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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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 COLUMBUS KIWANIS FOUNDATION	D Employer identification number 23-7347723
Number and street (or P O box, if mail is not delivered to street address) PO BOX 20334	E Telephone number (614) 748-1180
City or town, state or country, and ZIP + 4 COLUMBUS, OH 43220	F Group Exemption Number ►

* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ). ►G Accounting method Cash Accrual
Other (specify) ►

I Website: ► N/A

J Tax-Exempt status (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527H Check ► if the organization
is not required to attach
Schedule B (Form 990, 990-EZ, or 990-PF)K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than
\$25,000. A 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 ► \$ 462,124

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	40,929
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	25,524
5a Gross amount from sale of assets other than inventory	5a	341,038
b Less cost or other basis and sales expenses	5b	325,847
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	15,191
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►		
a Gross revenue (not including \$ 15,000 of contributions reported on line 1)	6a	54,633
b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	54,633
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ►)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	136,277
10 Grants and similar amounts paid (attach schedule) ►	10	73,803
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	6,810
17 Total expenses. Add lines 10 through 16	17	80,613
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	55,664
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	747,295
20 Other changes in net assets or fund balances (attach explanation) ►	20	28,538
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	831,497

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	31,983	22 45,033
23 Land and buildings		23
24 Other assets (describe ►)	715,312	24 786,464
25 Total assets	747,295	25 831,497
26 Total liabilities (describe ►)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	747,295	27 831,497

Part V Other 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	
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	0	
b	Did the organization file Form 1120-POL for this year?		37b	
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		39a	
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 ► 0, section 4912 ► 0, section 4955 ► 0		40b	No
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	
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 ► 0		40b	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0		40b	
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 ► OH			
42a	The organization's books are in care of ► PAUL BOHLMAN		Telephone no ► (614) 748-1180	
	PO Box 20334 Located at ► Columbus, OH		ZIP + 4 ► 43220	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		42b	No
	If "Yes," enter the name of the foreign country ► _____		42b	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		42c	
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	No
	If "Yes," enter the name of the foreign country ► _____		42c	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		43	
44	Did the organization maintain any donor advised funds? If "Yes," <i>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)? If "Yes," <i>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.

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

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	2011-03-15 Date	
	NICK TOMASHOT DIRECTOR Type or print name and title		

Paid Preparer's Use Only	Preparer's signature Sharon R Reisman	Date 2011-03-14	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 CLARK SCHAEFER HACKETT & CO 150 E CAMPUS VIEW BLVD SUITE 100 COLUMBUS, OH 43235			EIN <input checked="" type="checkbox"/>
				Phone no (614) 885-2208

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

2009

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization
COLUMBUS KIWANIS FOUNDATION

Employer identification number

23-7347723

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches **section 170(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 operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
KIWANIS INTERNATIONAL COLUMBUS OH	316037010	501(C)4	Yes		Yes		Yes		76,803
Total									76,803

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

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

Section A. Public Support

Calendar 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")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 23-7347723
Name: COLUMBUS KIWANIS FOUNDATION

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
J david ryan 1631 roxbury rd f-2 columbus, OH 43212	president 2 00	0	0	0
michael becker 4499 bradford rd columbus, OH 43220	vice president 2 00	0	0	0
fred miller 1936 andover columbus, OH 43212	treasurer 2 00	0	0	0
paul bohlman 4932 donegal cliffs dr dublin, OH 43017	secretary 2 00	0	0	0
scott lindsey po box 20367 columbus, OH 43220	trustee 2 00	0	0	0
tim barhorst 5222 double eagle ave westerville, OH 43081	trustee 2 00	0	0	0
neil distelhorst 1505 alton rd galloway, OH 43119	trustee 2 00	0	0	0
charlotte collister 2085 elgin road columbus, OH 43221	trustee 2 00	0	0	0
s ronald cook 1020 woodman dr worthington, OH 43085	trustee 2 00	0	0	0
alan weiler 9000 River End Powell, OH 43065	trustee 2 00	0	0	0

Supplemental Information Regarding Fundraising or Gaming Activities

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
COLUMBUS KIWANIS FOUNDATION

