
e e	6			eers (estimate if necessary) • • • • • • • • • • • • • • • • • • •				
				ousiness revenue from Part VIII, column (C), line 12			· · 7a	0
9_				staxable income from Form 990-T, line 34 · · · · · · · ·			7b	0
<u>~</u> ≆∂	+ -	1101 411101410	, a baooo			Prior Ye		Current Year
	8	Contribution	s and ora	ts (Part VIII, line 1h)		1110110		8,000
Ne Pe ve	9			ue (Part VIII, line 2g)				0
	10			irt VIII, column (A), lines 3, 4, and 7d)				342
<u>,,,,</u>	11			II, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				14,074
Z e •	12			es 8 through 11 (must equal Part VIII, column (A), line 12)	_	·		22,416
	13			punts paid (Part IX, column (A), lines 1-3)				0
ਹੋ	14			members (Part IX, column (A), line 4)				0
ØE ×	15							0
Р			-	g fees (Part IX, column (A), line 11e)				0
e n				nses (Part IX, column (D), line 25) ▶	o			
s e	17		• .	X, column (A), lines 11a-11d, 11f-24f)		-		10,045
s	18	Total expen	ses Add	nes 13-17 (must equal Part IX, column (A) line 25	40.			10,045
	19			s Subtract line 18 from line 12 · · · ·	EVED.	7	_	12,371
Net	+			(6)	10	Seninning of Cur	ment Year	End of Year
Asset	s 20	Total assets	(Part X. I	$I \leftarrow I M\Delta V I$	7-2010 - 10	7	18,065	
or Fund	21	Total liabiliti	•	· 1 1				0
Bal- ances			•	ances Subtract line 21 from line 20 OGDER			18,065	30,435
Pa			re Bloc		LUT 1			
1 4		Under penalt	ties of perjury	I declare that I have examined this return, including accompanying schedule	s and statements, ar	nd to the best of	my knowled	ige
		and belief, it	is true, corre	t, and complete Declaration of preparer (other than officer) is based on all inf	formation of which pr	reparer has any	knowledge	chalm
Sig	n	1 1 6	has	In Allent			- 1	5/13/10
Her		Signatu	ure of officer				Da	te
	•	SHAR	ON HURS	T, TREASURER				
		Type o	r print name	nd title				<u> </u>
		Preparer's		Date	Check		-	entifying number
		signature		Swaw Dick 3/13/	self- employ		see instruction	ons)
Paid			susz	N DICK CPA	Cimpioy		100	021720
•	arer's			Susan Dick and Associates CPA PC		EIN		
USB	Only	Firm's name if self-employ		330 Johnstone Ave.			20-	2481459
		address, and		Bartlesville, OK 74003		Phone no	918-33	7-5277
Mav	the IR	S discuss this	s return wi	h the preparer shown above? (see instructions) · · · · ·			• • • • •	· · · X Yes No

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

Form	990 (2009) KIWANIS CLUB OF BARTLESVILLE FOUNDA	73-1518732	Page 2
Pai	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	COMMUNITY SERVICE		
	·		
2	Did the organization undertake any significant program services during the year which were not listed on	_	
	the prior Form 990 or 990-EZ?	· · · L 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?	· · ·Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a	nd	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
	(Code) (European C 10,000 molyddog gardy of C) (Paragraph	•	
4a	(Code	\$)
	DONATIONS FOR COMMONITY SERVICE		·
			
			<u> </u>
			
			-
		·	
			_
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
		·	
			_
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
	-		
			
			
A 41	Other program capucas (Describe in Schodule O.)	· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$	\	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 10,000		
→8	rotal broßtein serates exhenses		

73-1518732

Pā	tiv Checklist of Required Schedules	ı		
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	v	
	s 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	3		37
	candidates for public office? If "Yes," complete Schedule C, Part I	-		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II · · · · · · · · · · · · · · · · · ·	4		<u>X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_	l	
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
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		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV · · · · · · · · · · · · · · · · · ·	9		X
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		X
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		Х
124	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 • • • • • • • • • • • • • • • • • • •	1		
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part ! • • • • • • • • • • • • • • • • • •	14b		Х
4-		145		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15		v
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		_	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		
	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	,_		١,,
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
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	<u> X</u>	
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	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes " complete Schedule H	20	I	X

