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990 Form

Department of the Treasury Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2011

Open to Public Inspection

<u>A</u>	For the	e <i>.</i> 2011 c		r, or tax year beginning			12		
В	Check if a		C Name of org		INTERNATIONAL	-		D Emplo	oyer identification number
L.	Addréss c	hange		OHIO DIS	STRICT				
] Name cha	inge	Doing Busin				 		-4478933
Γ	Initial retu	m l		I street (or P O box if mail is not de	ivered to street address)		Room/suite		hone number
<u> </u>	i			BUSCH BLVD.			220	61	<u>4-848-5000</u>
Ļ.	Terminate	ed l	City or town	, state or country, and ZIP + 4					
L	Amended	return	COLUM		ОН 43229-2	554		G Gross red	ceipts \$ 464,47
	Applicatio	n pending		ddress of principal officer			H(a) Is this a	aroun return for	r affiliates? Yes XI
	-		B. D	AVID WHITEMAN	, DIST. SECRI	ETARY	11(4) 15 4115 4	group roturn for	
							H(b) Are all a		
_			COLU		OH 4321	4	If "P	lo," attach a lis	st (see instructions)
1	Tax-exer	npt status		(c)(3) X 501(c) (4)	◀ (insert no) 4947(a)(1) or 527			
J	Website	<u>▶</u> ₩		OKIWANIS.ORG			H(c) Group e		
K	Form of o	organization	X Corpora	ation Trust Associatio	n Other ►	<u>L</u>	Year of formation	1918	M State of legal domicile C
	Part I	Su	ımmary		 				
	1 1 8	_		rganization's mission or mo	ost significant activities				
ą	3	See	Schedul	e 0		(Statement)	CEIVE	اں	
2								Š	
9	5		 .		,	g FE	B 27 2013	Q	
2 0 2 2013	2 (Check th	ıs box ▶ 🔝	if the organization discont	inued its operations or dis	sposed of more than 2	25% of its net as	ssets	1
20.4	ś 3 ł	Number	of voting me	mbers of the governing boo	ly (Part VI, line 1a)		BDEN, U	= 3	31
200	8 4 1	Number (of independe	ent voting members of the	governing body (Part VI, I	ne 1b)		4	31
	5	Total nun	nber of indıv	iduals employed ın calenda	r year 2011 (Part V, line :	2a)		5	2
~	{ 6 -	Total nun	nber of volur	nteers (estimate if necessa	ry)			6	8500
APR		Total unr	elated busin	ess revenue from Part VIII,	column (C), line 12			7a	
	ы	Net unrel	lated busines	ss taxable income from For	m 990-T, line 34			7b	
SCANNED		0 - 4 - 1 - 4					Prior Y		Current Year
	3 8 9		_	ants (Part VIII, line 1h)				0.760	+
3	9 1	-		enue (Part VIII, line 2g)				0,760	+
3	<i>-</i> 1			Part VIII, column (A), lines				3,845	
G			-	VIII, column (A), lines 5, 6d	· ·			3,997	
_			•	ines 8 through 11 (must ed		line 12)	40	9,617	399,01
	1			nounts paid (Part IX, colum				0	
	i i		-	r members (Part IX, columi	, ,	- 40)	1.0	U FFO	107 56
9	g 15 S			ensation, employee benefit		es 5–10)		5,558	107,56
9000	2 16a			ing fees (Part IX, column (0			
2	5 I			enses (Part IX, column (D)		0	24	2 077	250 62
_	_ '' `		•	t IX, column (A), lines 11a-	•			2,877	
		•		lines 13–17 (must equal P)		8,435 1,182	
_	g 19 1	Revenue	iess expens	ses Subtract line 18 from li	ne 12	<u>'</u>	Beginning of C		End of Year
ets	20 - 21 - 22	Total ass	ets (Part X,	line 16\				6,568	
Assi	B 21 -		olities (Part)					7,855	
Š	52 1			alances Subtract line 21 fro	om line 20		31	8,713	
	Part II		gnature E	_	on inc 20			.0,,,	303730
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				aration of preparer (other than					nowledge and belief, it is
-				David 12	Kiton				7-14-2013
S	ign	7 5	Signature of office	er CAY				Date	
	ere		B. DA	VID WHITEMAN		DIST	RICT SEC	RETAR	Y
• • •	-	P 7	Type or print nam						
_		Print/Typ	e preparer's nan	ne	Preparer's signature		Date	Check	c If PTIN
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				t Notice, see the separate					Form 990 (20
n -									(20