Employer identification number

23-7347723

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	<input type="checkbox"/> Mail solicitations	e	<input type="checkbox"/> Solicitation of non-government grants
b	<input type="checkbox"/> Internet and e-mail solicitations	f	<input type="checkbox"/> Solicitation of government grants
c	<input type="checkbox"/> Phone solicitations	g	<input type="checkbox"/> Special fundraising events
d	<input type="checkbox"/> 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 (Add col (a) through col (c))
		AUCTION (event type)	REGATTA FUNDRAISER (event type)	(total number)	
Revenue	1 Gross receipts . . .	42,920	11,713		54,633
	2 Less Charitable contributions . . .				
	3 Gross income (line 1 minus line 2) . . .	42,920	11,713		54,633
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . . .	0	0		
	10 Direct expense summary Add lines 4 through 9 in column (d)				
	11 Net income summary Combine lines 3, column d, and line 10.				54,633

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				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Direct Expenses	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column d, and line 7				

		Yes	No
9 Enter the state(s) in which the organization operates gaming activities	9a		
a Is the organization licensed to operate gaming activities in each of these states?			
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	13a	13b
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
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 ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> 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 Grants and Similar Amounts Paid Schedule

Name: COLUMBUS KIWANIS FOUNDATION**EIN:** 23-7347723

Item No.	1
Class of Activity	
Donee's Name	Center of Vocational Alternatives
Donee's Address	3770 N High Street Columbus, OH 43214
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-01

Item No.	2
Class of Activity	
Donee's Name	Columbus Area Inc
Donee's Address	1515 E Broad St Columbus, OH 43205
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-05

Item No.	3
Class of Activity	
Donee's Name	Multiethnic Advocates for Cultural Competencies
Donee's Address	1335 Dublin Road Ste 105C Columbus, OH 43215
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-01

Item No.	4
Class of Activity	
Donee's Name	Starr Commonwealth Hannah Neil
Donee's Address	301 Obetz Road Columbus, OH 43207
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-08

Item No.	5
Class of Activity	
Donee's Name	United Methodist Children's Home
Donee's Address	1033 High St Worthington, OH 43085
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-05

Item No.	6
Class of Activity	
Donee's Name	Salvation Army
Donee's Address	966 East Main Street Columbus, OH 43205
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-11

Item No.	7
Class of Activity	
Donee's Name	Chad Endsley
Donee's Address	7310 Stemen Road Pickerington, OH 43147
Amount (FMV)	333
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-03

Item No.	8
Class of Activity	
Donee's Name	Jack D'Aurora
Donee's Address	1552 Pemberton Drive Columbus, OH 43221
Amount (FMV)	171
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-03

Item No.	9
Class of Activity	
Donee's Name	Joyce Waters
Donee's Address	1756 Ridgecliff Road Columbus, OH 43221
Amount (FMV)	69
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-03

Item No.	10
Class of Activity	
Donee's Name	Ohio Business Week
Donee's Address	1572 W First Ave Columbus, OH 43212
Amount (FMV)	68
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-03

Item No.	11
Class of Activity	
Donee's Name	Stellarwind Technology Marketing
Donee's Address	400 Longshore Road Sunbury, OH 43074
Amount (FMV)	400
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-02

Item No.	12
Class of Activity	
Donee's Name	Columbus International Program
Donee's Address	57 Jefferson Street Columbus, OH 43215
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-07

Item No.	13
Class of Activity	
Donee's Name	Southeast Inc
Donee's Address	16 West Long St Columbus, OH 43215
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-05

Item No.	14
Class of Activity	
Donee's Name	Broad Street United Methodist Church
Donee's Address	501 E Broad Street Columbus, OH 43215
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-12

Item No.	15
Class of Activity	
Donee's Name	Broad Street United Methodist Church
Donee's Address	502 E Broad Street Columbus, OH 43215
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-04

Item No.	16
Class of Activity	
Donee's Name	Broad Street United Methodist Church
Donee's Address	503 E Broad Street Columbus, OH 43215
Amount (FMV)	325
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-09

Item No.	17
Class of Activity	
Donee's Name	Community Housing Network
Donee's Address	1680 Watermark Drive Columbus, OH 43215
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-08

Item No.	18
Class of Activity	
Donee's Name	Homeless Families Foundation
Donee's Address	651 W Broad Street Columbus, OH 43215
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-08

Item No.	19
Class of Activity	
Donee's Name	Huckleberry House
Donee's Address	1421 Hamlet Street Columbus, OH 43201
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-08

Item No.	20
Class of Activity	
Donee's Name	Jim Shively
Donee's Address	1030 Parkway Drive Grandview, OH 43212
Amount (FMV)	455
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-02

