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# **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 Inspection

For the 2009 cale								_		
	ndar year,	or tax year beg	inning Oct	1	, 2009, and e	nding S			2010	
B Check if applicable	Diana	C Name of organ	nızatıon				D Employ	er Identifi	ication Number	
Address change	Please use IRS label	"Kiwanis_]	<u>Internatio</u>	nal - Huds	on_07019		02-6031127			
Name change	or print or type.	Number and s	street (or PO box if r	nail is not delivered to	street addr) Ro	om/suite	E Telepho	ne numbe	er	
r ≔ , Initial return	See 100							3) 88	33-0374	
Termination	Instruc- tions	City, town or o			State ZIP cod	e + 4				
Amended return		Hudson			NH 030	51-0128	B G Gross r	eceints \$	35,819.	
Application pendi	F Name	and address of princ	cinal officer		1011 030		this a group retur			
Application pendi	3	•		Hudson	NH 030	11/23 4	e all affiliates incl		Yes No	
		Zelonis 48 L				<u> </u>	'No,' attach a list	(see instr	ructions)	
Tax-exempt sta		I(C) (4 )	(insert no )	4947(a)(1)	or 527			_	006	
	I/A		<del></del>				oup exemption nu		026	
K Form of organizatio		ration Trust	Association	Other ►	L Year of F	ormation 1	972   Mis	tate of leg	gal domicile NH	
Part I Sum										
1 Briefly des	ribe the or	ganızatıon's mıs	ssion or most sig	inificant activities	Servic	: <u>e_to_Y</u>	outh and	_Com	<u>munity</u>	
φ										
2 Check this										
E										
2 Check this				l its operations of	disposed of	more than	25% of its as		_	
3 Number of		nbers of the gov						3 1		
4 Number of	· ·	•	_	ing body (Part VI	, line 1b)				.0	
5 Total numb		oyees (Part V, III						<b>5</b> 0		
וט		teers (estimate i		loolumn (C) uno	10			7a	-11,441.	
7 d Total gross		s taxable income		, Icolumn (C), ine	12			7 a	1,009	
b Net unrelat	eu busines:	s taxable income	e Irom Form 330	RECEIVE	n	— ү		7.0		
				TOL: VE			Prior Year		Current Year	
8 Contributio	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e-9e, 10e, and 11e)							93.	2,841.	
9 Program s	rvice rever	nue (Part VIII, III	ne 2g)	MAY 23 20	11   0	<u> </u>	28,1	_	-16,377	
9 Program so	income (Pa	art VIII, column	(A), lines 3, 14, a	and 7d)	8			67.	3,197	
11 Other reve	•			9c <del>, 10c, and 11c)</del>		<u> </u>	-8,6		-6,116.	
		1 (must equal R		26,9		-16,455.				
13 Grants and	sımılar am	ounts paid (Par	t IX, colu <del>mn (A)</del>	, lines 1-3)		37,1	41,102.			
14 Benefits pa	ıd to or for	members (Part	IX, column (A),	line 4)				0.	0	
15 Salaries, o	her compe	nsation, employ	ee benefits (Pai	t IX, column (A),	lınes 5-10)		0.		0	
16a Profession	al fundraisir	ng fees (Part IX,	, column (A), lin	e 11e)				0.	0 .	
16a Profession	alsina avna	enses (Part IX, c	column (D) line	25) ▶		0.			× ,	
<b>17</b> Other				· ·		<del>-</del>	10.0	0.1	11 200	
· ·		IX, column (A),			05.		10,9		11,200	
-				column (A), line	25)	}	48,0		52,302	
19 Revenue le	ss expense	es Subtract line	18 from line 12				-21,0	62.	<u>-68,757</u> .	
						l e	eginning of Y	ear	End of Year	
						<u> </u>	cgiiniiiig oi i			
	s (Part X, I	ıne 16)					1,136,9			
<b>6</b> 000	•	•						22.	1,050,265	
20 Total asset	ties (Part X	(, line 26)	line 21 from lin	e 20			1,136,9 77,2	22. 48.	1,050,265 59,348	
20 Total asset 21 Total liabili 22 Net assets	ties (Part X or fund bal	(, line 26) ances Subtract	line 21 from lin	e 20			1,136,9	22. 48.	1,050,265 59,348	
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		02-6031	12/		Page 2
ı	Briefly describe the organization's mission				
	Service to Youth and Community				<b>-</b>
2	Did the organization undertake any significant program services during the year which were not listed on the	orior	,		
	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 e	xpenses Se	ction 50	)1(c)(3	3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported	cations to ot	hers, the	e total	
	expenses, and revenue, it any, for each program service reported				
4 8	a (Code) (Expenses \$3,710. including grants of \$0.) (Rev	enue \$			0.)
	CHRISTMAS - Provided Christmas for underprivileged				
	families; includes food and gifts for children and				
	their parents				
					<b>-</b>
41	(Code) (Expenses \$ 3,845. including grants of \$ 0.) (Revenue of the control	enue \$			0.)
	KIWANIS FIELD - Maintained ballfield available for un-				
	restricted use by townspeople at no charge				
		· <b></b>			
					<b>-</b>
		· <b>-</b>		<del>-</del>	
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					<b>. –</b> – –
					- <b></b> -
	<u>,**</u>				
	(Code ) (Furnament C 12 000 ) (D				<u> </u>
40	(Code) (Expenses \$12,000. including grants of \$12,000.) (Reve	enue \$			<u>U.</u> )
	SCHOLARSHIPS - Gave scholarships to graduates of				
	Alvirne High School - Hudson NH and Campbell High School -				
	Litchfield, NH				
		· <del></del>			
					<b></b>
1 -	Other program services (Describe in Schedule O )				
40	· -		^	,	
— <u> </u>			0.		
46	• Total program service expenses ► 41,102.				