Form 990 (2011)	KIWANIS INTE	RNATIONAL -	·	34-4478933	Page 2
Part III S	tatement of Progran	n Service Accom	plishments		
C	heck if Schedule O c	ontains a respons	se to any question in t	his Part III	X
	be the organization's mis	sion.			
See Sch	edule O				
_				<u></u>	
	-	ınıficant program serv	rices during the year which	were not listed on the	
•	90 or 990-EZ?				Yes X No
If "Yes," des	cribe these new services	on Schedule O.			
	nization cease conducting	, or make significant	changes in how it conducts	s, any program	
services?					Yes X No
	cribe these changes on S				
				gest program services, as measured by	
				are required to report the amount of	
grants and a	illocations to others, the to	tal expenses, and rev	enue, if any, for each prog	ram service reported	
		005 500			<u> </u>
4a (Code) (Expenses \$		including grants of \$) (Revenue \$)
	•			PROVIDED ADMINISTRA	
	•			UAL KIWANIS MEMBERS	
OF OHIO	, AS WELL AS	TO THE CIR	CLE K (COLLEG	E) AND KEY CLUBS (H	IGH SCHOOL)
THAT AR	E SPONSORED B	Y THE INDI	VIDUAL KIWANI	S CLUBS. THIS SUPP	ORT INCLUDES
COLLECT	ING DUES AND	PAYING EXP	ENSES TO SUPP	ORT THE DISTRICT BO	ARDS FOR
KIWANIS	, CIRCLE K, A	ND KEY CLU	B. IN ADDITI	ON, THE DISTRICT PU	BLISHED A
				ATED IN THE PLANNIN	
			LD BY THE ORG		
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Ab (Codo) (Expenses \$) (Davisor 6	
4b (Code) (Expenses a		including grants of \$) (Revenue \$,
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4c (Code:) (Expenses \$		including grants of \$) (Revenue \$)
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44.60	<u> </u>				
_	am services (Describe in	· · · · · · · · · · · · · · · · · · ·			
(Expenses		including grants) (Revenue \$)
4e Total progra	am service expenses 🕨	227,	529		· · · · · · · · · · · · · · · · · · ·

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	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	3		X
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		77
•	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		v
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	ا ہ		v
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			v
10	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		x
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
• •	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	IIa		
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a				
	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization 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	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		ļ
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			i
	Part VI	_37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		Eor	_ aar	0 (2011)

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V

						Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0				,
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			•	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?				1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2				
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return				2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-			3a		<u>X</u>
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ancial					₩.
	account)?				4a		X
b	If "Yes," enter the name of the foreign country: ►	A	_4_				
5a	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Accou	nis.		5 0		Y
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	tion?		-	<u>5a</u> 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	uOII!		ŀ	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		ŀ	<u> </u>		
-	organization solicit any contributions that were not tax deductible?	•			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributio	ns or			- Vu		
	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods					
	and services provided to the payor?	•			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s		1			
	required to file Form 8282?	. ,			7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		-		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file	e a Form 10	98-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring						
_	organization, have excess business holdings at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.				0-	-	
a	Did the organization make any taxable distributions under section 4966?		•		9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	•		•	9b		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter.						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources		•				
	against amounts due or received from them)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041′	?		12a	_	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					<u> </u>	L
а	Is the organization licensed to issue qualified health plans in more than one state?				13a		
	Note. See the instructions for additional information the organization must report on Schedule O			-	,		
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?				14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		·	14b		<u></u>
DAA	•				For	ա 99((2011)

Form 990 (2011) KIWANIS INTERNATIONAL -34-4478933 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 31 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 31 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization . B. DAVID WHITEMAN 6161 BUSCH BLVD SUITE 220 COLUMBUS OH 43229 614-848-5000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order. Individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if neither the orga	anization nor any	y rela	ated	orga	nıza	tions	con	pensated any current offic	er, director, or trustee	
(A) Name and Title	(B) Average hours per week (describe hours for	bo: off	x, unle îcer a	Pos check ess pe nd a d	rson i irecto	than or s both r/truste	an :e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated emount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21033-MISC)	organization and related organizations
(1) CRAIG WALLACE		Г								
GOVERNOR ELECT	10.00	X		X				0	0	0
(2) JOHN DEVILBISS										
IP GOVERNOR	5.00	X		X				0	0	0
(3) WILLIAM A. SNELI	GROVE									
GOVERNOR	25.00	X		X				0	0	0
(4) MICHAEL FISCHBA	тн									
TREASURER	5.00	X		X				0	0	0
(5) JAMES KAUFMAN									·	
DIRECTOR	5.00	X						0	0	0
(6) ROBERT CALLECOD							·			
DIRECTOR	5.00	X						0	0	0
(7) GEORGE DOYLE			ł							,
DIRECTOR	5.00	X						0	0	0
(8) RICHARD ULMES										
DIRECTOR	5.00	X						0	0	0
(9) BETTY JACKSON-K	ÞONTZ			1						
DIRECTOR	5.00	X						0	0	0
(10) WILLIAM MCCALL										
DIRECTOR	5.00	X				<u> </u>		0	0	0
(11) ANN AKESON										
DIRECTOR	5.00	X						0	0	0
(12) LAURENCE R. CLEI	MENTS									
DIRECTOR	5.00	X						0	0	0
(13) ALYSON GERWE										
DIRECTOR	5.00	X						0	0	0
(14) ROBERT GALLAGHE	k									
DIRECTOR	5.00	X						0	0	0