Item No.	21
Class of Activity	
Donee's Name	Salvation Army
Donee's Address	966 East Main Street Columbus, OH 43205
Amount (FMV)	811
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-09

Item No.	22
Class of Activity	
Donee's Name	Southeast Inc
Donee's Address	16 West Long St Columbus, OH 43215
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-09

Item No.	23
Class of Activity	
Donee's Name	Columbus Council on World Affairs
Donee's Address	51 Jefferson Avenue Columbus, OH 43215
Amount (FMV)	600
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-08

Item No.	24
Class of Activity	
Donee's Name	Columbus International Program
Donee's Address	57 Jefferson Street Columbus, OH 43215
Amount (FMV)	150
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-11

Item No.	25
Class of Activity	
Donee's Name	Columbus International Program
Donee's Address	58 Jefferson Street Columbus, OH 43215
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-02

Item No.	26
Class of Activity	
Donee's Name	Columbus International Program
Donee's Address	59 Jefferson Street Columbus, OH 43215
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-08

Item No.	27
Class of Activity	
Donee's Name	Kiwanis Club of Columbus
Donee's Address	PO Box 20334 Columbus, OH 43220
Amount (FMV)	99
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-05

Item No.	28
Class of Activity	
Donee's Name	Jim Shively
Donee's Address	1030 Parkway Drive Grandview, OH 43212
Amount (FMV)	308
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-12

Item No.	29
Class of Activity	
Donee's Name	Jim Shively
Donee's Address	1031 Parkway Drive Grandview, OH 43212
Amount (FMV)	192
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-09

Item No.	30
Class of Activity	
Donee's Name	Cols & Central OH Children's Chorus Fdn
Donee's Address	760 E Broad St Columbus, OH 43205
Amount (FMV)	875
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-04

Item No.	31
Class of Activity	
Donee's Name	Columbus Alternative High School
Donee's Address	2632 McGuffey Rd Columbus, OH 43211
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-07

Item No.	32
Class of Activity	
Donee's Name	Columbus Children's Choir
Donee's Address	760 E Broad St Columbus, OH 43205
Amount (FMV)	875
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-07

Item No.	33
Class of Activity	
Donee's Name	Columbus Dance Theatre
Donee's Address	592 E Main Street Columbus, OH 43215
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-09

Item No.	34
Class of Activity	
Donee's Name	Kiaca Gallery
Donee's Address	937 N High St Columbus, OH 43201
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-03

Item No.	35
Class of Activity	
Donee's Name	Columbus Public Library
Donee's Address	96 South Grant Street Columbus, OH 43215
Amount (FMV)	12,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-09

Item No.	36
Class of Activity	
Donee's Name	Columbus Foundation
Donee's Address	1234 E Broad Street Columbus, OH 43205
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-01

Item No.	37
Class of Activity	
Donee's Name	Columbus Foundation
Donee's Address	1235 E Broad Street Columbus, OH 43205
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-09

Item No.	38
Class of Activity	
Donee's Name	Columbus Foundation
Donee's Address	1236 E Broad Street Columbus, OH 43205
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-09

Item No.	39
Class of Activity	
Donee's Name	David Brainin
Donee's Address	5369 Towncrier Court Columbus, OH 43230
Amount (FMV)	533
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-05

Item No.	40
Class of Activity	
Donee's Name	Employment For Seniors
Donee's Address	4500 E Broad Street Columbus, OH 43215
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-02

Item No.	41
Class of Activity	
Donee's Name	Honor Flight
Donee's Address	2185 Ridgecliff Rd Columbus, OH 43221
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-09

Item No.	42
Class of Activity	
Donee's Name	Ohio School for the Deaf Alumni Assoc
Donee's Address	500 Morse Rd Columbus, OH 43214
Amount (FMV)	900
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-05

Item No.	43
Class of Activity	
Donee's Name	Fil Line
Donee's Address	3298 Scioto Run Blvd Hilliard, OH 43026
Amount (FMV)	105
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-12

Item No.	44
Class of Activity	
Donee's Name	Kiwanis International
Donee's Address	3636 Woodview Trace Indianapolis, IN 46268
Amount (FMV)	600
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-08

Item No.	45
Class of Activity	
Donee's Name	Ohio District Circle K
Donee's Address	6161 Busch Blvd Sruite 220 Columbus, OH 43229
Amount (FMV)	20
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-01