Part IV Checklist of Required Schedules (continued) Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х , Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 23 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 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25 <u>X</u> 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a 25a Х 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 X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 X 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) 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28h X 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, 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M · · · · 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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? If "Yes," complete Schedule R, Parts II, 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X 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

Part V

73-1518732 KIWANIS CLUB OF BARTLESVILLE FOUNDA Page 5 Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns Enter -0- if not applicable 1b 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

	gaming (gambling) winnings to prize winners?	1c	_X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		ľ	
	Statements, filed for the calendar year ending with or within the year covered by this return • • • • • • 2a 0		_	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		ŀ	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		1	
	this return? · · · · · · · · · · · · · · · · · · ·	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)? • • • • • • • • • • • • • • • • • • •	4a		X
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			
62	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • • • • • • • • • • • • • •	5a		_ Y
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
С	Prohibited Tax Shelter Transaction?	5c		
٥-		30		
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?	6a		v
	organization contact any contract that there is a second contract that the contract	- Oa		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C h		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			3.7
		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	. .		.,
_	required to file Form 8282?	7c	-	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	<u>-</u>		
	benefit contract?	7e	<u> </u>	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f	-	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? • • • • • • • • • • • • • • • • • • •	7g	-	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	l		
	required? • • • • • • • • • • • • • • • • • • •	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting]	1	
	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		X
9	Sponsoring organizations maintaining donor advised funds.	-	-	
а	Did the organization make any taxable distributions under section 4966?	9a	-	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)]	_ ~ -	L
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	EEA	Forn	990 (2009)

Part VI G

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	-		
1a	Enter the number of voting members of the governing body		Yes	No
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2	ł	- •
3	Did the organization delegate control over management duties customarily performed by or under the direct	-		<u>X</u>
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	-	v
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body? • • • • • • • • • • • • • • • • • • •	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	l	ł	
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	X	_
ь	Each committee with authority to act on behalf of the governing body? • • • • • • • • • • • • • • • • • • •	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	nue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a]	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done · · · · · · · · · · · · · · · · · · ·	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
16~	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 arrangement with a taxable entity during the year?	160		
	with a taxable entity during the year?	16a		X
þ	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
<u> </u>	tion C. Disclosure	.50		L
<u>360</u> 17	List the states with which a copy of this Form 990 is required to be filed OK	-		-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ SHARON HURST (918) 336-0572			
	414 SE WASHINGTON BLVD PMB 289 Bartlesville, OK 74006			

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

(A)	(B)	(C)						(D)	- [(E)	(F)
Name and Title	Average hours per week	Posit I t d nr i d ur i s e v t c i e t d e r a o i r	l t n r s u t s i t	Office	K	Hat apply H c e I o m g mp h p l e e o s s e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)		Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
JOE WILCOX	_										
DIRECTOR	1.00			Х					o	0_	
SUSAN DICK											
DIRECTOR	1.00			Х			L		q	0	
			1	ļ							
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Part VII

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

hours per week	stimated mount of other npensation from the ganization nd related ganizations
	-
1b Total 0 0 0	0
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in	
reportable compensation from the organization 0	Yes No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes " complete Schedule J for such individual	
employee on line 1a? If "Yes," complete Schedule J for such individual • • • • • • • • • • • • • • • • • • •	X
the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	
Individual · · · · · · · · · · · · · · · · · · ·	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	X
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of	· · · · · · · · · · · · · · · · · · ·
compensation from the organization	
· · ·	(C) pensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶	