			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		Х
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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
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		_x_
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		Х
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		v
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, 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		,	1
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		,	, 1
•	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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
	A Was the organization included in consolidated, independent audited financial statement for the tax  Yes No			,
4.7	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<u>X</u>
	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	14a		X
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 <sup>2</sup> If 'Yes,' complete Schedule G, Part I	17		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_		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'			
20	complete Schedule G, Part III  Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19 20		X X
	The title digestification operate and at more mospitude in the complete deficults IT			<u> </u>

Form 990 (2009) Kiwanis International - Hudson 07019

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 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	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? <i>If 'Yes,' complete Schedule J</i>	23		_X
<b>24</b> a	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, and 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation 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		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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 contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
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, III, IV, and $V$ , line $1$	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
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	Х	
BAA		Form	9 <b>90</b> (	(2009)

Part V 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 U S Information Returns Enter -0- if not applicable 1a 4 1ь 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? Х 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return U 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2<sub>b</sub> Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3ь Χ 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b 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? 5с 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 deductible? 6b 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 provided to the payor? 7 a Х 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 to file 7с Х 7d 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 benefit contract? 7 e Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g 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. a Did the organization make any taxable distributions under section 4966? 9 a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter 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 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b

BAA

Form **990** (2009)

12a

12b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

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

Section A. Governing Body and Management

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.

					Yes	No			
1	a Enter the number of voting members of the governing body	1 a	10						
	<b>b</b> Enter the number of voting members that are independent		10						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation, director, trustee or key employee?	ationsl	hip with any other	2	х				
ż		der th	e direct supervisio	<b>-</b>		v			
4				4		X			
•	since the prior Form 990 was filed?			-	_	_			
5		s asse	ets?	5		х			
6				6		X			
7	a Does the organization have members, stockholders, or other persons who may elect one or m governing body?	ore m	embers of the	7a		Х			
	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or oth	er per	sons?	7b	Х				
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
	a The governing body?			8a	X				
	<b>b</b> Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be	reached at the	9	Х				
Sec	ction B. Policies (This Section B requests information about policies not	reau	red by the Inte		- 21				
Rev	enue Code )	,							
					Yes	No			
10	a Does the organization have local chapters, branches, or affiliates?			10a		X			
1	b If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such (	chapters, affiliates,	10b					
11	Has the organization provided a copy of this Form 990 to all members of its governing body be	efore f	iling the form?	11	Х				
11 A 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									
1	b Are officers, directors or trustees, and key employees required to disclose annually interests the to conflicts?	nat co	uld give rise	12b	x				
•	c Does the organization regularly and consistently monitor and enforce compliance with the polic Schedule O how this is done	cy? If	'Yes,' describe in	12c		Х			
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 a persons, comparability data, and contemporaneous substantiation of the deliberation and deci-	oprova sion?	al by independent						
;	a The organization's CEO, Executive Director, or top management official			15a		X			
١	b Other officers of key employees of the organization			15b		X			
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)					le Ca			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year?	rrange	ement with a taxab	le 16a		Χ			
ı	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization t in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the status with respect to such arrangements?	o eval ne org	uate its participation vanization's exempt	on t		<u> </u>			
Sec	ction C. Disclosures		<del></del>	, , , , , , ,					
	List the states with which a copy of this Form 990 is required to be filed New Hampsh	re							
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and inspection. Indicate how you make these available. Check all that apply		T (501(c)(3)s only)	) avaılable	for pu	blic			
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docume statements available to the public	nts, c	onflict of interest p	olicy, and	fınanc	ıal			
20	State the name, physical address, and telephone number of the person who possesses the boo	oks ar	nd records of the or	rganızatıon					
			03051-0309	<u>(603)</u> 8		0374			

