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A For the 2009 calendar year, or tax year beginning 10-01-2009 , and ending 09-30-2010				
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CIVITAN INTERNATIONAL		D Employer identification number 23-7092776
		Number and street (or P O box, if mail is not delivered to street address) PO BOX 844		E Telephone number (734) 418-8870
		City or town, state or country, and ZIP + 4 ADRIAN, MI 49221		F Group Exemption Number 1

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		G Accounting method ☐ Cash ☒ Accrual Other (specify) H	
I Website:		H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Tax-Exempt status (check only one)— ☒ 501(c)(4) ☐ (insert no.) 4947(a)(1) or ☐ 527			
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.			
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ H \$ 93,668			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)										
Revenue	1	Contributions, gifts, grants, and similar amounts received							1	734
	2	Program service revenue including government fees and contracts							2	4,444
	3	Membership dues and assessments							3	8,295
	4	Investment income							4	13
	5a	Gross amount from sale of assets other than inventory					5a		5c	
	b	Less cost or other basis and sales expenses					5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					5c			
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☒							6c	20,706
	a	Gross revenue (not including \$ _ of contributions reported on line 1) ☒					6a	80,182		
	b	Less direct expenses other than fundraising expenses					6b	59,476		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)					6c				
7a	Gross sales of inventory, less returns and allowances					7a		7c		
b	Less cost of goods sold					7b				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c				
8	Other revenue (describe ☐ _____)							8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ☐							9	34,192	
Expenses	10	Grants and similar amounts paid (attach schedule)							10	
	11	Benefits paid to or for members							11	
	12	Salaries, other compensation, and employee benefits							12	
	13	Professional fees and other payments to independent contractors							13	
	14	Occupancy, rent, utilities, and maintenance							14	
	15	Printing, publications, postage, and shipping							15	
	16	Other expenses (describe ☒ _____)							16	41,050
17	Total expenses. Add lines 10 through 16 ☐							17	41,050	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)							18	-6,858
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)							19	18,984
	20	Other changes in net assets or fund balances (attach explanation)							20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ☐							21	12,126

Part II Balance Sheets —If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ		
(See the instructions for Part II)		
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22,643	22 11,319
23 Land and buildings		23
24 Other assets (describe)	360	24 807
25 Total assets	23,003	25 12,126
26 Total liabilities (describe)	4,019	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	18,984	27 12,126

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO PROVIDE AID FOR HANDICAPPED			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	31a	
32 Total program service expenses (add lines 28a through 31a)		32	29,948

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>CAROLYN MARR</u> Telephone no ▶ <u>(734) 418-8870</u> 148 N SCOTT ST Located at ▶ <u>ADRIAN, MI</u> ZIP + 4 ▶ <u>49221</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	43	
44	Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		No
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	***** Signature of officer		2011-05-16 Date	
Paid Preparer's Use Only	MEREDITH MATTHEWS, CO TREASURER Type or print name and title			
	Preparer's signature	MEREDITH A MATTHEWS	Date 2011-02-15	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	DONNA BAKER ASSOCIATES LLC 102 E MAUMEE ST ADRIAN, MI 49221			EIN Phone no (517) 266-2228
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No				

Additional Data

Software ID:

Software Version:

EIN: 23-7092776

Name: CIVITAN INTERNATIONAL

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 HOPE OPERATING FUND SUPPORTS THE ACTIVITIES OF THE HOPE COMMUNITY CENTER WHICH SERVES 250 TO 300 MENAND OR PHYSICALLY HANDICAPPED INDIV (Grants \$) If this amount includes foreign grants, check here . . . ☐	28a	24,048
29 YOUTH SEMINAR CONTRIBUTES HALF OF THE REGISTRATION FEE FOR 10 TO 14 LOCAL YOUTH TO ATTEND CAMP (Grants \$) If this amount includes foreign grants, check here . . . ☐	29a	600
30 MICHIGAN DISTRICT AND LOCAL SPECIAL OLYMPICS SPONSOR (Grants \$) If this amount includes foreign grants, check here . . . ☐	30a	2,475
OTHER PROGRAM SERVICES (Grants \$) If this amount includes foreign grants, check here . . . ☐		2,825

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ALAN SPADAFORE 1422 S WINTER ADRIAN,MI 49221	PRESIDENT 5	0	0	0
KATHRYN NAVARRO 502 RIVERSIDE ADRIAN,MI 49221	VICE PRES 5	0	0	0
CAROLYN MARR 148 SCOTT STREET ADRIAN,MI 49221	TREASURER 5	0	0	0
MEREDITH MATTHEWS 102 E MAUMEE ADRIAN,MI 49221	TREASURER 1	0	0	0
SUSAN STANGE 914 COLLEGE AVE ADRIAN,MI 49221	SECRETARY 5	0	0	0
SANDY TREVINO 3414 STOCK COURT ADRIAN,MI 49221	VP MBRSHIP 2	0	0	0
GLADYS SPRUNK 650 WADRIAN 170 BLISSFIELD,MI 49228	VP SERVICE 2	0	0	0
ANNE GASCOIGNE 1046 ORCHARD ADRIAN,MI 49221	VP FDRSG 2	0	0	0
LENI GREEN 514 WADRIAN ST BLISSFIELD,MI 49228	DIRECTOR 2	0	0	0
RUTH PRIBIK 886 BRADISH ADRIAN,MI 49221	DIRECTOR 2	0	0	0
BEV LYELL 9312 FORRISTER ADRIAN,MI 49221	DIRECTOR 2	0	0	0

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, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 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
CIVITAN INTERNATIONAL

Employer identification number
23-7092776

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and e-mail solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☒ Special fundraising events

d ☐ 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 activities? ☐ Yes ☐ 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. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		RAFFLE (event type)	CRAFT SHOW (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	58,376	1,996	15,458
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	58,376	1,996	15,458
Direct Expenses	4	Cash prizes	17,999		17,999
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	10,787	886	10,192
	10	Direct expense summary Add lines 4 through 9 in column (d)			55,893
	11	Net income summary Combine lines 3, column d, and line 10.			19,937

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue		4,352	4,352
	2	Cash prizes		3,583	3,583
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☒ Yes 100 000 % ☐ No
7 Direct expense summary Add lines 2 through 5 in column (d)					3,583
8 Net gaming income summary Combine lines 1, column d, and line 7					769

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities MI		
a	Is the organization licensed to operate gaming activities in each of these states?	9a Yes	
b	If "No," Explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► MEREDITH A MATTHEWS			
Address ► 102 E MAUMEE ADRIAN, MI 49221			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ►			
Address ►			
16	Gaming manager information		
Name ► CAROLYN BRAUN			
Gaming manager compensation ► \$ _____			
Description of services provided ► PREPARE RECORDS			
☐ Director/officer ☐ Employee ☒ Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

TY 2009 Other Assets Schedule

Name: CIVITAN INTERNATIONAL

EIN: 23-7092776

Software ID: 09000205

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	360	807

TY 2009 Other Expenses Schedule**Name:** CIVITAN INTERNATIONAL**EIN:** 23-7092776**Software ID:** 09000205

Description	Amount
DUES	6,202
CONVENTIONS AND MEETINGS	3,183
STORAGE UNITS	300
LIABILITY INSURANCE	197
CIRC	1,000
OTHER	220
PROGRAM EXPENSES	29,948

TY 2009 Other Liabilities Schedule

Name: CIVITAN INTERNATIONAL

EIN: 23-7092776

Software ID: 09000205

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE	3,214	
DEFERRED REVENUE	805	