Page 9

Part \	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns · · · · · · 1a					
	ь	Membership dues · · · · · · · 1b					
Contri- butions,	c	Fundraising events · · · · · · 1c		•			
gifts,	d		8,000				
grants	е	Government grants (contributions) • • 1e					
and other similar	f	All other contributions, gifts, grants, and similar amounts not included above					
amounts	g	Noncash contributions included in lines 1a-1f \$			j		
	h	Total. Add lines 1a-1f	▶	8,000			
		Busines	s Code		_		
	2a						
	ь						
Program Service	С						
Revenue	d						
	е			_			
	f	All other program service revenue • • • • • •		_			
	g	Total. Add lines 2a-2f	• • •				
	3	Investment income (including dividends, interest, and other similar amounts)		342	342		
	4	Income from investment of tax-exempt bond proceeds	• • • ▶ ┌				
	5	Royalties	• • • ▶ [
		(ı) Real (ıı) Pe	ersonal	-			
	6a	Gross Rents · · · · · ·					,
	b	Less rental expenses · · ·					1
	С	Rental income or (loss) • • •				 -	
	d	Net rental income or (loss) • • • • • • • • • • • • • • • • • •	• • • ▶				
	7a	Gross amount from sales of (i) Secunties (ii) Gross amount from sales of assets other than inventory	Other		ļ		
	b	Less cost or other basis and sales expenses · · · ·					
O t	С	Gain or (loss)					
h	d	Net gain or (loss)	▶				
e r	8a	Gross income from fundraising events (not including \$					
R		of contributions reported on line 1c)					
e v		See Part IV, line 18 · · · · · · a	15,178				
e	ь	Less direct expenses · · · · · · b	1,104				
n "	I .	Net income or (loss) from fundraising events	• • • •	14,074	14,074		
ė	1	Gross income from gaming activities			**		-
		See Part IV, line 19 · · · · · · · a					
	b	Less direct expenses · · · · · · · b		Ì			
	С	Net income or (loss) from gaming activities	▶				.
	10a	Gross sales of inventory, less returns and allowances · · · · · · · · a					
	Ь	Less cost of goods sold · · · · · · b					
		Net income or (loss) from sales of inventory · · · · ·	▶				-
	\vdash	Miscellaneous Revenue Busines		* ****			
	11a	Doubles					
	ь				·		
	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d · · · · · · · · · · · · · · · · · ·	• • • ▶				
	12	Total revenue. See instructions	▶ ┌	22,416	14,416	0	0

Part IX

Statement of Functional Expenses

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

	All other organizations must complete column	n (A) but are not requ	ired to complete colu	mns (B), (C), and (D).	
	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	(D) Fundraising expenses
1	Grants and other assistance to governments and		СХРОПОСО	gonoral oxpones	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22 · · · · · · · · · · ·				
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 • • • • • • • • • •				
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				
С	Accounting · · · · · · · · · · · · · · · [
d	Lobbying · · · · · · · · · · · · · · · · ·				
е	Professional fundraising services See Part IV, line 17 •				· · · · · · · · · · · · · · · · · · ·
f	Investment management fees • • • • • • • • [
g	Other • • • • • • • • • • • • • • • • • • •				
12	Advertising and promotion · · · · · · · · [
13	Office expenses • • • • • • • • [45		45	
14	Information technology				
15	Royalties				_
16	Occupancy · · · · · · · · · · · · ·				
17	Travel • • • • • • • • • • • • • • • • • • •			1	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			ļ	
19	Conferences, conventions, and meetings · · · · · ·				
20	Interest · · · · · · · · · · · · · · · · · · ·		10.000		
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •	10,000	10,000		
22	Depreciation, depletion, and amortization • • • • • •				
23 24	Insurance		<u> </u>	-	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
•	5% of total expenses shown on line 25 below)			-	
a b					
C			 	 	
d					
e			· · · · · · · · · · · · · · · · · · ·	 	
f	All other expenses · · · · · · · · · · · · · · · · · ·		 	 	
25	Total functional expenses. Add lines 1 through 24f • •	10,045	10,000	45	0
26	Joint Costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and		1		
	fundraising solicitation • • • • • • • • • • • • • •			<u> </u>	