# 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees'
- 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 compensate any current officer, director, or trustee

(A)	(B)	(c)				(D)	(E)	(F)		
Name and Title	Average hours	Position (check all that apply)		Reportable	Reportable	Estimated				
	per week	adividi el lenstee or director	anstitutional trustee	Offi ei	Key employee	Higt est coinnersated employee	Fuine	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
Jonathan Maltz					_					
Pres	5.00			X.				0.	0.	0.
Sandra Russo Sec'y	3.00			х				0.	0.	0.
Daniel M Zelonis Treas	20.00			Х				0.	0.	0.
							_		··	
		-								

(A)	(B)	LEY			c)	<del>C</del> 3,	all	(D)	(E)	loyee	(F)	<i>111.)</i>
Name and Title	Average Position (check all that apply) Reportable Reportable					Reportable	[	Stimated	d			
	hours per weel	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W-2/1099-MISC)	amo coi or a	ount of o mpensati from the ganizatio nd relate ganizatio	ther ion on ed
	-											
	_											
	-			_								
- <b></b>	-											
	-								-			
	-											
	-											
	-											
	-											
1b Total							<b>•</b>	0.	0.			0
2 Total number of individuals (including but not limited from the organization ► 0	to thos	e iisi	ied a	abov	/e) v	vno	rece	erved more than \$	100,000 in reportabl	e comp	ensati	on
3 Did the organization list any <b>former</b> officer, director	or truste	e, ke	ev e	mple	ove	e, or	hig!	hest compensated	employee		Yes	N <sub>4</sub>
on line 1a <sup>3</sup> If 'Yes,' complete Schedule J for such in  4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	ortable	com	pen	satio	on a	nd c	other	compensation fro	om	3		X
ındıvıdual						•				4	-	X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete School	edule J	for s	uch	pers	son					5		X
Complete this table for your five highest compensate compensation from the organization	ed indep	ende	ent c	contr	acto	ors t	hat	received more tha	n \$100,000 of			
(A) Name and business addres	s	•						(B) Description of	of Services	Comp	(C) ensatio	on
2 Total number of independent contractors (including t		ımıte	ed to	tho	se I	isted	d ab	ove) who received	more than			

