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DLN: 93493225032236

Form 990

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A F	or the 201	4 cale	endar year, or tax year beginning	g 10-01-2014 , and ending 0	9-30-2015				
B Ch	eck if applic	cable	C Name of organization Kiwanis International Inc				D Employ	yer ident	ification number
☐ Ad	dress chang	e	% WILLIAM W PARKER				36-13	27510	
∏ Na	me change	ı	Doing business as						
┌ In	tıal return						E Telepho	ne numbe	er
Firef	ial urn/termina	ated	Number and street (or P O box if m 3636 WOODVIEW TRACE	nail is not delivered to street address	s) Room/suit	e		875-87	
	nended retui plication per		City or town, state or province, coul INDIANAPOLIS, IN 46268	ntry, and ZIP or foreign postal code	•		G Gross re	eceipts \$ 2	28,638,143
			F Name and address of prin STAN D SO DERSTROM 3636 WOODVIEW TRACE	ncıpal officer		H(a) Is this subor	s a group dinates?	return f	or ┌─ Yes <mark>┌</mark> ─ No
			INDIANAPOLIS,IN 46268	3		H(b) Are a includ		nates	Γ Y es Γ No
I Ta	x-exempt s	status	「 501(c)(3)	(insert no)	527	If "No	," attach	a lıst (s	see instructions)
			W KIWANIS ORG			H(c) Grou	p exempt	on num	ber ►
			Corporation Trust Associatio	n Cther ►		L Year of for	mation 19	15 M S	tate of legal domicile IN
Pa	rt I S	Sumi	mary						
Governance	COI	VA NIS	escribe the organization's mission SISA GLOBAL ORGANIZATION NITY AT A TIME Is box	ON OF VOLUNTEERS DEDIC	ATED TO				
			,						
20 60 20			of voting members of the govern					3	19
Æ			of independent voting members					4	17
Activities &			nber of individuals employed in nber of volunteers (estimate if n	, , , ,				5 6	136 199,000
4			related business revenue from P	• •				7a	47,763
	1		lated business taxable income f					7a 7b	-107,590
						1	Year		Current Year
	8 C	ontrib	outions and grants (Part VIII, li	ne 1h)			9,286,4	34	9,361,458
Ę	1		m service revenue (Part VIII, li				4,957,1	.90	7,222,501
Revenue	10 Ir	nvesti	ment income (Part VIII, columr	(A), lines 3, 4, and 7d) .			4,328,3	311	606,423
ά			revenue (Part VIII, column (A),		-		398,6	27	804,758
			evenue—add lines 8 through 11				18,970,5	662	17,995,140
			and similar amounts paid (Part				1,291,7	_	824,268
			s paid to or for members (Part I				_,,	0	0
ø	15 S		es, other compensation, employe				7,936,0	97	8,306,458
Expenses	1		sional fundraising fees (Part IX,	column (A), line 11e)				0	0
ੜੌ	b To	otal fun	ndraising expenses (Part IX, column (D), line 25) ► 0					
_	17 0	there	expenses (Part IX, column (A),	lines 11a-11d, 11f-24e) .			8,925,6	92	10,262,488
	18 T	otal e	expenses Add lines 13-17 (mu	st equal Part IX, column (A),	lıne 25)		18,153,5	78	19,393,214
	19 R	evenu	ue less expenses Subtract line	18 from line 12		_	816,9	_	-1,398,074
Net Assets or Fund Balances						Beginning Ye	of Currer ear	nt	End of Year
33.0			ssets (Part X, line 16)				32,857,0		29,890,116
2 E	1		iabilities (Part X, line 26)				4,668,8		4,154,993
			sets or fund balances Subtract ature Block	line 21 from line 20			28,188,2	223	25,735,123
Unde my k	er penaltie nowledge arer has a	es of p and b iny kn ***** Signat	perjury, I declare that I have expelief, it is true, correct, and consolvedge	nplete Declaration of prepare		an officer) is l	oased on 16-08-15		
	<u> [F</u>	Pr	rınt/Type preparer's name	Preparer's signature	Da	ite Cher	k 🗆 ıf	PTIN	
Pai	d	N:	ICOLE B FISHBACK	NICOLE B FISHBACK	20	16-08-15 self-	employed	P012794	75
	parer	Fi	ım's name 🕨 BKD LLP			Firm	's EIN 🟲		
	Only	Fi	ırm's address ► 201 N Illınoıs Street			Phor	ne no (317)	383-400	00

Indianapolis, IN 46204

May the IRS discuss this return with the preparer shown above? (see instructions) .

