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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except private foundation)

- Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2013

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 10-01-2013, and ending 09-30-2014

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization KIWANIS INTERNATIONALK00127 WASHINGTON	D Employer identification number 53-0094755
Number and street (or P O box, if mail is not delivered to street address) 1120 20TH STREET NW SUITE 300 SOUTH	E Telephone number (202) 445-3169
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036	F Group Exemption Number ►

G Accounting Method  Cash  Accrual Other (specify) ► \_\_\_\_\_H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)I Website: ► [WWWKIWANISDC.ORG](http://WWWKIWANISDC.ORG)J Tax-exempt status (check only one)  501(c)(3)  501(c)( 4 ) (insert no)  4947(a)(1) or  527K Form of organization  Corporation  Trust  Association  Other FOUNDATION

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 196,312

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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 185,000
	2 Program service revenue including government fees and contracts . . . . .	2 5,944
	3 Membership dues and assessments . . . . .	3 4,503
	4 Investment income . . . . .	4
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less cost or other basis and sales expenses . . . . .	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b
	c Less direct expenses from gaming and fundraising events . . . . .	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less cost of goods sold . . . . .	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c
	8 Other revenue (describe in Schedule O) . . . . .	8 865
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9 196,312
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12
	13 Professional fees and other payments to independent contractors . . . . .	13 33,780
	14 Occupancy, rent, utilities, and maintenance . . . . .	14
	15 Printing, publications, postage, and shipping . . . . .	15 2,777
	16 Other expenses (describe in Schedule O) . . . . .	16 177,793
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17 214,350
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -18,038
	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 45,231
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►	21 27,193

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	45,231	22	27,193
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	45,231	25	27,193
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) <b>must</b> agree with line 21)	45,231	27	27,193

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

TO FURTHER THE IDEALS OF JUSTICE AND GOODWILL THROUGH SERVICE TO OTHERS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28 THE CLUB CONDUCTS VARIOUS PROGRAMS TO HELP CHILDREN AND THE ELDERLY. THE JOE RILEY YOUTH LEADERSHIP AWARDS RECOGNIZE STUDENTS IN THE DC PUBLIC SCHOOLS WHO DEMONSTRATE OUTSTANDING LEADERSHIP AND CONTRIBUTE EXTENSIVELY TO THE BETTERMENT OF THEIR COMMUNITIES. SARAH'S CIRCLE IS AN EVENT HELD FOR THE RESIDENTS OF THE SARAH'S CIRCLE COMMUNITY, A HOUSING RESIDENCE AND WELLNESS CENTER IN WASHINGTON DC FOR VERY LOW INCOME SENIORS. SHARPE HEALTH SCHOOL FALL CARNIVAL IS A BACK TO SCHOOL TREAT FOR THE CHILDREN AT SHARPE HEALTH SCHOOL, A WASHINGTON INSTITUTION FOR CHILDREN WHO HAVE PHYSICAL AND/OR MENTAL DISABILITIES. FIELD DAY IS AN ANNUAL EVENT AT A DC PUBLIC SCHOOL AND PROVIDES A DAY OF OUTDOOR FITNESS ACTIVITIES AND NUTRITION INFORMATION FOR STUDENTS. THE KIWANIS CLUB SPONSORS KEY CLUB AND CIRCLE K, ORGANIZATIONS THAT FOSTER SERVICE LEADERSHIP FOR HIGH SCHOOL AND COLLEGE STUDENTS, RESPECTIVELY. THE KIWANIS CLUB SPONSORS EVENTS FOR UNDERPRIVILEGED CHILDREN AT LOCAL BOYS & GIRLS CLUBS. THE WORLDWIDE SERVICE PROJECT MAKES DONATIONS TO THE "ELIMINATE PROJECT" THROUGH KIWANIS INTERNATIONAL FOUNDATION. KIWANIS HAS JOINED FORCES WITH UNICEF TO RAISE FUNDS TO ELIMINATE MATERNAL AND NEONATAL TETANUS THROUGH THE ELIMINATE PROJECT.