<u>. a</u>		III Statement of ite	venue		I	ı <del></del>	r	T
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>د</u> د	1 a	Federated campaigns	1:	0.				
A SE		Membership dues	11	0.				
윤질		Fundraising events	10					
F.A.		Related organizations	10	<del></del>				
5₹		Government grants (contribution	<del> </del>	<del> </del>				
SSS	е	Government grants (contribution	ons)	0.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, g similar amounts not included a	rants, and above 11	2,841.				
ξŠ	g	Noncash contribns included in	Ins 1a-1f	\$0.				
	h	Total. Add lines 1a-1f		<u> </u>	2,841.			
PROGRAM SERVICE REVENUE				Business Code				
Ž.	2a	Building Renta	ls	531120	-16,377.	-16,377.	0.	0.
RE	b						<del> </del>	
JCE	С				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Æ	d					-		
S	-							· · · · ·
RA.	4						<del></del>	
õ		All other program service	e revenue	<u> </u>	4.6.000			*
<u>.</u>	g	Total. Add lines 2a-2f			-16,377.			
	3	Investment income (incl	uding dividend	is, interest and	2 107			2 107
	_	other similar amounts)			3,197.	0.	0.	3,197.
	4	Income from investment	of tax-exemp	'	<u> </u>			
	5	Royalties		<u> </u>	· · · · · · · · · · · · · · · · · · ·			·
			(ı) Real	(II) Personal				
	6a	Gross Rents	31,74					
	b	Less: rental expenses	45,94	0. 874.				
	С	Rental income or (loss)	-14,20	02,759.		*		*
	d	Net rental income or (los	ss)	<b>•</b>	-11,441.	0.	-11,441.	0.
	7.	Gross amount from sales of	(i) Securities	(ii) Other			•	
	<i>1</i> a	assets other than inventory						
		1						
	b	Less cost or other basis and sales expenses						*, ,
	_	Gain or (loss)			-			
		Net gain or (loss)		<u> </u>	*			
ш		Gross income from fund					\****	
ENUE		(not including \$	0.	<u>-</u>				, ,
Ĕ		of contributions reported	on line 1c)					-
R		See Part IV, line 18		a 10,785.				
OTHER REVEN		Less direct expenses		<b>b</b> 5,460.	<del></del>			
U	С	Net income or (loss) from	m fundraising	events <u></u>	5,325.	0.	0.	5,325.
	9 a	Gross income from gam See Part IV, line 19	ing activities	a			ž	*
	b	Less direct expenses		ь				
	С	Net income or (loss) from	m gamıng actı	vities <b>•</b>				
	10 a	Gross sales of inventory and allowances	, less returns	а				
	b	Less cost of goods sold		b				, i
		Net income or (loss) from		entory <b>&gt;</b>				
		Miscellaneous Reven	ue	Business Code				
	11 a							
	b		<b></b>					
	С							
	d	All other revenue			.,			
		Total. Add lines 11a-11d	i	<b>•</b>				
		Total revenue. See instr		•	-16,455.	-16,377.	-11,441.	8,522.
		. Juli 1 Grenado Occ 1113ti				10,0,,,		0,322.

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	<del></del>	0.	0.	general expenses	скрепаса
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	41,102.	41,102.		
3		12,202	11,102.		
	U.S. See Part IV, lines 15 and 16	0.	0.		
4	Benefits paid to or for members	0.	0.		
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	0.	0.	0.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.	0.	0.	0.
9	Other employee benefits	0.	0.	0.	0.
10	Payroll taxes	0.	0.	0.	0.
11	Fees for services (non-employees)				
ā	a Management	0.	0.	0.	0.
t	Legal (	438.	0.	438.	0.
C	: Accounting	500.	0.	500.	0.
	Lobbying	0.	0.	0.	0.
	Prof fundraising svcs See Part IV, In 17	0.	× .	· · · · · · · · · · · · · · · · · · ·	0.
	Investment management fees	0.	0.	0.	0.
_	Other	0.	0.	0.	0.
	Advertising and promotion	0.	0.	0.	0.
13	Office expenses	527.	0.	527.	0.
14	Information technology	200.	0.	200.	0.
15	Royalties	0.	0.	0.	0.
16 17	Occupancy Travel	1,905.	0.	1,905.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19	Conferences, conventions, and meetings	411.	0.	411.	0.
20	Interest	0.	0.	0.	0.
21	Payments to affiliates	3,395.	0.	3,395.	0.
22	Depreciation, depletion, and amortization	331.	0.	331.	0.
	Insurance	1,000.	0.	1,000.	0.
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 )				}
a	Administrative exp	640.	0.	640.	0.
	Publicity	585.	0.	585.	0.
c	Membership supplies	283.	0.	283.	0.
c	Bad debts	985.	0.	985.	0.
€ f	All other expenses				<del></del>
	Total functional expenses Add lines 1 through 24f	52,302.	41,102.	11,200.	0.
	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	02/302.	12/1020	11,200.	<u> </u>
BAA	campaign and fundraising solicitation	<u></u>			Form <b>990</b> (2009)

