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Form **990-EZ**Department of the Treasury
Internal Revenue Service**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 \$1,000,000 and total assets less than \$2,500,000 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.

OMB No 1545-1150

2008Open to Public
Inspection**A** For the 2008 calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <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 INTERNATIONAL		D Employer identification number 42-0360385
		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
		201 NORTH HARRISON ST		(563) 888-4017
		City or town, state or country, and ZIP + 4 DAVENPORT, IA 52801		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: ▶ **DAVENPORTKIWANIS.ORG**

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

J Organization type (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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **65,993.****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	8,242.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	27,548.
	4	Investment income	4	3,351.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 8,242. of contributions reported on line 1)	6a	25,823.
Expenses	6b	Less: direct expenses other than fundraising expenses	6b	25,823.
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe) SEE STATEMENT 2)	8	1,029.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	40,170.
	10	Grants and similar amounts paid (attach schedule) STMT 3	10	8,970.
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	2,000.
	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) SEE STATEMENT 1)	16	29,465.
	17	Total expenses. Add lines 10 through 16	17	40,435.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<265.>
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	5,740.	
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	5,475.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 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	5,590.	5,325.
23 Land and buildings		
24 Other assets (describe) COST BASIS OF STOCK	150.	150.
25 Total assets	5,740.	5,475.
26 Total liabilities (describe)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,740.	5,475.

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12-17-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? **SEE STATEMENT 5**

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, or other relevant information for each program title.

Expenses
(Required for 501(c)(3)
and (4) organizations and
4947(a)(1) trusts; optional
for others.)**28 BENEVOLENT GIVING TO IMPROVE THE QUALITY OF LIFE FOR CHILDREN AND FAMILIES WORLD WIDE**(Grants \$ **8,970.**) If this amount includes foreign grants, check here ☐ **28a 29,465.****29**(Grants \$) If this amount includes foreign grants, check here ☐ **29a****30**(Grants \$) If this amount includes foreign grants, check here ☐ **30a****31 Other program services (attach schedule)**(Grants \$) If this amount includes foreign grants, check here ☐ **31a****32 Total program service expenses (add lines 28a through 31a)** **32 29,465.****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
MICHELE H. DANE, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	PRESIDENT	5.00	0.	0.
RICHARD DAY, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	PAST PRESIDENT	5.00	0.	0.
RUSSELL A. DIRCKS, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	PAST PRESIDENT	5.00	0.	0.
PAMELA S. DOBBELS, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	VICE PRESIDENT	5.00	0.	0.
BETTY FOGLE, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	SECRETARY	5.00	2,000.	0.
KENT S. MARCEK, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	DIRECTOR	5.00	0.	0.
ROBERT MCCABE, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	DIRECTOR	5.00	0.	0.
JOHN NAGLE, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	DIRECTOR	5.00	0.	0.
DENA REEVES, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	DIRECTOR	5.00	0.	0.
MARY RICKETTS, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	VICE PRESIDENT	5.00	0.	0.
JOHN W. ROCHE, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	DIRECTOR	5.00	0.	0.
PETE J. SCHLICKSUP, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	TREASURER	5.00	0.	0.
KENT A. STOEFEEN, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	DIRECTOR	5.00	0.	0.
ANDREW M. TELSCHOW, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	DIRECTOR	5.00	0.	0.
THOMAS E. WAGNER, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	DIRECTOR	5.00	0.	0.

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

	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		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
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 your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.	
b Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911	N/A	
section 4912	N/A	
section 4955	N/A	
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d Enter amount of tax on line 40c reimbursed by the organization	0.	
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		X
41 List the states with which a copy of this return is filed.	NONE	
42a The books are in care of	PETER J. SCHLICKSUP	
Located at	3015 BRADY STREET, DAVENPORT, IA	
Telephone no.	563 322-0903	
ZIP + 4	52803	
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)?		X
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.?		X
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 and enter the amount of tax-exempt interest received or accrued during the tax year		
	43	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

Form 990-EZ (2008)

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 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 | 46 | Yes | No |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 | Is the organization operating a school as 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(s) a section 527 organization? | 49b | | |
| 50 | Complete this table for the 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
N/A				
Total number of other employees paid over \$100,000				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

N/A		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000		

Total number of other independent contractors each receiving over \$100,000

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 	Date
	MICHELE H. DANE, PRESIDENT Type or print name and title.	