(Grants \$ 0) If this amount includes foreign grants, check here   28a 136,155

29 THE CLUB MEMBERS HOLD LUNCHEON MEETINGS TO PLAN AND ORGANIZE THE PROGRAMS THAT ARE CONDUCTED EACH YEAR AND TO PROMOTE THE CLUB'S GOAL OF SERVICE TO OTHERS  
(Grants \$ 0) If this amount includes foreign grants, check here   29a 28,544

30

(Grants \$ ) If this amount includes foreign grants, check here   30a

31 Other program services (describe in Schedule O)  
(Grants \$ ) If this amount includes foreign grants, check here   31a

32 Total program service expenses (add lines 28a through 31a)   32 164,699

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V 

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____		0
d Section 501(c)(3) and 501(c)(4) organizations 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	40e	No
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► TROY DIBLEY Telephone no ► (202) 445-3169 Located at ► 1120 20TH ST NW STE 300 SOUTH WASHINGTON, DC ZIP + 4 ► 20036		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____	42c	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> ? Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>46</b>		No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**b** If "Yes," was the related organization a section 527 organization?

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000  \_\_\_\_\_

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000.  \_\_\_\_\_

**52** Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  \_\_\_\_\_  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer TROY C DIBLEY TREASURER Type or print name and title	2015-01-14 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name JOSEPH F WILSON JR	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00049429
	Firm's name <input type="checkbox"/> CHACONAS & WILSON PC			Firm's EIN <input type="checkbox"/> 52-1480805	
	Firm's address <input type="checkbox"/> 2100 PENNSYLVANIA AVENUE NW 580 WASHINGTON, DC 20037			Phone no (202) 429-8890	

May the IRS discuss this return with the preparer shown above? See instructions   Yes  No

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 53-0094755  
**Name:** KIWANIS INTERNATIONALK00127 WASHINGTON

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BRIAN EGGER IMMEDIATE PAST PRESIDENT	3 00	0	0	0
SERENA BELL PRESIDENT	7 00	0	0	0
APRIL GASSLER PRESIDENT-ELECT	5 00	0	0	0
TROY DIBLEY TREASURER	5 00	0	0	0
DARREN PAGE SECRETARY	5 00	0	0	0
JOSEPH RESSA DIRECTOR	3 00	0	0	0
NEWT WOOD DIRECTOR	3 00	0	0	0
JACK COLE DIRECTOR	3 00	0	0	0
JESSICA PETRO DIRECTOR	3 00	0	0	0
DAVID LOW VICE PRESIDENT	3 00	0	0	0
MATT HODSON DIRECTOR	3 00	0	0	0
JAY POPE DIRECTOR	3 00	0	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**2013****Open to Public  
Inspection**Name of the organization  
KIWANIS INTERNATIONAL K00127 WASHINGTON

Employer identification number

53-0094755

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION OTHER MISCELLANEOUS AMOUNT 865
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION CONVENTION EXPENSE AMOUNT 6,230 DESCRIPTION DONATIONS AMOUNT 1,917 DES CRIPTION INSURANCE AMOUNT 997 DESCRIPTION KIWANIS INTERNATIONAL DUES AMOUNT 5,670 DESCRIPTION LUNCH EXPENSES AMOUNT 25,757 DESCRIPTION OFFICE SUPPLIES AND EXPENSES AMOUNT 4,106 DESCRIPTION AWARDS AMOUNT 378 DESCRIPTION WEB SITE AMOUNT 275 DESCRIPTION PROGRAMS THAT BENEFIT CHILDREN AMOUNT 51,669 DESCRIPTION FLOWERS AMOUNT 626 D ESCRIPTION PROGRAMS THAT BENEFIT COLLEGE STUDENTS AMOUNT 55,451 DESCRIPTION PROGRAMS THAT BENEFIT THE ELDERLY AMOUNT 1,361 DESCRIPTION OTHER SERVICE PROJECTS AMOUNT 14,3 78 DESCRIPTION MEMBERSHIP AMOUNT 6,478 DESCRIPTION SCHOLARSHIPS AMOUNT 2,500 TOTA L TO FORM 990-EZ, LINE 16 177,793

## TY 2013 Transfers Personal Benefits Contracts Declaration

**Name:** KIWANIS INTERNATIONALK00127 WASHINGTON

**EIN:** 53-0094755

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.