Pa	<u>rt:X</u>	Balance Sheet						
					(A) Beginning of year		<b>(B)</b> End of year	
	1	Cash — non-interest-bearing			24,451.	1	15,568.	
	2	Savings and temporary cash investments			58,286.	2	56,911.	
	3	Pledges and grants receivable, net		Į		3		
	4	Accounts receivable, net		34,558.	4	6,074.		
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part l			5			
	6	Receivables from other disqualified persons (as define	ed unde	er section 4958(f)(1))				
_		and persons described in section 4958(c)(3)(B) Comp	olete Pa	art II of Schedule L		6		
A S E T S	7	Notes and loans receivable, net	_		7			
Ĕ	8	Inventories for sale or use				8	- ·· ,	
s	9	Prepaid expenses and deferred charges	and expenses and deferred charges					
- 1	10 a	Land, buildings, and equipment cost or other basis	10 a	8,105.				
		Complete Part VI of Schedule D	ļ				-	
1	b	Less <sup>,</sup> accumulated depreciation	10b	7,530.	880.	10 c	575.	
	11	Investments - publicly-traded securities	139,950.	11	140,224.			
	12	Investments – other securities See Part IV, line 11		12				
	13	Investments – program-related See Part IV, line 11		<u>,                                    </u>		13		
	14	Intangible assets	<u> </u>		14			
	15	Other assets See Part IV, line 11		876,155.	15	828,907.		
	16	Total assets Add lines 1 through 15 (must equal line	34)		1,136,922.	16	1,050,265.	
	17	Accounts payable and accrued expenses	5,224.	17	11,043.			
	18	Grants payable	_	<u> </u>	18			
. 1	19	Deferred revenue			·	19	9,474.	
[]	20	Tax-exempt bond liabilities			·	20		
A B	21	Escrow or custodial account liability Complete Part IV		<del>-</del>		21		
L I T	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per	tees, k sons C	ey employees, complete Part II				
1		of Schedule L				22		
S S	23	Secured mortgages and notes payable to unrelated the		F	70,269.	23	36,694.	
	24	Unsecured notes and loans payable to unrelated third	parties		1,755.	24	1,986.	
	25	Other liabilities Complete Part X of Schedule D			0.	25	151.	
$\dashv$	26	Total liabilities. Add lines 17 through 25			77,248.	26	59,348.	
P F		Organizations that follow SFAS 117, check here ►	ar	d complete lines			*	
- 1		27 through 29 and lines 33 and 34.		ŀ	70 -do -do			
S	27	Unrestricted net assets		-		27		
E T S	28	Temporarily restricted net assets		}		28		
- 1	29	Permanently restricted net assets				29	- · · · · · · · · · · · · · · · · · · ·	
R		Organizations that do not follow SFAS 117, check her	X and complete					
FUZD		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			9,261.	30	4,935.	
B	31	Paid-in or capital surplus, or land, building, and equip		F	939,162.	31	874,765.	
Ā	32	Retained earnings, endowment, accumulated income,	or othe	er tunds	111,251.	32	111,217.	
BALANCEの	33	Total net assets or fund balances		-	1,059,674.	33	990,917.	
BAA	34	Total liabilities and net assets/fund balances			1,136,922.	34	1,050,265. Form <b>990</b> (2009)	

Form <b>990</b> (2009) Kiwanis International - Hudson 07019 02-60311	27	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		_	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		x
b Were the organization's financial statements audited by an independent accountant?	2b		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		

ВАА

Form 990 (2009)

# SCHÉDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

ν:.	vania International - Hudgon	07010		,	02-6031127	
Par	vanis International - Hudson ( tl Organizations Maintaining Dono		er Similar Fund	ds or Acco	• • • • • • • • • • • • • • • • • • • •	
1 41	the organization answered 'Yes' t	o Form 990. Part IV. line	e 6.	15 OF ACCO	Junts Complete	<del>-</del> 11
		(a) Donor advised		(h) F	unds and other acc	nunts
1	Total number at end of year	(a) Bonor davised	141145	(5)	arias aria strior acc	- Courts
2	Aggregate contributions to (during year)				<del></del>	
3	Aggregate contributions to (during year)  Aggregate grants from (during year)	-				
J	Aggregate value at end of year		· · · · · · · · · · · · · · · · · · ·			
7		L	<u>-</u> !			
5	Did the organization inform all donors and don funds are the organization's property, subject t			or advised	Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private bene	he benefit of the donor or dono	g that grant funds or advisor or for an	may be y other	☐Yes	□No
Da,	t II Conservation Easements Comple		swered 'Ves' t	o Form 90	ليبا	
	Purpose(s) of conservation easements held by	<del></del>		0 1 01111 93	o, raitiv, iiie	7.
•	Preservation of land for public use (e.g., re	•		on historiaa	Ily important land a	
	Protection of natural habitat	ecreation of pleasure)	Preservation of		•	ilea
	Preservation of open space		Preservation of	cermeu nis	toric structure	
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation	n contribution in the	e form of a c	onservation easem	ent on the
			<del> </del>	, ,	Held at the End o	f the Year
a	Total number of conservation easements			2a		1 111 1 1 1 1 1
t	Total acreage restricted by conservation easen	nents		2b		
	: Number of conservation easements on a certifi		n (a)	2c		
	Number of conservation easements included in		(-)	2d	<del> </del>	
	Number of conservation easements modified, t	` ' '	hed, or terminated	· · · · · · · · · · · · · · · · · · ·	nization during the	tax
	year ►	, <b>.</b>	,	.,		
4	Number of states where property subject to cor	nservation easement is located	·	-		
5	Does the organization have a written policy regand enforcement of the conservation easemen		, inspection, handl	ing of violation	ons, Yes	☐ No
	Staff and volunteer hours devoted to monitoring during the year •			ents —		
7	Amount of expenses incurred in monitoring, instituting the year ▶	specting, and enforcing conser	vation easements	\$_		_
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(i)?	line 2(d) above satisfy the req	urements of section	on	Yes	□ No
9	In Part XIV, describe how the organization reprinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements in the organization's financial st	n its revenue and e atements that desc	expense state cribes the or	ement, and balance ganization's accour	sheet, and nting for
Par	Till Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990	Treasures, or , Part IV, line 8	Other Sim	ilar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemer	ic exhibition, education, or rese	revenue statement earch in furtheranc	and balance e of public so	e sheet works of ar ervice, provide, in f	t, historical Part XIV,
t	<ul> <li>If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items</li> </ul>	SFAS 116, to report in its reve ic exhibition, education, or rese	enue statement and earch in furtherand	d balance sho e of public so	eet works of art, his ervice, provide the	storical following
	(i) Revenues included in Form 990, Part VIII,	line 1			<b>\$</b>	
	(ii) Assets included in Form 990, Part X				<b>►</b> \$	
2	If the organization received or held works of ar amounts required to be reported under SFAS 1		sımılar assets for	financial gai	n, provide the follo	wing
a	Revenues included in Form 990, Part VIII, line	1			<b>►</b> \$	
k	Assets included in Form 990, Part X				<b>►</b> \$	