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's Identifying Number (See instr)
	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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
GOLF OUTING	399.
DUES	5,628.
MEALS EXPENSE	17,740.
MEMBERSHIP DRIVE	304.
MISCELLANEOUS EXPENSE	170.
PRINTING & PUBLICATIONS	1,264.
POSTAGE	105.
QCCC	52.
SUPPLIES	1,154.
WEB SITE	330.
MEETINGS	2,319.
TOTAL TO FORM 990-EZ, LINE 16	29,465.

FORM 990-EZ	OTHER REVENUE	STATEMENT	2
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DESCRIPTION	AMOUNT
CIRCA 21	529.
RESCINDED GRANT	500.
TOTAL TO FORM 990-EZ, LINE 8	1,029.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
MARCH OF DIMES 2117 STATE STREET BETTENDORF, IA 52722	NONE	500.
SPASTIC PARALYSIS 5202 NORTH BRADY STREET DAVENPORT, IA 52806	NONE	500.
CENTRAL HIGH SCHOOL MUSIC DEPARTMENT 1120 MAIN STREET DAVENPORT, IA 52803	NONE	250.
SALVATION ARMY 420 WEST RIVER DRIVE DAVENPORT, IA 52801	NONE	250.
QUAD CITY WIND 518 WEST LOCUST STREET DAVENPORT, IA 52803	NONE	250.
CASI 1035 WEST KIMBERLY ROAD DAVENPORT, IA 52806	NONE	60.
RICK'S HOUSE OF HOPE 4867 FOREST GROVE DRIVE BETTENDORF, IA 52722	NONE	27.
DAVENPORT EAST LITTLE LEAGUE 29TH STREET & BRIDGE AVENUE DAVENPORT, IA 52803	NONE	450.
WEST AFTER PROM PARTY 3505 WEST LOCUST STREET DAVENPORT, IA 52804	NONE	100.

KIWANIS INTERNATIONAL42-0360385

HAND-IN-HAND 3860 MIDDLE ROAD BETTENDORF, IA 52722	NONE	250.
NAMI WALKS OF SCOTT COUNTY 1706 BRADY STREET, STE. 200 DAVENPORT, IA 52803	NONE	250.
CHILDREN'S THERAPY CENTER OF THE Q.C. 1504 13TH AVENUE MOLINE, IL 61265	NONE	1,000.
KIWANIS INTERNATIONAL FOUNDATION P.O. BOX 4 DAVENPORT, IA 52808	NONE	330.
MISS IOWA SCHOLARSHIP PROGRAM P.O. BOX 25 BETTENDORF, IA 52722	NONE	500.
DAVENPORT PARKS & RECREATION 1757 WEST 12TH STREET DAVENPORT, IA 52804	NONE	1,035.
JIM CONNELL - SUMMIT KIDS 2800 EASTERN AVENUE DAVENPORT, IA 52803	NONE	176.
GIRL SCOUTS OF MISSISSIPPI VALLEY 2011 SECOND AVENUE ROCK ISLAND, IL 61201	NONE	500.
BOY SCOUTS OF AMERICA 4711 NORTH BRADY STREET DAVENPORT, IA 52806	NONE	640.
LITERACY LEADERSHIP 500 EAST THIRD STREET DAVENPORT, IA 52801	NONE	100.

KIWANIS INTERNATIONAL

42-0360385

Y.M.C.A.
624 WEST 53RD STREET
DAVENPORT, IA 52806

NONE

1,000.

JOHN ROCHE
2309 WYNNEWOOD COURT
DAVENPORT, IA 52807

NONE

202.

MIDWEST SLUGGERS
8808 HIGHLAND DRIVE
ROCK ISLAND, IL 61201

NONE

100.

HUMILITY OF MARY
1228 EAST 12TH STREET
DAVENPORT, IA 52803

NONE

500.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

8,970.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 5

SERVICE CLUB TO IMPROVE THE QUALITY OF LIFE FOR CHILDREN AND FAMILIES
WORLDWIDE

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	KIWANIS INTERNATIONAL	42-0360385
	Number, street, and room or suite no. If a P.O. box, see instructions. 201 NORTH HARRISON ST, NO. 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DAVENPORT, IA 52801	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

PETER J. SCHLICKSUP

- The books are in the care of ► 3015 BRADY STREET - DAVENPORT, IA 52803

Telephone No. ► 563 322-0903

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until MAY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or► ☒ tax year beginning OCT 1, 2008, and ending SEP 30, 2009.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)