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(A) Name and title	(B) Average hours per week (describe hours for	(de	o not o	Posi check i	c) ition more rson i	than o s both r/truste	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	organizations little little little reg reg									organiza and rela organiza	ation ated		
(15) ERIC BUSH DIRECTOR	5.00	x						0	0				 0
(16) STEVEN DONAHUE	F 00						_				-		
DIRECTOR (17) JOSEPH SONDERMAN	5.00	X				$\vdash \vdash$		0	0				0
DIRECTOR	5.00	x						0	0				0
(18)MICHAEL DURBIN									_				
DIRECTOR (19) ROBERT STOYCHEFE	5.00	X		_				0	0				<u> </u>
DIRECTOR	5.00	x						o	0				0
(20) PEGGY MCQUISTION									•				_
DIRECTOR	5.00	X						0	0		_		0
(21) CHARLES FYE DIRECTOR	5.00	x						0	o				0
(22) JOHN MCGREEVEY													
DIRECTOR	5.00	X				Ш		0	0		(
(23) SHIRLEY MACDONAL												^	
DIRECTOR (24) NANCY MCNEAL	5.00	X						0	0				0
DIRECTOR	5.00	x						0	0				0
(25) SUSAN DENNING								_	_				
DIRECTOR	5.00	X						0	0				0
1b Sub-total c Total from continuation she	ets to Part VII	Secti	ion A					56,550				3.5	754
d Total (add lines 1b and 1c)	010 to 1 art vii, t			•			•	56,550				3,7	
2 Total number of individuals (in	=		_	thos	e lıs	ted a	bov	ve) who received more than	\$100,000 in				
reportable compensation from	the organization	<u>1</u>	0						· · · · · · · · · · · · · · · · · · ·			I	
3 Did the organization list any fo	ormer officer, dır	ecto	r, or	trust	ee, I	key e	mp	loyee, or highest compensa	ated		П	Yes	No
employee on line 1a? If "Yes," 4 For any individual listed on line	•							on and other compensation	from the		3		<u> </u>
organization and related organ													7.
individual 5 Did any person listed on line 1	a receive or acc	מוחי	omr	nene:	atıor	ı fron	n 21	ny unrelated organization or	rundividual		4		<u> </u>
for services rendered to the or								-			5		X
Section B. Independent Contract													
 Complete this table for your five compensation from the organi 										ear.			
Name and	(A) business address							Descrip	(B) strong of services		Co	(C) mpensati	on
							\vdash						
			_				L			<u> </u>	<u> </u>		
							H				 		
							L				<u> </u>		
2 Total number of independent	,							ose listed above) who		<u>. </u>			
received more than \$100,000	or compensation	n froi	n the	e org	anız	ation					J		

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)			
(A)	(B)			(C)			(D)	(E)		(F)	
Name and title	Average hours per	[/d	o not i		ition	than o		Reportable	Reportable compensation from		stimated	
•	week		(do not check more than one box, unless person is both ar				-	compensation from	related		nount of other	
•	(describe	off	icer a	nd a c	hrecto	or/truste	ee)	the	organizations		pensation	ı
•	hours for related	우悥	교	9	8	육픚	Ţ,	organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	rom the	
	organizations	di k	薑	Officer	Key employee	ples	Former	(** 2.7000 **********************************		, ,	d related	
	ın Schedule	호를	lona		탕	66 60				orga	anızatıons	
	O)	Individual trustee or director	nstitutional trustee		99	mpe						
		*	tee			Highest compensated employee						
						E						
(15) LARRY GOOD				_	⊢	\vdash						
• •	F 00	.							_			•
DIRECTOR	5.00	X	_	_	┢	\vdash		0	0			0
(16) PAMELA DAERR	- 00								_			•
DIRECTOR	5.00	X	ļ		<u> </u>	├		0	0			0
(17) PHYLISS RICCADO	1								_			_
DIRECTOR	5.00	X						0	0			0
(18) RICHARD FOX												
DIRECTOR	5.00	X						0	0			0
(19) MARTIN SHIEFF												
DIRECTOR	5.00	X						0	0			0
(20) TERRY SWAUGER								_				
DIRECTOR	5.00	x						j 0	0			0
(21) B. DAVID WHITEM	AN											
DISTRICT SECRETARY	35.00	1		x				56,550	o		3	,754
(22)		1							<u>-</u>			,
\ /												
(23)		╁	\vdash	\vdash	H	t						
(20)					İ							
(24)	1	t	\vdash	-	 	╁						
(24)						1						
(25)	 	1				1						
(23)		1								ł		
1b Sub-total	<u></u>	<u> </u>	Ц	L	Ц	Ь		56,550				,754
	-4- 4- D4 VIII :	C 4						30,330				, / 3 =
c Total from continuation she	els to Part VII,	Seci	OH A	•								
d Total (add lines 1b and 1c)				41.			<u> </u>	<u> </u>				
2 Total number of individuals (in	-		ed to	tnos	se iis	itea a	DOV	e) who received more than	\$100,000 in			
reportable compensation from	the organization	n ▶						·-				
						_				<u></u>	Ye	s No
3 Did the organization list any fo								oyee, or highest compensa	ated		3	
employee on line 1a? If "Yes," 4 For any individual listed on lin								on and other compensation	from the	<u> </u>	-	+
organization and related organization												
ındıvidual	manus granto		. •	,			•, •		•	L	4	
5 Did any person listed on line	1a receive or acc	crue (com	oens	atıo	n fror	n ar	ny unrelated organization oi	r ındivıdual			
for services rendered to the o	rganization? If "Y	es,"	com	plet	e Sc	hedu	le J	for such person			5	
Section B. Independent Contrac	tors											<u></u>
 Complete this table for your fi 												
compensation from the organ		omp	ensa	tion	for t	he ca	<u>len</u>			ear		
Name and	(A) I business address						<u> </u>	Descrip	(B) tion of services		(C) Compen	isation
	·											
							İ					
				-					, ,			
							 			-+		
2 Total number of independent	contractors (:==!		. b	not	lum.	00 40	<u> </u>	so listed should who				
	•		-					se listed above) WIIO				
received more than \$100,000	or compensation	11 110	11 (11)	e org	jai liz	auor				<u></u>	Form Q	90 (2011)
												(4011)