Schedule D (Form 990) 2009 Kiwan Part ill Organizations Maintai				s, or Other S	02-6031 Similar Asse		ntını	Page 2 ued)
Using the organization's acquisition items (check all that apply)								
a Public exhibition			or exchange progra	ams				
<b>b</b> Scholarly research		e U Other	·					
<ul><li>c Preservation for future genera</li><li>4 Provide a description of the organi</li></ul>		ns and explain how	they further the ord	ganization's exe	mpt purpose in	1		
Part XIV								
5 During the year, did the organization assets to be sold to raise funds ra	ther than to be m	naintained as part o	f the organization's	collection?		Yes		No
Part IV Escrow and Custodial 9, or reported an amou	Arrangemen unt on Form 9	<b>ts</b> Complete if on 190, Part X, line	organization ans 21.	swered 'Yes'	to Form 990	0, Par	t IV,	line
1a Is the organization an agent, truste included on Form 990, Part X?	ee, custodian, or	other intermediary	for contributions or	other assets no	,t _	Yes		No
<b>b</b> If 'Yes,' explain the arrangement in	n Part XIV and co	omplete the following	g table		_	_	_	_
					А	mount		
c Beginning balance				1 c				
<b>d</b> Additions during the year				1 d		-		
e Distributions during the year				1 e				
f Ending balance				[ 1f]				
2a Did the organization include an am		90, Part X, line 21?			L	Yes	L	No
b If 'Yes,' explain the arrangement in			10/ 11 5	000 5 11				
Part V   Endowment Funds Con								
, , , , , , , , , , , , , , , , , , ,	(a) Current year	(b) Prior yea	r (c) Two year	rs back (d) Th	nree years back	(e) Fo	our year	s back
1 a Beginning of year balance								
<b>b</b> Contributions		· <del></del>						
c Net Investment earnings, gains, and losses				*	**			ŧ
<b>d</b> Grants or scholarships					,			
e Other expenditures for facilities and programs								
f Administrative expenses								4
<b>g</b> End of year balance						. /		<u> </u>
2 Provide the estimated percentage	of the year end b	alance held as						
a Board designated or quasi-endown	nent 🟲	¥						
<b>b</b> Permanent endowment ►	<del></del> <sup>8</sup>							
c Term endowment ▶	%							
<b>3a</b> Are there endowment funds not in organization by	the possession o	of the organization t	hat are held and ad	ministered for t	ne	Г	Yes	No
(i) unrelated organizations					Γ	3a(i)	-,,,,	
(ii) related organizations					F	3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?						3b		
4 Describe in Part XIV the intended					_			
Part VI Investments-Land, Bu	uildings, and	<b>Equipment.</b> See	e Form 990, Pa	rt X, line 10.				
Description of investment	(a)	Cost or other basis (investment)	(b) Cost or othe basis (other)		umulated ciation	( <b>d</b> ) B	ook Va	alue
1 a Land								
<b>b</b> Buildings	<u> </u>							
c Leasehold improvements		\						
<b>d</b> Equipment	<b>d</b> Equipment 8,105. 7,530. 575					575.		
e Other	<u> </u>					·		
Total. Add lines 1a through 1e (Column	(d) must equal F	orm 990, Part X, co	lumn (B), line 10(c	))				575.
BAA					Schedul	le <b>D</b> (Fo	orm 99	90) 2009

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Schedule D (Form 990) 2009 Kiwanis Internati			Page 3
Part VII Investments—Other Securities See Fo	orm 990, Part X, Im	e 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
			<del></del>
			<del></del>
Total (Column (b) must equal Form 990 Part X, col (B) line 12)		12\	
Part VIII Investments—Program Related (See F		<del></del>	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Total (Column (b) must equal Form 990, Part X, Col (B) line 13)			2 1
Part IX Other Assets (See Form 990, Part X,			
	scription		k value
Land	<del></del>		83,212.
Building	<del></del>		01,660.
Improvements		4	35,318.
Equipment			8,717.
····	-		
	••		
Total. (Column (b) must equal Form 990, Part X, col (B), lin	ne 15)	▶ 8	28,907.
Part X Other Liabilities (See Form 990, Part			20/2011
(a) Description of Liability	(b) Amount		
Federal Income Taxes	15	1.	1
			1
			;
			ŧ
			,
			. [
			ı
			ŧ
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	15	1.	i
2. FIN 48 Footnote In Part XIV, provide the text of the footnote	ote to the organization's	financial statements that reports the organization's	liability

	edule <b>D</b> (Form 990) 2009 Kiwanis International - Hudson 07019	02-6031127	Page <b>4</b>
Par	t XI   Reconciliation of Change in Net Assets from Form 990 to Financial Statements	5	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
	t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments 2a		
	Donated services and use of facilities 2b		
	Recoveries of prior year grants  2 C  Other (Describe in Part XIV)  2 d	<u>_</u>	
	I Other (Describe in Part XIV)  2d  Add Innes 2a through 2d	<b>─</b> │ <b>。</b> │	
	Subtract line 2e from line 1	2 e	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	3	
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	<del></del>	
	Add lines 4a and 4b	4c	
	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		<del></del>
а	Donated services and use of facilities 2a		
þ	Prior year adjustments 2b		
c	Other losses 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2 e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b  4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	. 4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	
Par	t XIV   Supplemental Information		
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part II 1; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this praction	V, lines 1b and 2b, Foart to provide any a	'art V, dditional