Item No.	46
Class of Activity	
Donee's Name	Ohio District Key Club
Donee's Address	6161 Busch Blvd Sruite 220 Columbus, OH 43229
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	47
Class of Activity	
Donee's Name	Children's Hunger Alliance
Donee's Address	370 S 5th St Columbus, OH 43215
Amount (FMV)	1,400
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-08

Item No.	48
Class of Activity	
Donee's Name	Columbus Early Learning Centers
Donee's Address	40 North Grubb St Columbus, OH 43215
Amount (FMV)	3,360
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-07

Item No.	49
Class of Activity	
Donee's Name	Columbus Museum of Art
Donee's Address	480 E Broad St Columbus, OH 43215
Amount (FMV)	3,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-07

Item No.	50
Class of Activity	
Donee's Name	Jim Shively
Donee's Address	1030 Parkway Drive Grandview, OH 43212
Amount (FMV)	85
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	51
Class of Activity	
Donee's Name	Ohio District Foundation
Donee's Address	1701 Moler Road Columbus, OH 43207
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-01

Item No.	52
Class of Activity	
Donee's Name	United Services Organizations
Donee's Address	PO Box 13176 Columbus, OH 43213
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-07

Item No.	53
Class of Activity	
Donee's Name	Boys & Girls Club
Donee's Address	115 S Gift Street Columbus, OH 43215
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-08

Item No.	54
Class of Activity	
Donee's Name	Buckeye Ranch
Donee's Address	5665 Hoover Road Grove City, OH 43123
Amount (FMV)	1,250
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-08

Item No.	55
Class of Activity	
Donee's Name	Dodge Recreation Center
Donee's Address	667 Sullivant Ave Columbus, OH 43215
Amount (FMV)	3,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-07

Item No.	56
Class of Activity	
Donee's Name	Huckleberry House
Donee's Address	1421 Hamlet Street Columbus, OH 43201
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-08

Item No.	57
Class of Activity	
Donee's Name	Kiwanis International
Donee's Address	3636 Woodview Trace Indianapolis, IN 46268
Amount (FMV)	400
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-04

Item No.	58
Class of Activity	
Donee's Name	MJW Graphics
Donee's Address	PO Box 1464 Reynoldsburg, OH 43068
Amount (FMV)	1,869
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-08

Item No.	59
Class of Activity	
Donee's Name	Ohio School for the Deaf
Donee's Address	500 Morse Rd Columbus, OH 43214
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-05

Item No.	60
Class of Activity	
Donee's Name	The Wellness Community
Donee's Address	10330 Sawmill Pkwy Ste 600 Powell, OH 43065
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-09

Item No.	61
Class of Activity	
Donee's Name	United Methodist Children's Home
Donee's Address	1033 High St Worthington, OH 43085
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-07

Item No.	62
Class of Activity	
Donee's Name	Urban League
Donee's Address	788 Mount Vernon Ave Columbus, OH 43203
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-02

Item No.	63
Class of Activity	
Donee's Name	Columbus Foundation
Donee's Address	1237 E Broad Street Columbus, OH 43205
Amount (FMV)	9,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-10

TY 2009 Other Assets Schedule

Name: COLUMBUS KIWANIS FOUNDATION**EIN:** 23-7347723

Description	Beginning of Year Amount	End of Year Amount
INVESTMENTS - SECURITIES	427,953	495,419
ACCRUED INTEREST RECEIVABLE	2,359	2,033
INVESTMENTS - MONEY MARKET FUND CD'S	285,000	288,646
INTEREST RECEIVABLE - MONEY MARKET FUND	0	366

TY 2009 Other Changes in Net Assets Schedule**Name:** COLUMBUS KIWANIS FOUNDATION**EIN:** 23-7347723

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	28,538

TY 2009 Other Expenses Schedule

Name: COLUMBUS KIWANIS FOUNDATION**EIN:** 23-7347723

Description	Amount
1916 SOCIETY	79
ADMINISTRATION	3,077
BANK CHARGES	154
INSURANCE	2,300
TAXES	1,200

TY 2009 Other Liabilities Schedule**Name:** COLUMBUS KIWANIS FOUNDATION**EIN:** 23-7347723

Description	Beginning of Year Amount	End of Year Amount
	0	0

TY 2009 Transfers Personal Benefits Contracts Declaration

Name: COLUMBUS KIWANIS FOUNDATION

EIN: 23-7347723

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.