rt V	III Statement of Rev	enue					Pa
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	1a					312, 313, 5131
b	Membership dues	1b	247,708				
C	Fundraising events	1c					
d	Related organizations	_1d					
e	Government grants (contributions)	1e			, 1		
f	All other contributions, gifts, grants,						
	and similar amounts not included above	1f	22,050		1	,	
g	Noncash contributions included in lines 1a	±1f \$			_		
h	Total. Add lines 1a-1f		▶	269,758		`	
	-		Busn Code	,		····	
2a	CONVENTIONS		561000	99,085	99,085		
b		ERENCE	561000	10,704	10,704		
С	••		561000	10,481	10,481		-
d		S CONFEREN	561000	1,034	1,034		· · · · · · · · · · · · · · · · · · ·
e	• • •		561000	425	425		
	All other program service reve	enue	561000	153	153		-
	Total. Add lines 2a-2f	2	P	121,882	100		<u>-L</u> -
	Investment income (including	dividende inte	rest	121,002			
	and other similar amounts)	dividends, inte	1631,	4,056	4,056		
4	Income from investment of ta	v.ovomnt bond	proceeds	4,030	4,030		
5	Royalties	x-exempt bond	proceeds				
J	(i) Real		\ Paragal				
6.		- (1)) Personal				
6a							
D	Less rental exps						
C	Rental inc or (loss)						
d 7a	Net rental income or (loss) Gross amount from						
	sales of assets (i) Securities	s	(II) Other				,
	other than inventory		50				,
b	Less cost or other						
	basis & sales exps		85				
C	Gain or (loss)		-35				
	Net gain or (loss)			-35	-35		
8a	Gross income from fundraising even	ents					
	(not including \$						
	of contributions reported on line 10	;)					
	See Part IV, line 18	a	68,576				
b	Less: direct expenses	b	65,374				
C	Net income or (loss) from fund	draising events		3,202			
	Gross income from gaming activities						,
	See Part IV, line 19	a	j		1		`
b	Less direct expenses	ь					
	Net income or (loss) from gard	nıng activities	—	j	1		
	Gross sales of inventory, less	*					
	returns and allowances	او					1
h	Less: cost of goods sold	a b					
	_				1		1
<u> </u>	Net income or (loss) from sale Miscellaneous Revenue	es of inventory	Puga Cada				
44-			Busn Code				
11a	MISCELLANEOUS			149	149		
b	-						ļ
С	•						
	All other revenue						
	Total. Add lines 11a-11d		▶ _	149			
12	Total revenue. See instruction	ne		399,012	126,052		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

requi	red to complete columns (B), (C), and (D) Check if Schedule O contains a response	to any question in this Par	† IX	·.	
	not include amounts reported on lines 6b,		(B)	(C)	(D)
	-	(A) Total expenses	Program service	Management and	Fundraising
1	8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and		expenses	general expenses	expenses
'	organizations in the U.S. See Part IV, line 21			,	
2	Grants and other assistance to individuals in		<u>_</u>		
2	the U.S. See Part IV, line 22				,
3	Grants and other assistance to governments,				· · · · · · · · · · · · · · · · · · ·
3	organizations, and individuals outside the			1	
	U.S. See Part IV, lines 15 and 16			,	٦
4	Benefits paid to or for members				······································
5	Compensation of current officers, directors,		<u> </u>		
J	trustees, and key employees	56,550	11,310	45,240	
6	Compensation not included above, to disqualified	30,330	22,320	13,210	
ŭ	persons (as defined under section 4958(f)(1)) and			+	
٠	persons described in section 4958(c)(3)(B)			•	
7	Other salanes and wages	37,830	7,566	30,264	·····
8	Pension plan accruals and contributions (include	3.,000	.,500	50,201	
•	section 401(k) and 403(b) employer contributions)	5,413	4,330	1,083	
9	Other employee benefits	2,220	-, -, -, -, -, -, -, -, -, -, -, -, -, -		· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes	7,776	6,221	1,555	
11	Fees for services (non-employees)		7,222		
а	Management	2,676	2,676		
b	Legal				
C	Accounting	6,650		6,650	
d	Lobbying	<i>'</i>			
е	Professional fundraising services See Part IV, line 17			.,.,	
f	Investment management fees				
g	Other	697		697	
12	Advertising and promotion				
13	Office expenses	4,975	995	3,980	
14	Information technology				
15	Royalties				
16	Occupancy	12,524	2,505	10,019	,
17	Travel	5,248	1,050	4,198	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conterences, conventions, and meetings	167,147	167,147		
20	Interest	217	43	174	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,886	576	2,310	
23	Insurance	2,046	409	1,637	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column			,	
	(A) amount, list line 24e expenses on Schedule O.)				,
а	OTHER ADMINISTARIVE EXPEN	17,787	3,557	14,230	
b	TRAINING	14,985	14,985		
С	MAINTENANCE OF EQUIPMENT	12,578	2,516	10,062	
đ	OTHER	4,017	803	3,214	
e	All other expenses	4,196	840	3,356	
_25	Total functional expenses Add lines 1 through 24e	366,198	227,529	138,669	. 0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				
DAA	<u> </u>				Form 990 (2011)

