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<b>A For the 2011 calendar year, or tax year beginning 10-01-2011 , and ending 09-30-2012</b>					
<b>B</b> Check if applicable	<b>C Name of organization</b> KIWANIS INTERNATIONAL CLUB SPRINGFIELD OHIO				
<input type="checkbox"/> Address change	<table border="1"> <tr> <td>Number and street (or P O box, if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>PO BOX 1653</td> <td></td> </tr> </table>	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	PO BOX 1653	
Number and street (or P O box, if mail is not delivered to street address)		Room/suite			
PO BOX 1653					
<input type="checkbox"/> Name change					
<input type="checkbox"/> Initial return					
<input type="checkbox"/> Terminated					
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4 SPRINGFIELD, OH 455011653				
<input type="checkbox"/> Application pending					
<b>D Employer identification number</b> 31-0342098					
<b>E Telephone number</b> (937) 390-1265					
<b>F Group Exemption Number</b> 					

**G Accounting method** ☒ Cash ☐ Accrual Other (specify) ☐ \_\_\_\_\_

**H Check** ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** ☒ SPRINGFIELDKIWANIS.ORG

**J Tax-Exempt status** (check only one)— ☐ 501(c)(3) ☒ 501(c)(4) ☐ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K Check**  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 101,667**

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	2,349
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	23,505
	4	Investment income . . . . .	4	9
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) <del>9</del>	6b	75,804
	c	Less direct expenses from gaming and fundraising events . . . . .	6c	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	75,804
	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 in Schedule O) . . . . .	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	101,667	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	22,752
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	6,600
	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 in Schedule O) . . . . .	16	70,354
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	99,706
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	1,961
	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	10,804
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21	12,765

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☐

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	10,804	22	12,765
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .		24	
25	Total assets . . . . .	10,804	25	12,765
26	Total liabilities (describe in Schedule O) . . . . .		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	10,804	27	12,765

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III		(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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 13,413) If this amount includes foreign grants, check here	28a	13,413
29	CITIZENSHIP SERVICES, SENIOR & DIADVANTAGED, KIWANIS WORLD HEALTH, CHARITABLE CAUSES BENEFIT 5000-10000 EACH YEAR (Grants \$ 3,344) If this amount includes foreign grants, check here	29a	3,344
30	HUMAN & SPIRITUAL VALUES, INSPIRATIONAL & EDUCATIONAL MATERIALS BENEFIT 500+ EACH YEAR (Grants \$ 5,995) If this amount includes foreign grants, check here	30a	5,995
31	Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . .	32	22,752

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV )				
Check if the organization used Schedule O to respond to any question in this 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
See Additional Data Table				

Part V

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

Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	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, explain in Schedule O 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	No
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 <input type="checkbox"/> <b>37a</b> <input type="text"/>		
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 tax year 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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 . . . <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> _____		
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 <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> K RICHARD RICE _____ Telephone no <input type="checkbox"/> (937) 399-2629 537 RENESSELAR STREET Located at <input type="checkbox"/> SPRINGFIELD, OH _____ ZIP + 4 <input type="checkbox"/> 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 <input 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> .	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 <input type="checkbox"/> _____	42c	No
43	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 . . . . . <input type="checkbox"/> <b>43</b> <input type="text"/>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
46			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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 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
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

d	Total number of other independent contractors each receiving over \$100,000	
52	Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

Sign Here	***** Signature of officer	2013-02-04 Date			
	RICHARD RICE TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	STEVEN M STUCKEY	Date 2013-02-04	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	MORGAN STUCKEY & TROUTWINE CPAS LLC 2663 DERR RD SPRINGFIELD, OH 455032445			EIN
					Phone no (937) 629-0890
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Open to Public Inspection**

**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

31-0342098

## Schedule G (Form 990 or 990-EZ) 2011

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
		<u>HOLIDAY SALE</u> (event type)	<u>LUNCHEON</u> (event type)	<u>3</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	23,113	21,830	25,943
	2	Less Charitable contributions . . . .			
	3	Gross income (line 1 minus line 2) . . . .	23,113	21,830	25,943
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .			
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			
					70,886

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 . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other 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 and 7 in column (d) . . . . . ▶			

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? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11

Does the organization operate gaming activities with nonmembers?