Part X **Balance Sheet** (B) (A) Beginning of year End of year 1 Cash - non-interest-bearing 2 18,065 2 30,435 3 3 Piedges and grants receivable, net Accounts receivable, net 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete ĸ s Notes and loans receivable, net 7 s 0 Inventories for sale or use R R t 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10c Less accumulated depreciation - - - - - 10b b 11 11 Investments - other securities See Part IV, line 11 12 12 13 13 14 14 15 15 18,065 30,435 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 18 18 19 19 20 20 21 b 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties е 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Total liabilities. Add lines 17 through 25 26 26 0 Organizations that follow SFAS 117, check here > X and complete lines 27 through 29, and lines 33 and 34. Ν F 30,435 18,065 u 27 n Temporarily restricted net assets 28 28 29 29 s В Organizations that do not follow SFAS 117, check here s а and complete lines 30 through 34. ı а 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund C 32 Retained earnings, endowment, accumulated income, or other funds 32 30,435 33 18,065 33 18,065 30,435 Total liabilities and net assets/fund balances 34

Form 99	0 (2009)

KIWANIS CLUB OF BARTLESVILLE FOUNDA

73~1518732

Page **12**

Pa	rt 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 methods of accounting from a prior year or checked "Other," explain in	1		1				
	'Schedule O			i				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	•	Х				
b	Were the organization's financial statements audited by an independent accountant?	2b		X				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of							
·	-	2c						
	the addit, review, or compilation of its interior statements and selection of an interpendent decountries.							
	If the organization changed either its oversight process or selection process during the tax year, explain in		1 1	1				
	Schedule O			1				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were							
	issued on a consolidated basis, separate basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?	3a		X				
			\vdash					
b								
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		<u> </u>				
	EEA	Form	1 990 (2	2009)				

SCHEDULE A (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.

► See separate instructions.

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number

KIW	ANIS	CLUB OF BART	LESVILLE FOUN	DA	_				73-1	518732			
Pa	<u>rt</u> ∏	Reason for	Public Charity	y Status (All organiza	ations mus	t complete	this part)	See instru	ictions				
The	orgar	nization is not a priva	te foundation becar	use it is (For lines 1 thro	ugh 11, ch	eck only o	ne box)						
1		A church, conventio	n of churches, or as	ssociation of churches de	escribed in	section 1	70(b)(1)(A)	(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research	organization operat	ted in conjunction with a	hospital de	escribed in	section 1	70(b)(1)(A)(iii). Enter	the hospit	al's nam	ie,	
		city, and state											
5		An organization ope	rated for the benefi	it of a college or universi	ty owned o	r operated	by a gove	rnmental	unit descri	bed in			
		section 170(b)(1)(A)	(iv). (Complete Par	t II)									
6		A federal, state, or le	ocal government or	governmental unit desc	ribed in se	ction 170(l	b)(1)(A)(v).						
7	X	An organization that	normally receives	a substantial part of its s	upport fror	n a govern	mental un	it or from t	he genera	l public			
	_	described in section	170(b)(1)(A)(vi). ((Complete Part II)									Ţ
8		•		170(b)(1)(A)(vi). (Comp									
9				(1) more than 33 1/3% of									
		receipts from activiti	es related to its exe	empt functions - subject t	to certain e	exceptions,	and (2) no	more tha	ın 33 1/3%	of its			
		support from gross i	nvestment income	and unrelated business	taxable inc	ome (less	section 51	1 tax) fror	n business	es			
				30, 1975 See section (
10				d exclusively to test for p									
11				d exclusively for the ben									
				orted organizations desc						section			
				the type of supporting of	_								
		a Type I	ь 📙 Турі	_		Functional			d	Type II	II-Other		
е				rganization is not contro									
				rs and other than one or	more publ	icly suppor	rted organ	zations de	escribed in	section			
_		509(a)(1) or section	. , , ,			* *							
f				etermination from the IRS	s that it is a	alypei, iy	ype II, or I	ype III sup	poπing				۲
_		organization, check			• • • • •						• • • •		
g			106, has the organiz	zation accepted any gift	or contribu	tion from a	ny or the						
		following persons?		androla aibaralana a		uth noroon	o dogosiba	d 15 (11)				Γ	
			•	controls, either alone or	_	viiii person	is describe	ia III (II)			<u> </u>	Yes	No
				y of the supported organ cribed in (i) above? ••	ization						11g(i)		
		• •	•	in described in (i) or (ii) a	hovo?						11g(ii)	 	
h		• •	•	t the supported organiza		• • • • •					11g(iii)	L	
			i 	,	,		64 Did vi	ou notifi	(48)	ls the	(40)	Amount	of.
	(1)	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col (i) lis	organization sted in your	(v) Did ye the organi		organizat	,		upport	OI .
				above or IRC section	governing o	locument?	col (i)	of your port?	(i) organiz	zed in the S?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
						 							