	rt X	Balance Sheet			- 44/0933		Page II
					(A) . Beginning of year		(B) End of year
	1	Cash—non-interest bearing			34,463	1	23,610
	2	Savings and temporary cash investments	•	. [187,684	2	238,015
	3	Pledges and grants receivable, net		· [3	
	4	Accounts receivable, net	•		7,612	4	2,694
	5	Receivables from current and former officers, directors,	trustees, key				, ,
1		employees, and highest compensated employees Com	plete Part II of	ĺ			
		Schedule L		[5	
	6	Receivables from other disqualified persons (as defined	d under section				ı
- 1		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing	ŀ	,		•
		employers and sponsoring organizations of section 501	(c)(9) voluntary	1			
<u>ا</u> يو		employees' beneficiary organizations (see instructions)		. [6	·
Assets	7	Notes and loans receivable, net		· · · [7	
۲	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	• •	[1,550	9	1,501
	10a	Land, buildings, and equipment: cost or		ſ			
		other basis Complete Part VI of Schedule D	10a	44,491 36,706			
	b	Less: accumulated depreciation	10b	36,706	9,708	10c	7,785
	11	Investments—publicly traded securities			84,591	11	101,869
	12	Investments—other securities. See Part IV, line 11	·			12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets	•			14	
	15	Other assets See Part IV, line 11	•		960	15	960
\perp	16	Total assets. Add lines 1 through 15 (must equal line 3	34)		326,568	16	376,434
	17	Accounts payable and accrued expenses	_	. L	4,849	_17	7,757
	18	Grants payable		L		18	
	19	Deferred revenue .		L	3,006	19	3,294
	20	Tax-exempt bond liabilities		L		20	
	21	Escrow or custodial account liability Complete Part IV	of Schedule D	Ĺ		21	
S	22	Payables to current and former officers, directors, truste	ees, key	İ			
≝		employees, highest compensated employees, and disq	ualified persons.				
Liabilities		Complete Part II of Schedule L		Ĺ		22	
-	23	Secured mortgages and notes payable to unrelated thir	d parties		· · · · · · · · · · · · · · · · · ·	23	
-	24	Unsecured notes and loans payable to unrelated third p	parties	1		24	
	25	Other liabilities (including federal income tax, payables	to related third				
l		parties, and other liabilities not included on lines 17-24)	Complete Part X				
		of Schedule D				25	
_	26	Total liabilities. Add lines 17 through 25			7,855	26	11,051
,		Organizations that follow SFAS 117, check here ▶	and complete				, ,
ğ		lines 27 through 29, and lines 33 and 34.					
la l	27	Unrestricted net assets			318,713	27	365,383
<u> </u>	28	Temporanly restricted net assets		- -		28	
Ē	29	Permanently restricted net assets	***		····	29	
띤		Organizations that do not follow SFAS 117, check h	ere 🕨 🔃 and		٠		
S O		complete lines 30 through 34.		l			
set	30	Capital stock or trust principal, or current funds		ļ		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment		ļ		31	
	32	Retained earnings, endowment, accumulated income,	or other funds .	ļ		_32	
	33	Total net assets or fund balances			318,713	33	365,383
	34	Total liabilities and net assets/fund balances	· · ·		326,568	34	376,434

Form **990** (2011)

orm	<u>1990 (2011) KIWANIS INTERNATIONAL - 34-4478933</u>			Pa	ge 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		99,	
2	Total expenses (must equal Part IX, column (A), line 25)	_2	3	66,	
3	Revenue less expenses. Subtract line 2 from line 1	_3		32,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	18,	
5	Other changes in net assets or fund balances (explain in Schedule O)	5		<u>13,</u>	<u>856</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		-		
	column (B))	6	3	65,	<u> 383</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII	_			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.	*			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u> 2a</u>	<u> </u>	X
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	X	<u></u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.		l		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			,	, ,
	issued on a separate basis, consolidated basis, or both:			1	
	Separate basis Consolidated basis Both consolidated and separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		•		
	the Single Audit Act and OMB Circular A-133?		3a	<u> </u>	$ldsymbol{ld}}}}}}}}$
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
			Fo	_m 990) (2011)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047
2011

