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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 <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization KIWANIS CLUB OF FINDLAY OHIO INC		D Employer identification number 34-6539913
		Number and street (or P O box, if mail is not delivered to street address) 601 SOUTH MAIN STREET		E Telephone number (419) 424-1835
		City or town, state or country, and ZIP + 4 FINDLAY, OH 45840		F Group Exemption Number 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) H	
I Website: WWW.FINDLAYKIWANIS.ORG		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Tax-Exempt status (check only one)— <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> (insert no.) 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input type="checkbox"/> 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 \$ 55,166			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)										
Revenue	1	Contributions, gifts, grants, and similar amounts received							1	570
	2	Program service revenue including government fees and contracts							2	
	3	Membership dues and assessments							3	35,981
	4	Investment income							4	6
	5a	Gross amount from sale of assets other than inventory					5a		5c	
	b	Less cost or other basis and sales expenses					5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					5c			
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here							6c	7,845
	a	Gross revenue (not including \$ _ of contributions reported on line 1)					6a	18,609		
	b	Less direct expenses other than fundraising expenses					6b	10,764		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)					6c				
Expenses	7a	Gross sales of inventory, less returns and allowances					7a		7c	
	b	Less cost of goods sold					7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c			
	8	Other revenue (describe _____)							8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8							9	44,402
	10	Grants and similar amounts paid (attach schedule)							10	14,449
	11	Benefits paid to or for members							11	
	12	Salaries, other compensation, and employee benefits							12	1,080
	13	Professional fees and other payments to independent contractors							13	
	14	Occupancy, rent, utilities, and maintenance							14	
Net Assets	15	Printing, publications, postage, and shipping							15	
	16	Other expenses (describe _____)							16	40,673
	17	Total expenses. Add lines 10 through 16							17	56,202
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)							18	-11,800
	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	43,091
	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	31,291

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	42,124	22 30,144
23 Land and buildings		23
24 Other assets (describe)	1,497	24 2,202
25 Total assets	43,621	25 32,346
26 Total liabilities (describe)	530	26 1,055
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	43,091	27 31,291

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? PROMOTION OF SOCIAL WELFARE AND SERVICE TO THE COMMUNITY			
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 COMMUNITY SERVICES PROVIDE ACTIVITIES FOR ELDERLY, COMPLETE SERVICE PROJECTS FOR OTHER LOCAL AGENCIES IN NEED, PROVIDE ASSISTANCE WHERE NEEDED (Grants \$ 2,674) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	2,674
29 YOUTH PROGRAMS PROVIDED FOR CHILDREN IN NEED, SUPPORT YOUTH THROUGH SUPPORT PROGRAMS AND YOUTH ORGANIZATIONS (Grants \$ 11,775) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	11,775
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
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	14,449

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ OH		
42a	The organization's books are in care of ▶ JASON GUNN Telephone no ▶ (419) 424-1835 314 W HARDIN ST Located at ▶ FINDLAY, OH ZIP + 4 ▶ 45840		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input 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		2011-05-06 Date	
Paid Preparer's Use Only	JASON GUNN, TREASURER Type or print name and title			
	Preparer's signature	ROBIN L RIDGE, CPA	Date 2011-05-06	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	THOMAS AND RIDGE CPAS INC 314 W HARDIN STREET FINDLAY, OH 45840			EIN Phone no (419) 424-1835
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
KIWANIS CLUB OF FINDLAY OHIO INC

Employer identification number
34-6539913

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

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>PANCAKE DAY</u>			(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
1	Gross receipts	. . .	13,406			13,406	
2	Less Charitable contributions	. . .					
3	Gross income (line 1 minus line 2)	. . .	13,406			13,406	
Direct Expenses	4	Cash prizes	. . .				
	5	Non-cash prizes	. .				
	6	Rent/facility costs	. .				
	7	Food and beverages	. .				
	8	Entertainment	. . .				
	9	Other direct expenses	.	4,645		4,645	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					4,645
	11	Net income summary Combine lines 3, column d, and line 10. ▶					8,761

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.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
Direct Expenses	1	Gross revenue				
	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" 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 _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	No
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	No
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	No
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	No

13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	13a		
b	An outside facility	13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ JASON GUNN				
Address ▶ 314 WHARDIN ST FINDLAY, OH 45840				
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 ▶ \$ _____			No
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 ▶ \$			No

TY 2009 Compensation Explanation**Name:** KIWANIS CLUB OF FINDLAY OHIO INC**EIN:** 34-6539913

Person Name	Explanation
PAT GARLOCK	
MIKE PEPPL	
GRANT RUSSEL	
JEFF WHITMAN	
SANDE JOHNSON	
JASON GUNN	
KAREN CORBIN	
LENI MUELLER	
MARK PRUDEN	
CHUCK ROGERS	
KAREN BRANNAN	
MIKE BROWN	
DOUG CAMERON	
RICK KIDWELL	

TY 2009 Other Assets Schedule

Name: KIWANIS CLUB OF FINDLAY OHIO INC

EIN: 34-6539913

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	1,497	2,202
	1,497	2,202

TY 2009 Other Expenses Schedule**Name:** KIWANIS CLUB OF FINDLAY OHIO INC**EIN:** 34-6539913

Description	Amount
EXPENSES	
ADVERTISING AND PROMOTION	931
OFFICE	381
CONFERENCES/MEETINGS	6,498
INSURANCE	625
DUES/FEES	7,844
MEALS	21,857
CLUB MEETINGS	489
MEMBERSHIP	1,422
PRESIDENTIAL SPECIAL FUND	265
SPIRITUAL AIMS	345
MISCELLANEOUS	16

TY 2009 Other Liabilities Schedule

Name: KIWANIS CLUB OF FINDLAY OHIO INC

EIN: 34-6539913

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	530	1,055
	530	1,055

Additional Data

Software ID:
Software Version:
EIN: 34-6539913
Name: KIWANIS CLUB OF FINDLAY OHIO INC

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
PAT GARLOCK 17417 CR 70 JENERA, OH 45841	PRESIDENT 0	0		
MIKE PEPPLER 13097 TR 37 FINDLAY, OH 45840	PRES ELECT 0	0		
GRANT RUSSELL 1200 S MAIN ST FINDLAY, OH 45840	VICE PRES 0	0		
JEFF WHITMAN 101 SANDUSKY ST FINDLAY, OH 45840	PAST PRES 0	0		
SANDE JOHNSON 10269 PARKWOOD FINDLAY, OH 45840	SECRETARY 0	540		
JASON GUNN 314 W HARDIN ST FINDLAY, OH 45840	TREASURER 0	540		
KAREN CORBIN 409 S MAIN ST FINDLAY, OH 45840	BOARD MEMBER 0	0		
LENI MUELLER 1700 WEST VIEW DRIVE FINDLAY, OH 45840	BOARD MEMBER 0	0		
MARK PRUDEN 2506 FOXBURY LN FINDLAY, OH 45840	BOARD MEMBER 0	0		
CHUCK ROGERS 521 S MAIN ST FINDLAY, OH 45840	BOARD MEMBER 0	0		
KAREN BRANNAN 1536 W SANDUSKY ST FINDLAY, OH 45840	BOARD MEMBER 0	0		
MIKE BROWN 300 E LINCOLN ST FINDLAY, OH 45840	BOARD MEMBER 0	0		
DOUG CAMERON 16187 FOREST LAKE DR FINDLAY, OH 45840	BOARD MEMBER 0	0		
RICK KIDWELL 316 BEECHMONT DR FINDLAY, OH 45840	BOARD MEMBER 0	0		