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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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.

**A** For the 2009 calendar year, or tax year beginning October 1, 2009, and ending September 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 200709 040090026 29ICKiwanis International K00040 Erie

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

P. O. Box 3715

City or town, state or country, and ZIP + 4

Erie, PA 16508-3715**D** Employer identification number25-1654393**E** Telephone number814-868-4406**F** Group ExemptionNumber ► 0026

• **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: ► www.eriekiwanis.org**J** Tax-exempt status (check only one) — ☒ 501(c) ( 4 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** 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 ► \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	300.00
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	20,451.79
	<b>4</b>	Investment income . . . . .	<b>4</b>	
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	<b>a</b>	Gross revenue (not including \$ <u>300.00</u> of contributions reported on line 1) . . . . .	<b>6a</b>	22,357.72
	<b>b</b>	Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	9,447.70
<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	12,910.02	
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b>	Other revenue (describe ► <u>Interest</u> ) . . . . .	<b>8</b>	295.58	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	33,957.39	
Expenses	<b>10</b>	Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	14,202.54
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	1,200.00
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	833.91
	<b>16</b>	Other expenses (describe ► <u>Dues, meals, etc.</u> ) . . . . .	<b>16</b>	20,415.27
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	36,651.72
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	(2,694.33)
	<b>19</b>	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) . . . . .	<b>19</b>	23,801.99
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	21,107.66

**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
<b>22</b> Cash, savings, and investments . . . . .	23,801.99	21,107.66
<b>23</b> Land and buildings . . . . .		
<b>24</b> Other assets (describe ► ) . . . . .		
<b>25</b> <b>Total assets</b> . . . . .		
<b>26</b> <b>Total liabilities</b> (describe ► ) . . . . .		
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	23,801.99	21,107.66

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		<input checked="" type="checkbox"/>
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		<input checked="" type="checkbox"/>
<b>35</b>	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.		
<b>a</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b>	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 . . . . .		<input checked="" type="checkbox"/>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<b>38a</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> N/A		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> N/A		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> N/A		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</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 . . . . .		<input checked="" type="checkbox"/>
<b>c</b>	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		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
<b>e</b>	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. . . . .		<input checked="" type="checkbox"/>
<b>41</b>	List the states with which a copy of this return is filed. ▶		
<b>42a</b>	The organization's books are in care of ▶ <u>Clarence J. Swahn, Jr.</u> Telephone no. ▶ <u>(814) 868.4406</u> Located at ▶ <u>3935 Myrtle Street, Erie, PA</u> ZIP + 4 ▶ <u>16508-3015</u>		
<b>b</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)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶		<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>

**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.

<b>46</b>	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 . . . . .	<b>46</b>	<b>Yes</b>	<b>No</b>
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>		
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>		
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>		
<b>b</b>	If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>		

**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."

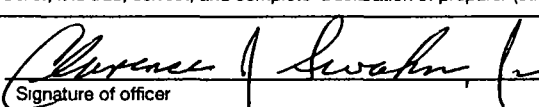

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**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		

**d** Total number of other independent contractors each receiving over \$100,000 . . . ▶ \_\_\_\_\_

<b>Sign Here</b>	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		2.11.2011 Date	
<b>Paid Preparer's Use Only</b>	Clarence J. Swahn, Jr., Treasurer Type or print name and title			
	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no.

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



**Kiwanis Club of Erie**  
**25-1654393**

**Special Events**  
**Statement 2**

	Gross Income	Direct Expense	Net Income
Gumball	\$531 12	\$0 00	\$531 12
Peanut Day	\$2,937 66	\$1,245 39	\$1,692.27
Golf Tournament	\$7,810 00	\$5,805 90	\$2,004.10
Rose Sale	\$1,954.00	\$1,397 00	\$557.00
Diner's Card	\$6,220.94	\$499 41	\$5,721 53
Racing for Kids	\$2,900.00	\$500.00	\$2,400 00
Other	\$4.00	\$0 00	\$4 00
Total	\$22,357 72	\$9,447 70	\$12,910 02

**Kiwanis Club of Erie**  
**25-1654393**

**Grants & Similar Amounts Paid**  
**Statement 3**

Nat'l Alliance on Mental Illness	\$2,100 00
Camp Cadet	\$1,500 00
Aktion Club	\$100.00
Mercyhurst Circle K	\$625 00
Cathedral Prep K Club	\$600 00
Community Shelter	\$600 00
Bring Up Your Grades Program	\$200.00
Student Recognition Day	\$1,286 64
Youth Choir	\$100 00
Youth Guidance	\$1,000 00
Spoon's Basketball League	\$200 00
Pa District Foundation	\$500.00
K International Foundation	\$500 00
Emmaus Soup Kitchen	\$250.00
United Way	\$250.00
Perry Square Alliance	\$1,000 00
MHEDS	\$600.00
Children's Museum	\$2,490 90
K Kids	\$300 00
Total	\$14,202 54

**KIWANIS CLUB OF ERIE**  
**25-1654393**

**OFFICERS & DIRECTORS**  
**Statement 1**

A Name & Address	B Title Avg. Hrs per Wk.	C Compensation	D Contribution to Emp Ben Plans & Def Comp.	E Expense Account & Other Allowances
Jerry Fagley 3537 Wesr 12th street Erie, PA 16505	President 5	\$0 00	\$0 00	\$0 00
Lynne S. P. Poyer 327 Connecticut Dr Erie, PA 16505	President Elect 2	\$0.00	\$0 00	\$0.00
Tom Kalkhof 2103 East 33rd Street Erie, PA 16510	Vice President 3	\$0.00	\$0 00	\$0 00
Marilee Carter 2323 Santa Maria Dr Erie, PA 16506	Secretary 5	\$600 00	\$0.00	\$0 00
Clarence Swahn, Jr. 3935 Myrtle Street Erie, PA 16508	Treasurer 5	\$600.00	\$0.00	\$0 00
David Szymanski 13821 Route 8 Wattsburg, PA 16442	Imm Past Pres. 4	\$0.00	\$0 00	\$0 00
Richard Giacomelli PO Box 3625 Erie, PA 16508	Director 1	\$0.00	\$0 00	\$0.00
Cynthia Taylor 1052 Grace Street Erie, PA 16505	Director 1	\$0 00	\$0 00	\$0 00
Janice Locke 405 Powell Avenue Erie, PA 16505	Director 1	\$0.00	\$0.00	\$0.00
William S Sapone 5703 Langmore Lane Erie, PA 16505	Director 1	\$0.00	\$0 00	\$0.00
Denise Kemp 728 East 33rd street Erie, PA 16504	Director 1	\$0.00	\$0 00	\$0 00
Denise Kolivoski 1611 Peach St.Ste 105 Erie, PA 16501	Director 1	\$0.00	\$0.00	\$0 00
Diane Nagel 4356 W12th St Apt 22 Erie, PA 16505	Director 1	\$0 00	\$0.00	\$0.00