Yes

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?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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?

Yes

No

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

Director/officer

Employee

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?

Yes

No

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 \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization KIWANIS INTERNATIONAL CLUB SPRINGFIELD OHIO	Employer identification number  31-0342098
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Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMTS PAID TO ORGANIZATIONS	FORM 990- EZ, PART I, LINE 10	Y OUTH SERVICES 6,000 0 0
OTHER EXPENSES	FORM 990- EZ, PART I, LINE 16	GOLF OUTING GOLF OUTING EXPENSES 1,895 HOLIDAY SALE HOLIDAY SALE/CANDY & NUTS 12,426 BASKET BALL TOURNEY BASKETBALL TOURNEY EXPENS 8,359 PANCAKE DAY PANCAKE BREAKFAST EXPENSE 1,133 LUNCHEON LUNCHEON MEAL EXPENSES 21,618 PRES DINNER/SILENT AUCTION PRESIDENT'S DINNER EXP 2,453 ELIMINATE PROJECT OTHER EXPENSES 1,081 EXPENSES BULLETINE PRINTING/POSTAGE 832 PRINTING-CHECKS 166 POSTAGE 346 OFFICE SUPPLIES 1,186 COMPUTER EXPENSES 1,269 WEBSITE EXPENSES 375 STORAGE FEES 576 INSURANCE & BONDING 655 LIABILITY INSURANCE 1,428 PAYMENTS TO AFFILIATES 9,931 CLUB COMMITTEES 3,275 MEMBERSHIP/GROWTH/EDUCATI 608 PUBLIC RELATIONS 481 MISCELLANEOUS 261 TOTAL 70,354

**TY 2011 Compensation Explanation****Name:** KIWANIS INTERNATIONAL CLUB

SPRINGFIELD OHIO

**EIN:** 31-0342098

Person Name	Explanation
NELSON SMITH	
STEVE VROOMAN	
KENT ROSS	
K RICHARD RICE	
PAUL PRICE	
RICHARD WALDREN	
MICHAEL BASSELL	
JANE CAPE	
JOEL KLUCKMAN	
PATRICIA PERRY	
WILLIAM EDWARDS	
DOUGLAS PAUGH	
WALTER BROOKER	

Additional Data

Software ID:

Software Version:

EIN: 31-0342098

Name: KIWANIS INTERNATIONAL CLUB  
SPRINGFIELD OHIO

Form 990-EZ, Special Condition Description:

Special Condition Description
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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
NELSON SMITH 1133 WESTMONT AVENUE SPRINGFIELD, OH 45503	PRESIDENT EL 1 00	0		
STEVE VROOMAN 1801 TIMBERLINE DR SPRINGFIELD, OH 45504	VICE PRESIDE 2 00	0		
KENT ROSS 721 HARTFORD DRIVE SPRINGFIELD, OH 45503	PAST PRESIDE 2 00	0		
K RICHARD RICE 537 RENESSELAR ST SPRINGFIELD, OH 45503	TREASURER 4 00	1,800		
PAUL PRICE 3214 SUDBURY STREET SPRINGFIELD, OH 45503	SECRETARY 25 00	4,800		
RICHARD WALDREN 918 FOREST EDGE DRIVE SPRINGFIELD, OH 45503	PRESIDENT 2 00	0		
MICHAEL BASSELL 2646 CAVINS DR SPRINGFIELD, OH 45503	DIRECTOR 1 00	0		
JANE CAPE 1264 PLEASANT RUN SPRINGFIELD, OH 45503	DIRECTOR 1 00	0		
JOEL KLUCKMAN 310 WORTHFIELD BLVD SPRINGFIELD, OH 45503	DIRECTOR 1 00	0		
PATRICIA PERRY 2711 SKYLARK ROAD SPRINGFIELD, OH 45502	DIRECTOR 1 00	0		
WILLIAM EDWARDS 2807 POPLAR DRIVE SPRINGFIELD, OH 45504	DIRECTOR 1 00	0		
DOUGLAS PAUGH 1050 OLD COLUMBUS ROAD SPRINGFIELD, OH 45503	DIRECTOR 1 00	0		
WALTER BROOKER 1342 RONALD ROAD SPRINGFIELD, OH 45503	DIRECTOR 1 00	0		