Open to Public Inspection

	of the organization IWANIS INTERNATIONAL -		Employer id	dentification number
	HIO DISTRICT		24 4/	178933
	Organizations Maintaining Donor Advised Fu organization answered "Yes" to Form 990, Part I			
	i i	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year	,,,		
2	Aggregate contributions to (dunng year)			_
3	Aggregate grants from (during year)			<u> </u>
4	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised		
•	funds are the organization's property, subject to the organization's exc		•	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in	_		. [] 165 [] 116
-	only for chantable purposes and not for the benefit of the donor or don			
	conferring impermissible private benefit?	ior advices, or for any exict purpose		Yes No
Pa	art II Conservation Easements. Complete if the organization	anization answered "Yes" to Form 9	990. Par	
1	Purpose(s) of conservation easements held by the organization (check	•		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically imp	ortant lan	d area
	Protection of natural habitat	Preservation of a certified historic		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	rvation	
	easement on the last day of the tax year			
			ŀ	leld at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic structure inc	cluded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17	7/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	xtinguished, or terminated by the organizat	ion dunng	the
	tax year ▶			
4	Number of states where property subject to conservation easement is	located ▶		
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	rcing conservation easements during the ye	ear	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year		
•	s	conservation casements during the year		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)		
	(i) and section 170(h)(4)(B)(II)?			Yes No
9	In Part XIV, describe how the organization reports conservation easen	nents in its revenue and expense statemer	nt, and	
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that de	escribes th	ne
	organization's accounting for conservation easements	. <u> </u>		
Pa	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" to I		Similar <i>F</i>	Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), i	not to report in its revenue statement and b	alance sh	eet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of	
	public service, provide, in Part XIV, the text of the footnote to its finance	cial statements that describes these items.		
þ	If the organization elected, as permitted under SFAS 116 (ASC 958),	•		
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of	
	public service, provide the following amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		. •	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures, o		vide the	
	following amounts required to be reported under SFAS 116 (ASC 958)) relating to these items:		
	Revenues included in Form 990, Part VIII, line 1		>	\$
<u>b</u>	Assets included in Form 990, Part X .		<u> </u>	\$

Sche	edule D (Form 990) 2011 KIWANIS	<u>INTERNATION</u>	AL -			34-4	478933	Page 2		
Pa	art III Organizations Maintainir	g Collections of	Art, H	istorical Ti	reasures,	or Othe	r Similar Ass	ets (continued)		
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other records	, check	any of the fol	lowing that a	re a signif	icant use of its			
а	Public exhibition	d∏ι	oan or	exchange pro	grams					
b	Scholarly research	_	Other	3	J					
С	□ <u> </u>	- ب		•		•				
4	Provide a description of the organization's	collections and explain	how the	ev further the	organization'	s exempt	numose in Part			
	XIV.	one of the completion		, idiaioi aio (organii Ladonii	o oxompt	parpood in rain			
5	During the year, did the organization solicit	or receive donations o	fart his	stoncal treasur	res or other	sımilar				
-					-			Yes No		
Pa	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV,									
	line 9, or reported an amou				ii.	0110.00	100 1010111	000,1 01111,		
1a	Is the organization an agent, trustee, custo				r other asse	te not				
	included on Form 990, Part X?	alan or other intermedia	ary ion c	zona ibadonis d	i Other asse	is not		Yes No		
h	If "Yes," explain the arrangement in Part XI	/ and complete the fell	lována t	able:			•	res no		
	in res, explain the arrangement in Part XI	v and complete the for	iowing t	able			[] ·	Amount		
	Paginning halanga						40	Amount		
	Beginning balance	•	-				1c			
u	Additions during the year						1d			
e	Distributions during the year						1e			
T	Ending balance						1f			
	Did the organization include an amount on		21?					∐ Yes ∐ No		
	If "Yes," explain the arrangement in Part XI				/"	000	Dark N. C. C. A			
Pě	art V Endowment Funds. Com	r					· · · · · · · · · · · · · · · · · · ·			
	h	(a) Current year	(t) Pnor year	(c) Two yea	ars back	(d) Three years ba	ack (e) Four years back		
	Beginning of year balance									
	Contributions									
С	Net investment earnings, gains, and									
	losses						<u> </u>			
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cu	rrent year end balance	(line 1	g, column (a))	held as:					
а	Board designated or quasi-endowment ▶	%								
b	Permanent endowment ▶ %									
С	Temporanly restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shi	ould equal 100%								
3a	Are there endowment funds not in the poss	ession of the organizat	tion that	are held and	administered	d for the				
	organization by.	-						Yes No		
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizatio	ns listed as required or	n Sched	lule R?				3b		
4	Describe in Part XIV the intended uses of the					•		<u> </u>		
Pa	art VI Land, Buildings, and Equ				= 10.		•			
	Description of property	(a) Cost or other ba		(b) Cost or o		(c)	Accumulated	(d) Book value		
		(investment)		(othe	er)		epreciation	, ,		
1a	Land			::						
	Buildings									
	Leasehold improvements				658		186	472		
	Equipment				43,833		36,520	7,313		
	Other			<u> </u>	10,000	<u> </u>	30,320	1,515		
	I. Add lines 1a through 1e (Column (d) must	equal Form 900 Port	Y colu	mn (R), line 10)(c))			7,785		
· via	ii. Add intes ta unough te (Column (d) musi	equal Fulfil 990, Part	7, Will	mir (D), mie 10	<u> </u>			1,183		