						}	}]			
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Page 2

Pa	Support Schedule for Org (Complete only if you checked the			ections 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(vi)	
Sec	tion A. Public Support						
	dar 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")				33,842	8,000	41,842
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •	-					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·				33,842	8,000	41,842
5	The portion of total contributions by each						
	person (other than a governmental unit or		1			ļ	
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)				1		25,000
6	Public support. Subtract line 5 from In 4						16,842
Sec	tion B. Total Support			<u> </u>	<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 · · · · · · · ·				33,842	8,000	41,842
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				188	214	402
9	Net income from unrelated business activities, whether or not the business is regularly carried on •••••••					211	402
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						42,244
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here			rth, or fifth tax year	r as a section 501(c)	(3)	▶□
	tion C. Computation of Public Su						
14							39.87 %
15	Public support percentage from 2008 Sche				L.		%
16a	33 1/3% support test - 2009. If the organiza						.
	and stop here. The organization qualifies a		•				· · · · ▶[X
D	33 1/3% support test - 2008. If the organiza						. □
47-	box and stop here. The organization qualifi		•				• • • • •
17a	10%-facts-and-circumstances test - 2009.						
	more, and if the organization meets the "fac						. □
_	organization meets the "facts-and-circumst						• • • • • □
Þ	10%-facts-and-circumstances test - 2008.						
	more, and if the organization meets the "factorization mosts the "facto		•	•	•		
18	organization meets the "facts-and-circumst Private foundation. If the organization did it		-	· · · · · · · · · · · · · · · · · · ·			

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

<u></u>	Complete only if you checked the	DOX 011 11116 3 01 1	aiti	<u> </u>			
Sec Cale	ction A. Public Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
J	,	(8) 2003	(8) 2000	(0) 2007	(4) 2000	(0, 2003	(i) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					<u> </u>	
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) · · · · · · · · · · · · · · · · · ·						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6					 	ļ
104	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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) • • • • • • • • • • • • • • • •				<u> </u>		
14	First five years. If the Form 990 is for the organization, check this box and stop here	janization's first,	second, third, four	th, or fifth tax year	as a section 501(c	(3)	· · · · • ▶ □
	ction C. Computation of Public Su			(6)		45	
15 16	Public support percentage for 2009 (line 8, c		•			· 15	<u>%</u>
	Public support percentage from 2008 Sched					· _ 16	
<u>5e</u> 17	ction D. Computation of Investment Investment Income percentage for 2009 (line			column (ft)	·	. 17	%
18	Investment income percentage from 2008 Sc		-	•		. 18	
	33 1/3% support tests - 2009. If the organiza 17 is not more than 33 1/3%, check this box	ition did not checl	k the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line	····· > []
b	33 1/3% support tests - 2008. If the organiza line 18 is not more than 33 1/3%, check this						▶ □
20	Private Foundation: If the organization did n	ot check a box or	n line 14, 19a, or 1	9b, check this box	and see instruction	ns_ ••••	· · · · · ▶ □

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No 1545-0047

2009

Open to Public <u>Inspection</u>

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizations	Complete Part III			
Nar	ne of organization			Employer id	entification number
KI	WANIS CLUB OF BARTLESVILLE FO	OUNDA		73-151	8732
Pa	rt I-A Complete if the organi	zation is exempt under secti	on 501(c) or i	s a section 527 orga	anization.
1	Provide a description of the organization's	s direct and indirect political campaign	activities in Part IV	1	
2	Political expenditures			• • • • • • • • • • • • • • • • • • •	
3	Volunteer hours				
Pa	rt I-B Complete if the organi	ization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any excise tax incurre	ed by the organization under section 49	955 • • • • • •	• • • • • • • • • • • • • • • • • • •	
2	Enter the amount of any excise tax incurre				
3	If the organization incurred a section 495	5 tax, did it file Form 4720 for this year	·		· Yes No
4a	Was a correction made?			• • • • • • • • • • • • • • • • • • • •	· Yes No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organi	ization is exempt under secti	<u>on 501(c), ex</u>	<u>cept section 501(c)(</u>	<u>3). </u>
1	Enter the amount directly expended by th				
	activities · · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • • • •	. <u>-</u> .
2	Enter the amount of the filing organization				
	527 exempt function activities			• • • • • • • • • • • • • • • • • • •	
3	Total exempt function expenditures Add				
	line 17b • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • •	
4	Did the filing organization file Form 1120-				
5	State the names, addresses and employe				
	were made For each organization listed,				
	contributions received that were promptly				egated
	fund or a political action committee (PAC) if additional space is needed, provide	Information in Pa	iπ IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-

