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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 foundations)

OMB No 1545-1150

2014

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning October 1, 2014, and ending September 30, 2015

B Check if applicable	C Name of organization Kiwanis International K00560		D Employer identification number 34-6559359
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) 3000 Napoleon Road		Room/suite 419-307-0682
<input type="checkbox"/> Name change	City or town, state or province, country, and ZIP or foreign postal code Fremont, OH 43420		F Group Exemption Number ► 0026
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			
G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►
I Website: ► www.fremontkiwanis.org			H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
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 ► \$ 71,902			

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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1</td><td>Contributions, gifts, grants, and similar amounts received</td><td style="width: 10%; text-align: right;">1</td></tr> <tr> <td>2</td><td>Program service revenue including government fees and contracts</td><td style="text-align: right;">2</td></tr> <tr> <td>3</td><td>Membership dues and assessments</td><td style="text-align: right;">3</td></tr> <tr> <td>4</td><td>Investment income</td><td style="text-align: right;">4</td></tr> <tr> <td>5a</td><td>Gross amount from sale of assets other than inventory</td><td style="text-align: right;">5a</td></tr> <tr> <td>b</td><td>Less: cost or other basis and sales expenses</td><td style="text-align: right;">5b</td></tr> <tr> <td>c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td></td></tr> <tr> <td>6</td><td>Gaming and fundraising events</td><td></td></tr> <tr> <td>a</td><td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td><td style="text-align: right;">6a</td></tr> <tr> <td>b</td><td>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)</td><td style="text-align: right;">6b</td></tr> <tr> <td>c</td><td>Less: direct expenses from gaming and fundraising events</td><td style="text-align: right;">6c</td></tr> <tr> <td>d</td><td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td style="text-align: right;">6d</td></tr> <tr> <td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td style="text-align: right;">7a</td></tr> <tr> <td>b</td><td>Less: cost of goods sold</td><td style="text-align: right;">7b</td></tr> <tr> <td>c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td></td></tr> <tr> <td>8</td><td>Other revenue (describe in Schedule O)</td><td style="text-align: right;">7c</td></tr> <tr> <td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td><td></td><td style="text-align: right;">8</td></tr> <tr> <td></td><td></td><td style="text-align: right;">9</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	2	Program service revenue including government fees and contracts	2	3	Membership dues and assessments	3	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)		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)		8	Other revenue (describe in Schedule O)	7c	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		8			9
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2014)

SCANNED SEP 21 2016

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	359,590	22	365,675
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	359,590	25	365,675
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	359,059	27	365,675

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? **Community Service**

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, optional for others.)

28	Youth Services Committee; Young Children Committee Our various projects and donations helped hundreds of local and area children and youth. Examples include sponsoring a baseball league and punt/throw/kick contest (Grants \$ 4,200) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	4,200
29	Service Leadership Programs Committee Our projects and donations benefited dozens of members of our high school Key Clubs and middle school Builders Clubs to boost their community service efforts (Grants \$ 3,582) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	3,582
30	Club Service Projects Committee These committees benefited many local and area adults through various programs and projects and direct donations. (Grants \$ 1,310) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	1,310
31	Other program services (describe in Schedule O) (Grants \$ 14,297) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	14,297
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	23,389

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

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	✓
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	✓
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	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T 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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	✓
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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9	40a	
b Gross receipts, included on line 9, for public use of club facilities	40b	✓
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40c	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40d	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____	40e	✓
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed ► Ohio		
42a The organization's books are in care of ► Jon Kerns Telephone no. ► 419-307-0682 Located at ► 3000 Napoleon Road, Fremont, OH ZIP + 4 ► 43420	42b	Yes
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42c	✓
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: ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
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," 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

	Yes	No
46		✓

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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."		

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 must attach a completed Schedule A.

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

Sign Here	<i>Jon Kerns</i>		<i>8-8-2016</i>		
	Signature of officer		Date		
	Jon R. Kerns, Endowment Committee Treasurer, Kiwanis Club of Fremont, Ohio		August 8, 2016		
Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►				Phone no. ►

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2014)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

Employer identification number

Kiwanis International K00560

34-6559359

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

3 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.

Ohio

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 Pancake Festival (event type)	(b) Event #2 Peanut Days (event type)	(c) Other events Miscellaneous (total number)	(d) Total events (add col (a) through col (c))	
Revenue	1 Gross receipts	21,952 53	5,608 47	4,850.81	32,411 81
	2 Less: Contributions			50 00	50 00
	3 Gross income (line 1 minus line 2)	21,952 53	5,608 47	4,900 81	32,461.81
Direct Expenses	4 Cash prizes	589 50			589 50
	5 Noncash prizes				
	6 Rent/facility costs	1,077 72			1,077 72
	7 Food and beverages	8,876 05	2,440 12		11,316 17
	8 Entertainment				
	9 Other direct expenses	1,389 32		1,439.07	2,828 39
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► 15,811 78
	11 Net income summary. Subtract line 10 from line 3, column (d)				► 16,650 03

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d)			►
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)			►

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

13a	%
13b	%

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address 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:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also 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.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Name of the organization

Kiwanis International K00560

Employer identification number

34-6559359

Part 1, Line 8. Total: \$24,534

Payments for weekly meals \$14,331, Club administration fundraising \$3,637, Miscellaneous income \$6,566

Part 1, Line 10: Total \$24,744

Weekly meals expense \$14,072; Dues to Kiwanis International/Ohio District Kiwanis/Ohio Division 12 Kiwanis \$5,673;

Convention and meeting expenses \$3,350; Club supplies \$371, Public Relations \$309; Foundation \$388; Membership \$474;

Miscellaneous \$107

Part III, Line 28 (Youth Services Program Committee) TOTAL: \$4,200

Part III, Line 29 (Service Leadership Program Committee) TOTAL: \$3,582

Part III, Line 30 (Club Services Projects; Human & Spiritual) TOTAL: \$1,310

Part III, Line 31. TOTAL \$14,297

Donations to Eliminate project \$3,173; Scholarships \$3,000, Donations to Kiwanis International Foundation \$2,000;

Donation to Community Christmas \$500, Donation to Sandusky County Food Pantry \$400; Donation to Sandusky County YMCA \$500;

Donation to Fremont Police Department project \$1,540; Human & Spiritual \$208, Donation to Share and Care \$300,

Liability Insurance \$922, Public Relations \$550; D&O Insurance \$241, Miscellaneous \$963

Name of the organization

Employer identification number