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

(9) (10) (11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

	edule D (Form 990) 2011 KIWANIS INTERNATIONAL -		34-447893		Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	399,012
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	366,198
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	32,814
4	Net unrealized gains (losses) on investments			4	13,856
5	Donated services and use of facilities		Į	5	
6	Investment expenses		_	6	
7	Prior period adjustments		. [7	· · · · ·
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8		[9	13,856
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9		10	46,670
Pa	art XII Reconciliation of Revenue per Audited Financial Stateme		h Revenue per Ret	turn	
1	Total revenue, gains, and other support per audited financial statements			1	412,868
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		ĺ		
а	Net unrealized gains on investments	2a	13,856		
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	13,856
3	Subtract line 2e from line 1	_	· [3	399,012
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	399,012
Pa	art XIII Reconciliation of Expenses per Audited Financial Statem	nents Wi	th Expenses per R	Return	
1	Total expenses and losses per audited financial statements			1	366,198
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a		1	
b	Pnor year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	366,198
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		T.	
_	Add lines 4a and 4b			40	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

366,198

Part XIV Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ) 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

OMB No 1545-0047

Department of the Treasury organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions. Open To Public Internal Revenue Service KIWANIS INTERNATIONAL -Name of the organization Employer identification number OHIO DISTRICT 34-4478933 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events 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 services? 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 (III) Did fund-(v) Amount paid to (vi) Amount paid to rasser have (i) Name and address of individual (rv) Gross receipts (or retained by) (or retained by) custody or (II) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions' col (ı) Yes No 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2011 KIWANIS INTERNATIONAL -34-4478933 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events DISTRICT CONVEN MID-YEAR CONFER 1 (add col (a) through col (c)) (event type) (event type) (total number) 32,985 27,526 8,065 68,576 1 Gross receipts 2 Less: Chantable contributions 3 Gross income (line 1 minus 32,985 27,526 8,065 68,576 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 28,883 29,270 7,221 65,374 9 Other direct expenses 65,374 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes % 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities 9a | Yes No a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Yes No b If "Yes," explain

Sche	dule G (Form 990 or 990-EZ) 2011 KIWANIS INTERNATIONAL -	34-447893	33	Page 3
11	Does the organization operate gaming activities with nonmembers?		Ye	s 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 chantable gaming?		Ye	s No
13	Indicate the percentage of gaming activity operated in	1	" "	• 🗀
а	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	130		
	records.			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			□
	revenue?		∐ Ye	s [No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the		
С	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party			
	Name ►			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶	-		
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	•			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		□ v-	- FT N-
h	retain the state gaming license?		∐ Ye	s 📙 No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
n	spent in the organization's own exempt activities during the tax year > \$			
Pai	Supplemental Information. Complete this part to provide the explanations require			
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applic	able. Also complet	e this	
	part to provide any additional information (see instructions).			
		•		
	•	•		
	• ••			
		•		
		·		

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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

OMB No 1545-0047

Name of the organization

KIWANIS INTERNATIONAL - OHIO DISTRICT

Employer identification number 34-4478933

Form 990 - Organization's Mission or Most Significant Activities

THE MISSION OF KIWANIS INTERNATIONAL AND THE CLUBS THAT MAKE UP KIWANIS IS

"SERVING THE CHILDREN OF THE WORLD." ITS DEFINING STATEMENT IS AS FOLLOWS:

KIWANIS IS A GLOBAL ORGANIZATION OF VOLUNTEERS DEDICATED TO CHANGING THE

WORLD ONE CHILD AND ONE COMMUNITY AT A TIME.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders
THE ORGANIZATION HAS MEMBERS AND DELEGATES.

Form 990, Part VI, Line 7a - Election of Members and Their Rights
ALL DELEGATES ELECT THE GOVERNOR, GOVERNOR ELECT, AND TREASURER AT THE
ANNUAL CONVENTION. THEY ARE VOTING MEMBERS OF THE BOARD OF TRUSTEES.

OTHER VOTING MEMBERS ARE DIVISION LIEUTENANT GOVERNORS. THEY ARE ELECTED
TO THAT POSITION BY MEMBERS IN THEIR LOCAL DIVISIONS.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members
THE BOARD OF TRUSTEES RECOMMENDS AMENDMENTS TO THE ORGANIZATION'S BYLAWS,
BUT THE DELEGATES MUST APPROVE ANY AMENDMENT AT THE DISTRICT CONVENTION.
BYLAW AMENDMENTS APPROVED BY DELEGATES ARE THEN SUBJECT TO APPROVAL BY THE
KIWANIS INTERNATIONAL BOARD OF TRUSTEES.

Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters KIWANIS INTERNATIONAL ESTABLISHES POLICIES AND PROCEDURES FOR EACH OF THEIR LOCAL CLUBS, THE OHIO DISTRICT DOES NOT.

Name of the organization

KIWANIS INTERNATIONAL -

Employer identification number 34-4478933

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE 990 IS REVIEWED BY THE DISTRICT BOARD OF TRUSTEES PRIOR TO FILING.