	edule C (Form 990 or 990-EZ) 2009 KIWANIS CLOB			 	73 1310	732 Page 2
Pa	art II-A Complete if the organization under section 501(h)).			1(c)(3) and filed	Form 5768 (ele	ction
A	Check ▶ ☐ If the filing organization belongs t	o an affiliated group				
В	Check ▶ ☐ if the filing organization checked	box A and "limited c	ontrol" provisions ap	ply		
	. Limits on Lob	bying Expenditures			(a) Filing	(b) Affiliated
	(The term "expenditures" n	eans amounts paid	l or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public	opinion (grass roots	lobbying)	• • • • • • • •		
b	 Total lobbying expenditures to influence a legisl 	ative body (direct lo	bbying) • • • • •	• • • • • • • •		
C	Total lobbying expenditures (add lines 1a and 1	b) • • • • • • • •		• • • • • • • •		
d	Other exempt purpose expenditures • • • •			• • • • • • • • •		
8	Total exempt purpose expenditures (add lines 1	c and 1d) · · · ·		• • • • • • • •		
f	Lobbying nontaxable amount. Enter the amount	from the following t	able in both			
	columns					
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000		nontaxable amount	is:		
	Over \$500,000 but not over \$1,000,000		15% of the excess of	over \$500,000		!
	Over \$1,000,000 but not over \$1,500,000		10% of the excess of			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov			
	Over \$17,000,000	\$1,000,000				
		ne 1f) • • • • •				
h						
i	Subtract line 1f from line 1c If zero or less, ente	er-0- • • • • •				
j	If there is an amount other than zero on either li		the organization file	Form 4720 reporting		
	section 4911 tax for this year?					Yes No
	(Some organizations that	made a section 501	eriod Under Section (h) election do not h ons for lines 2a thro	ave to complete all	of the five	
_	Lobb	ying Expenditures	During 4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
t	Lobbying ceiling amount (150% of line 2a, column (e))					
c	Total lobbying expenditures					
c	d. Crassroots centerable amount		1	}		
	Grassroots nontaxable amount					
	Grassroots romaxable amount (150% of line 2d, column (e))					

Page 3

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X Media advertisements? Makings to members, legislators, or the public? Makings to members, legislators, or the public? X Depublications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Dried contact with legislators, their staffs, government officials, or a legislative body? X Ratilies, demonstrations, serminars, conventions, speeches, loctures, or any other means? X Other activities? If "Yes," describe in Part IV Total Add lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X If "Yes," enter the amount of any tax incurred under section 4912 If the filing organization incurred as section 4912 at if the filing organization incurred as section 4912 at it the filing organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization make only in-house lobbying expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) indeductible lobbying and political expenditures from the prior year? 2 a Carryover from last year 3 a If notices were sent and the amount on line 2 exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure sets the amount of lobbying and political exp		(4	a)	(b)
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If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	Current year · · · · · · · · · · · · · · · · · · ·	 	2a 2b	
and political expenditure next year?	Current year Current year Current year Curryover from last year Year Year Year Year Year Year Year Y		2a 2b 2c	
Taxable amount of lobbying and political expenditures (see instructions)	Current year	• • •	2a 2b 2c	
art IV Supplemental Information mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1	Current year	• • •	2a 2b 2c	
art IV Supplemental Information mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1	Current year		2a 2b 2c 3	
mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i	Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		2a 2b 2c 3	
	Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		2a 2b 2c 3	
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	Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line		2a 2b 2c 3	
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	Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line		2a 2b 2c 3	
	Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line		2a 2b 2c 3	
	Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line		2a 2b 2c 3	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, fines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, time 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Employer identification number 73-1518732 KIWANIS CLUB OF BARTLESVILLE FOUNDA Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filters are not required to complete this part Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (vi) Amount paid to Name of individual (ii) Activity custody or control of (or retained by) (or retained by) or entity (fundraiser) from activity contributions? fundraiser listed in organization col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