# SCHEDULE I

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2009: OMB No 1545-0047

Open to Public Inspection

N × (h) Purpose of grant or assistance **A** Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete If the organization answered 'Yes' to Form Employer identification number Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 02-6031127 (g) Description of non-cash assistance 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 criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations Part I | General Information on Grants and Assistance Kiwanis International - Hudson 07019 (b) EIN 1 (a) Name and address of organization or government Name of the organization 1

Schedule I (Form 990) 2009

TEEA3901 02/10/10

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

Enter total number of other organizations

Page 2 Schedule I (Form 990) 2009 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. (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 02-6031127 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance Kiwanis International - Hudson 07019 (c) Amount of cash grant Kiwanis does not receive grants (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt\_I\_Line\_2 Part III BAA

#### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Employer identification number 02-6031127 <u>Kiwanis International - Hudson 07019</u> Pt III, Line 2 Schedule attached Pt\_V, Line\_3b \_\_\_N/A Pt\_VI-A, Line 2 N/A Pt\_VI-A, Line 3 N/A Pt\_VI-A, Line 4 N/A Pt\_VI-A, Line 5 N/A Pt VI-A, Line 6 N/A Pt\_VI-A, Line 7a N/A Pt\_VI-A, Line 7b N/A Pt\_VI-A, Line 8a N/A Pt\_VI-A, Line 8b N/A Pt VI-B, Line 10b N/A Pt\_VI-B, Line 11A N/A Pt VI-B, Line 12c N/A

•	Part III, Line 4d (con	
Schedule O (Form	990) Supplemental	Information to Form 990

	<u> </u>	<del>-</del>				
services. S report the	Section 501(c)(3	) and (4) organiz ts and allocations	s for each of the orga ations and 4947(a)(1) s to others, the total e	) trusts are	e required to	for
			AMS - Supported	a variet	v of vouth-ori	ented
			rams, self-deve			
Grants Of		programs	rams, serr deve	TOPMETTE	programs and s	<u>ociui</u>
Revenue	0.					
	<u></u>				· · · · · · · · · · · · · · · · · · ·	
Code	Description	See Schedul	e			
			nated to a myri	ad of 1	ocal organizat	ions
			terment of our			
Revenue			ing our childre		reres, especie	<u>itty</u>
		<u>ub 00::002::12</u>	ing our online		<del></del>	
					<del></del>	
					<del></del>	<del></del>
			ation to Form 990			
Form 990, Pa	ige 6, Line 9 (co	ntinued)				
Name	1	Address	City	St	ZIP	
	Maltz 28 C		Hudson	NH	03051	
Sandra Ru		lf St	Hudson	— <del>NII</del> –	03051	
ballara ika	<u> </u>	11 50	<u>IIuusoii</u>		03031	
Form 990-T	Page 1, Part I, I	ine 12				
Other Income	-					
			1 1	<u> </u>	1	
			(A) Income		(C) Net	
Ice maker			1,776.		1,7	
ATM commi	ssions		1,857.		1,8	<u>57.</u>
Total			3,633.		3,6	33.

## KIWANIS INTERNATIONAL - HUDSON 07019 HUDSON, NH 03051 FORM 990 / 9-30-10

# PART III - LINE 4d - OTHER PROGRAM SERVICES

## General donations to other charities:

Anne-Marie House	150
Benson Park butterfly garden	100
Child & Family Services of NH	200
Children's games at Hudson Old Home Days	212
Children's Learning Center	200
Cystic Fibrosis	<sup>.</sup> 150
Friends of Hudson Library	50
Friendship Club for the Handicapped	500
Hudson Historical Society	218
Ice Fishing 4 a Cause	500
J.B. Scholarship Fund	280
Kenyan missionary project	500
Kiwanis Clubs of New England	250
Kiwanis NE District Foundation	2,765
Meals on Wheels	3,000
NH Brain Injury Association	1,300
Special Olympics	150
Susan Komen 3-Day	500
YMCA	250
Various other charitable groups	265
Assistance to the needy	1,618

13,158