FORM 990, Part VI, Line 12c - Enforcement of Conflicts Policy
EACH DIRECTOR OR PRINCIPAL OFFICER MUST ANNUALLY SIGN A STATEMENT WHICH
AFFIRMS THAT PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY,
HAS READ AND UNDERSTANDS THE POLICY, AND HAS AGREED TO COMPLY WITH THE
POLICY. IF IT IS DETERMINED THAT A CONFLICT OF INTEREST MAY EXIST, THE
INTERESTED PERSON MUST LEAVE THE BOARD OR COMMITTEE MEETING DURING THE
DISCUSSION AND/OR VOTE ON WHETHER A CONFLICT OF INTEREST EXISTS. THE
GOVERNING BOARD SHALL DETERMINE WHETHER THE DISTRICT CAN OBTAIN A MORE
ADVANTAGEOUS TRANSACTION FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE
TO A CONFLICT. IF A MORE ADVANTAGEOUS TRANSACTION IS NOT REASONABLY
POSSIBLE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY
VOTE OF THE DISINTERESTED BOARD OR COMMITTEE MEMBERS WHETHER THE
TRANSACTION IS IN THE DISTRICT'S BEST INTEREST, FOR ITS OWN BENEFIT, AND
WHETHER IT IS FAIR AND REASONABLE.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST ONLY.

Form 4562

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

nment 470

Internal Revenue Service
Name(s) shown on return

KIWANIS INTERNATIONAL OHIO DISTRICT

Identifying number 34-4478933

Business or activity to which this form relates Indirect Depreciation Part I. **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 if zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost - 6 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 2,886 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions. 17 MACRS deductions for assets placed in service in tax years beginning before 2011 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in penod service only-see instructions) 19a 3-year property b 5-year property 7-year property ď 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. S/L Residential rental 27.5 yrs MM property 27 5 yrs MM S/L Nonresidential real 39 yrs. MM S/L property MM S/L Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 40-year MM S/L 40 yrs. Part IV Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 2,886 and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

(Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service			a separate a	application for each return.			
		tomatic 3-Month Extension, comple	te only Par	t I and check this box			▶ X
•			-	omplete only Part II (on page 2 of this	form)		
				3-month extension on a previously filed		68.	
Electronic fili	ing (e-file). Yo	u can electronically file Form 8868 if y	ou need a 3	-month automatic extension of time to f	île (6 mor	nths for	
a corporation	required to file	Form 990-T), or an additional (not aut	omatic) 3-m	onth extension of time. You can electro	nically file	Form	
-				art II with the exception of Form 8870,		on	
				h must be sent to the IRS in paper form	=		
				gov/efile and click on e-file for Charities		ofits.	
Part				omit original (no copies needed)			
Ť	requirea to file	Form 990-1 and requesting an autom	atic 6-montr	extension-check this box and complete	е		►□
Part I only	rotions (includ	ing 1120 C filoro), partnershine, DEMI	Co. and tous	to must use Form 7004 to request on a		a.f. b	
to file income	-	ing 1120-C filers), partnerships, REMI	es, and trus	ts must use Form 7004 to request an e	xtension	or time	
to the income	tax returns.			Enter filer's	e identifi	ing number, see i	netruction
Type or	Name of exe	empt organization or other filer, see ins	tructions	Litter there		yer identification num	
print		S INTERNATIONAL -			p.o	yor recitation desired in	501 (±, 5.
File by the		ISTRICT			X 34-4478933		
due date for	Number, stre	eet, and room or suite no. If a P O box	c, see instruc	ctions.	Social	1)	
filing your return See	6161 B	USCH BLVD.		220			
instructions	City, town or	post office, state, and ZIP code. For a					
	COLUMB	SUS OH	43229	-2554			
Enter the Retu	urn code for the	e return that this application is for (file	a separate a	oplication for each return)			01
	 		· ·	· · · · · · · · · · · · · · · · · · ·			
Application	1		Return	Application			Return
Is For			Code	is For			Code_
Form 990			01	Form 990-T (corporation)	· · ·	07	
Form 990-B			02	Form 1041-A			08
Form 990-E Form 990-P			01 04	Form 4720 Form 5227			09 10
	(sec. 401(a) o	r 408(a) trust)	05	Form 6069			11
	(trust other that		06	Form 8870		12	
1 01111 000 1	August out of the	B. DAVID WHITEMAN		. 0 0070			
		6161 BUSCH BLVD SUIT	E 220				
The books a	are in the care of	► COLUMBUS				он 4322	29
Telephone	No. ▶ 61	4-848-5000	FAX No	•			
If the orga	nızation does ı	not have an office or place of business	in the Unite	d States, check this box			▶ 🗌
 If this is for 	r a Group Retu	ırn, enter the organization's four digit 0	•	` 	this ıs		
for the whole of	group, check th	nis box ▶ ☐ If it is for part of	the group, o	check this box	ch		
		is of all members the extension is for					
		3-month (6 months for a corporation r					
			n for the org	ganization named above. The extension	is		
	rganization's r						
▶ [calendar year	or					
⊾ [5]		ning $10/01/11$, and ending (10/30/	1.2			
		-					
	k year entered hange in accou	in line 1 is for less than 12 months, charing period	eck reason.	Initial return Final return			
			r 6069, ente	or the tentative tax less any			
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						\$	
	b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					<u> </u>	
estimated tax payments made. Include any prior year overpayment allowed as a credit				3ь	\$		
		t line 3b from line 3a. Include your pay				¥	
		deral Tax Payment System) See instru		and a series of a series	3с	\$	
				8868, see Form 8453-EO and Form 88		 _	ons.