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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 KIWANIS INTERNATIONAL CLUB SPRINGFIELD OHIO	D Employer identification number 31-0342098
Number and street (or P O box, if mail is not delivered to street address) PO BOX 1653	E Telephone number (937) 390-1265
City or town, state or country, and ZIP + 4 SPRINGFIELD, OH 455011653	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) (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 ► \$ 112,105

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	5,140
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	22,246
4	Investment income	4	46
5a	Gross amount from sale of assets other than inventory	5a	
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	84,673
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	84,673
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)	7c	
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)	8	
8	Other revenue (describe ►)	9	112,105
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
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	Total expenses. Add lines 10 through 16	17	111,284
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	821
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	5,025
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	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 Total assets	5,025	25 5,846
26 Total liabilities (describe ►)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,025	27 5,846

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? 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				
28 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"/>		28a 12,021
29 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"/>		29a 3,243
30 HUMAN & SPIRITUAL VALUES, INSPIRATIONAL & EDUCATIONAL MATERIALS BENEFIT 500+ EACH YEAR (Grants \$ 6,181)		If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		30a 6,181
31 Other program services (attach schedule) (Grants \$)		If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		31a
32 Total program service expenses (add lines 28a through 31a)	 ►		32 21,445
Part IV List of Officers, Directors, Trustees, and Key Employees. 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 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		
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		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 ► _____, section 4912 ► _____, section 4955 ► _____		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			
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>K RICHARD RICE</u> Telephone no ► <u>(937) 399-2629</u> 537 RENESSELAR STREET Located at ► <u>SPRINGFIELD, OH</u> ZIP + 4 ► <u>45504</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)?		42b	No
	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.			
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 ► _____			
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 ► <u>43</u>			
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.

	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	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
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

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 RICHARD RICE TREASURER Type or print name and title	Date 2011-01-04	

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) STUCKEY & ASSOCIATES INC
	Firm's name (or yours if self-employed), address, and ZIP + 4 2663 DERR RD SPRINGFIELD, OH 45503			EIN <input checked="" type="checkbox"/>

May the IRS discuss this return with the preparer shown above? See instructions ➤ Yes 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 RENESSE LAR 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

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

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	
BULLETINE 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