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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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization KIWANIS INTERNATIONAL CLUB SPRINGFIELD OHIO		D Employer identification number  31-0342098
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 1653		E Telephone number  (937) 390-1265
Name change				
Initial return		City or town, state or country, and ZIP + 4 SPRINGFIELD, OH 455011653		F Group Exemption Number 
Terminated				
Amended return				
Application pending				





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




<b>I Website:</b> N/A		<b>H Check</b> <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Tax-Exempt status</b> (check only one) <input checked="" type="checkbox"/> 501(c)(4)  (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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.

<b>L</b> 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	<b>\$</b>	112,105
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<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I )
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Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	5,140
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	22,246
	<b>4</b>	Investment income . . . . .	<b>4</b>	46
	<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 <b>gaming</b> , check here  		
	<b>a</b>	Gross revenue (not including \$ _ of contributions reported on line 1) . . . . .	<b>6a</b>	84,673
	<b>b</b>	Less direct expenses other than fundraising expenses . . . . .	<b>6b</b>	
	<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	84,673
	<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  _____)	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . 	<b>9</b>	112,105	

Expenses	10	Grants and similar amounts paid (attach schedule) 	10	21,445
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	9,900
	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	79,939
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . 	17	111,284

Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	821
	<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)	5,025
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20	5,846

**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 . . . . .	5,025	22 5,846
23	Land and buildings . . . . .		23
24	Other assets (describe _____)		24
25	<b>Total assets</b> . . . . .	5,025	25 5,846
26	<b>Total liabilities</b> (describe _____)		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	5,025	27 5,846

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (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? SERVICE CLUB			
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			
<b>28</b> YOUTH SERVICES, CIRCLE K, KEY CLUBS, BUILDERS CLUBS, ASSIST DISADVANTAGED & HANDICAPPED YOUTH & SMALL CHILDREN BENEFIT 1000+ PER YEAR (Grants \$ 12,021) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	12,021
<b>29</b> CITIZENSHIP SERVICES, SENIOR & DIADVANTAGED, KIWANIS WORLD HEALTH, CHARITABLE CAUSES BENEFIT 5000-10000 EACH YEAR (Grants \$ 3,243) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	3,243
<b>30</b> HUMAN & SPIRITUAL VALUES, INSPIRATIONAL & EDUCATIONAL MATERIALS BENEFIT 500+ EACH YEAR (Grants \$ 6,181) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	6,181
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	21,445

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

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 <b>not</b> 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 <b>Form 990-T</b> 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	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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 ▶ K RICHARD RICE Telephone no ▶ (937) 399-2629 537 RENESSELAR STREET Located at ▶ SPRINGFIELD, OH ZIP + 4 ▶ 45504		
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	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 <b>Form 1041</b> —Check here . . . . . ▶ <input checked="" type="checkbox"/> 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? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	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.	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		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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

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

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		2011-01-04 Date		
	RICHARD RICE, TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	STEVEN M STUCKEY	Date 2011-01-04	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	STUCKEY & ASSOCIATES INC 2663 DERR RD SPRINGFIELD, OH 45503			EIN
					Phone no (937) 629-0890
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Additional Data

Software ID:  
Software Version:  
EIN: 31-0342098  
Name: KIWANIS INTERNATIONAL CLUB  
SPRINGFIELD OHIO

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
JEANNINE FOX 2685 PRESTWICK VILLAGE CIRCLE SPRINGFIELD, OH 45503	PAST PRESIDE 0	0		
GENE CLIFTON 908 N FOUNTAIN SPRINGFIELD, OH 45504	PRESIDENT 0	0		
KENT ROSS 721 HARTFORD DRIVE SPRINGFIELD, OH 45503	PRESIDENT - 0	0		
RICHARD RICE 537 RENESSELAR ST SPRINGFIELD, OH 45503	TREASURER 0	2,400		
PAUL PRICE 3214 SUDBURY STREET SPRINGFIELD, OH 45503	SECRETARY 0	7,500		
SHANNON DOYLE 29 E THIRD STREET SPRINGFIELD, OH 45504	DIRECTOR 0	0		
DONNA FREDERICK 5165 HEARTHSTONE DRIVE SPRINGFIELD, OH 45502	DIRECTOR 0	0		
CATHY TUCKERMAN 3232 PLUM STREET COURT SPRINGFIELD, OH 45503	DIRECTOR 0	0		
RICH WALDREN 1355 E HOME ROAD SPRINGFIELD, OH 45503	VICE - PRESI 0	0		
DENIS DRISCOLL 677 BISCHOFF ROAD SPRINGFIELD, OH 45503	DIRECTOR 0	0		
ALAN FEINSTEIN 1501 VILLA ROAD SPRINGFIELD, OH 45503	DIRECTOR 0	0		
VAUGHN MCKENNEY 2669 HOME ORCHARD DRIVE SPRINGFIELD, OH 45503	DIRECTOR 0	0		
NANCY PENCE 5100 N DAYTON - LAKEVIEW ROAD NEW CARLISLE, OH 45344	DIRECTOR 0	0		
JD SMITH 2307 SUNSET SPRINGFIELD, OH 45505	DIRECTOR 0	0		

**TY 2009 Compensation Explanation****Name:** KIWANIS INTERNATIONAL CLUB

SPRINGFIELD OHIO

**EIN:** 31-0342098

Person Name	Explanation
JEANNINE FOX	
GENE CLIFTON	
KENT ROSS	
RICHARD RICE	
PAUL PRICE	
SHANNON DOYLE	
DONNA FREDERICK	
CATHY TUCKERMAN	
RICH WALDREN	
DENIS DRISCOLL	
ALAN FEINSTEIN	
VAUGHN MCKENNEY	
NANCY PENCE	
JD SMITH	

**TY 2009 Grants and Similar Amounts Paid Schedule****Name:** KIWANIS INTERNATIONAL CLUB

SPRINGFIELD OHIO

**EIN:** 31-0342098

<b>Item No.</b>	1
<b>Class of Activity</b>	
<b>Donee's Name</b>	YOUTH SERVICES
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	



TY 2009 Other Expenses Schedule

**Name:** KIWANIS INTERNATIONAL CLUB  
SPRINGFIELD OHIO  
**EIN:** 31-0342098

Description	Amount
GOLF OUTING	
GOLF OUTING EXPENSES	4,019
HOLIDAY SALE	
HOLIDAY SALE/CANDY & NUTS	11,748
BASKET BALL TOURNEY	
BASKETBALL TOURNEY EXPENS	7,463
PANCAKE DAY	
PANCAKE BREAKFAST EXPENSE	1,269
LUNCHEON	
LUNCHEON MEAL EXPENSES	23,544
PRES DINNER/SILENT AUCTION	
PRESIDENT'S DINNER EXP.	2,538
EXPENSES	
BULLETIME PRINTING/POSTAGE	976
PRINTING	559
POSTAGE	312
OFFICE SUPPLIES	2,270
COMPUTER EXPENSES	1,535
WEBSITE EXPENSES	375
INSURANCE & BONDING	616
LIABILITY INSURANCE	1,464
PAYMENTS TO AFFILIATES	14,879
CLUB COMMITTEES	3,848
MEMBERSHIP/GROWTH/EDUCATI	1,960
PUBLIC RELATIONS	233
MISCELLANEOUS	331