EEA

	rt II					ted Page 2
			(a) Event #1 FREEDOM FEST	(b) Event #2 ITALIAN DINN	(c) Other Events	(d) Total Events Add col (a) through
R		<u> </u>	(event type)	(event type)	(total number)	col (c))
e v e n		Gross receipts	9,823	4,063	1,292	15,178
e		contributions · · · · · · · · · · · · · · · · · · ·				
		minus line 2) · · · · · · · ·	9,823	4,063	1,292	15,178
ם	4	Cash prizes				
r e	5	Non-cash prizes · · · · · ·				
c t		Rent/facility costs • • • • • • •				
E X P		Food and beverages				
e n	8	Entertainment • • • • • • • •		· · · · · · · · · · · · · · · · · · ·		
e s	9	Other direct expenses · · · ·	660	444		1,104
	10 11	Direct expense summary Add lines Net income summary Combine line				1,104)
Pa	rt III	Gaming. Complete if the or	ganization answered "Yes			
ь		than \$15,000 on Form 990-EZ	, line 6a	-		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue · · · · · ·				
D-rect	2	Cash prizes · · · · · · · ·				
t Ex	3	Non-cash prizes · · · · · ·				1
		·				
s	4	Rent/facility costs				
penses	4 5	Rent/facility costs • • • • • • • • Other direct expenses • • • • •				
ses				☐ Yes%	Yes%	
: ses	5	Other direct expenses	No	No No		()
ses	5 6	Other direct expenses	No 2 through 5 in column (d)	No No		()
9 a	5 6 7 8 Ent	Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Comer the state(s) in which the organization	No 2 through 5 in column (d) bine line 1, column (d), ar	No No nd line 7 · · · · · · ·		Yes No
	5 6 7 8 Ent Is th	Other direct expenses	No 2 through 5 in column (d) bine line 1, column (d), ar	No No nd line 7 · · · · · · ·		
9 a b	5 6 7 8 Ent Is til If "N	Other direct expenses	No 2 through 5 in column (d), are tion operates gaming activities in each column activities in each column.	No Ind line 7 · · · · · · · Vities If these states? · · · ·	No No	
9 a b	5 6 7 8 Ent Is til If "N	Other direct expenses	No 2 through 5 in column (d), are tion operates gaming activities in each column activities in each column.	No Ind line 7 · · · · · · · Vities If these states? · · · ·	No No	9a

formed to administer charitable gaming?

SCHEDULE 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.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

Open to Public Inspection
Employer identification number

KIWANIS CLUB OF BARTLESVILLE FOUNDA	73-1518732
01. Form 990 governing body review (Part VI, line 11)	
VP AND SECRETARY TREASURER REVIEW THE TAX RETURN BEFORE SECRETARY TREASURER	SIGNS AND
MAILS IT IN.	
02. Governing documents, etc, available to public (Part VI, line 19)	
DOCUMENTS KEPT ON FILE AND AVAILABLE TO THE PUBLIC UPON REQUEST.	
	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions. ▶ Attach to Form 990.

2009

OMB No 1545-0047

Open to Public

Inspection

€ Employer identification number 73-1518732 (0) Ð Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33) છ 9 KIWANIS CLUB OF BARTLESVILLE FOUNDA Department of the Treasury Internal Revenue Service Name of the organization Part

	(a) Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	(Complete if the organization	answered "Yes" on F	orm 990, Part IV, line 3	4 because it	
	(7)	(h)	(3)	(P)	(0)	€

liga olie ol lilote leigica tay-evellibt olganizations agin ig					
(a)	(q)	(၁)	(p)	(0)	€
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempl Code section	Public chanty status (if section 501(c)(3))	Direct controlling entity
KIWANIS INTERNATIONAL 73-0315175 PO BOX 11, 74005		OK	501 (C) (4)		

Schedule R (Form 990) 2009

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

Page 2

73-1518732

KIWANIS CLUB OF BARTLESVILLE FOUNDA

Schedule R (Form 990) 2009

	ŀ	-	General or	partner?	_	Yes No							(h)	Percentage ownership	j				п 990) 2009
		€	Code V-UBI	Schedule K-1	(550-110-1)				;			Part IV,	(6)	Share of end-of-year assets					Schedule R (Form 990) 2009
Part IV, line		Ξ	Disproportionate			Yes No						on Form 990,							
"Yes" on Form 99((B)	Share of end-of-year			•						n answered "Yes"	(£)	Share of total income					
ion answered					_		· -	_				he organizatio	(0)	Type of entity (C corp, S corp, or trust)					
olete if the organizat	,	€	Share of total income	-								rust (Complete if t g the tax year)	(p)	Direct controlling entity					EEA
thership (Com	during the tax year)	(0)	Predominant income (related,	unrelated, excluded from	tax under sections	512-514)	i					rporation or Ti	(၁)	Legal domicile (state or foreign country)					
Taxable as a Partne	ted as a partnership of	(P)	Direct controlling	-								Taxable as a Co	(q)	Primary activity					
lanizations	nizations trea	(၁)	Legal	(state or	country)							nizations ed organizatio				<u> </u>			
Related Organ	r more related orga	(q)	Primary activity									Related Orga		related organization					
negule R (Form 330) 2009 AINMAN S CLUB OF BARTLESVILLE FOORDA Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34	Part III because it had one or more related organizations treated as a partnership during the tax year)	(a)	Name, address, and EIN of	ופומפת סואמווידמתסו								Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, Inc 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a)	Name, address, and EIN of related organization					

73-1518732

Part V Transactions with Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36)

		× ×	Š
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	L	_	2
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?			
December of Ith Instances (III) annuities (IIII) royalties or (IV) rent from a controlled entity		1a	
	•	4	ļ
b Giff, grant, or capital contribution to other organization(s)			
c Giff, grant, or capital contribution from other organization(s)		10	
	•	10	
	•	4	
e Loans or loan guarantees by other organization(s)	•	<u> </u>	
f Sale of assets to other organization(s)	:	#	
n Durchase of assets from other organization(s)	•	19	
		4	
h Exchange of assets		: ;	
i Lease of facilities, equipment, or other assets to other organization(s)	•	F	
i Lease of facilities, equipment, or other assets from other organization(s)			
k Performance of services or membership or fundraising solicitations for other organization(s)		1k	
Deformance of sources or mombership or fundraising solicitations by off	•	F	
Chairm of familian animonal mailing links or other seeds	•	£	
silt, maining lists, of other assets		5	
n Sharing of paid employees	•	=	
and to other organization for expenses.			
	•	10	
p Reillibulsellielik paid by ouriel organization of expenses			
a Other transfer of cash or property to other organization(s)	:	•	
	• • • • • • • • • • • • • • • • • • • •	1r	
	qs		
		(၁)	
Name of other organization Transaction (5pe (a-r)		Amount involved	
(1)			1
(2)			
(5)			
(9)			
FEA	Schedul	Schedule R (Form 990) 2009	2009

73-1518732

Jednie R (Folification) 2003

Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" on Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

	Ē	General or managing partner?	Yes No	_				_			 	-			-		m 990) 2009
	(6)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	·														Schedule R (Form 990) 2009
		vonate ons?	ş			_				_			_				
İ	€	Disproportionate allocations?	Yes						_								
	(0)	Share of end-of-year assets	•														
		rtners nn (3) tions?	ş				-					i			-		
rships	€	Are all partners section 501(c)(3) organizations?	Yes											-		-	EEA
ertain investment partne	<u> </u>	Legal domicile (state or foreign country)															
s regarding exclusion for ce	a	Primary activity		Ē										*			
or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships	(a)	Name, address, and EIN of entity															