✓ Yes ☐ No

1 01111	1990 (2014)	Page
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	٦
1	Briefly describe the organization's mission	
COM WOR EDU EDU ORG	ANIS IS A GLOBAL ORGANIZATION OF VOLUNTEERS DEDICATED TO IMPROVING THE WORLD ONE CHIMUNITY AT A TIME THE ORGANIZATION COORDINATES EVENTS AND PROVIDES SERVICES TO CLUB LD, WHICH IN TURN SPONSOR AND ADDRESS CHILD-FOCUSED CAUSES KIWANIS INTERNATIONAL AL CATION SERVICES TO OUR MEMBERS BY PROVIDING SEVERAL MAGAZINES REGARDING CURRENT EVECATIONAL ACTIVITIES AND MATERIALS TO ENCOURAGE SERVICE TO THE LOCAL COMMUNITIES AND ANIZATION SERVES APPROXIMATELY 600,000 ADULT AND YOUTH MEMBERS IN ITS FAMILY OF ORGAN WORLD	S AROUND THE SO PROVIDES ENTS AND D TO THE WORLD THE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	┌ Yes ┌ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	「Yes 「No
4	Describe the organization's program service accomplishments for each of its three largest program services, a expenses Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and alloc the total expenses, and revenue, if any, for each program service reported	
	(Code) (Expenses \$ 4,498,116 including grants of \$) (Revenue \$)
-	LEADERSHIP EDUCATION/DEVELOPMENT AND COMMUNICATION - FOR MORE THAN 100 YEARS KIWANIS HAS BEEN BUILDING AND DEVELOPMENT AND ALL AROUND THE WORLD KIWANIS OFFERS A UNIQUE BRAND OF LEADERSHIP THROUGH SERVICE TO OTHERS A MAJOR DEVELOPMENT OF LEADERSHIP EDUCATIONAL MATERIALS FOR OUR CLUB, DIVISION, DISTRICT, AND INTERNATIONAL OFFICERS IT IS CLUB OFFICERS HOW TO LEAD AND OPERATE A CLUB, TO EDUCATE OUR LIEUTENANT GOVERNORS HOW TO LEAD AND OPERATE A DISTRICT, AND TO EDUCATE OUR BOARD OF TRUSTEES HOW TO LEAD THE INTERNATION OFFICERS ON HOW TO LEAD AND OPERATE A DISTRICT, AND TO EDUCATE OUR BOARD OF TRUSTEES HOW TO LEAD THE INTERNATION OFFICERS ON HOW TO LEAD THE INTERNATION OF KIWANIS CLUBS AND KIWANIS INTERNATIONAL, SERVING THAND OUR COMMUNITIES, CAN BE CARRIED OUT EFFECTIVELY	FOCUS FOR KIWANIS IS THE IMPORTANT TO EDUCATE ICATE OUR DISTRICT INAL ORGANIZATION WITH
4b	(Code) (Expenses \$ 1,661,009 including grants of \$) (Revenue \$	1,746,418)
	KIWANIS CONVENTION - THE ANNUAL KIWANIS INTERNATIONAL CONVENTION IS HELD IN VARIOUS COUNTRIES FROM YEAR-TO-YEAR TOGETHER NEARLY 5,000 KIWANIANS AND GUESTS FROM AROUND THE WORLD IT IS THE SINGLE LARGEST GLOBAL GATHERING OF KREPRESENTING MORE THAN 70 COUNTRIES WORKSHOPS, EDUCATIONAL SESSIONS, DYNAMIC EDUCATIONAL SPEAKERS, AND CONDUCTIONAL SESSIONS, DYNAMIC EDUCATIONAL	IWANIS MEMBERS,
	(Code) (Expenses \$ 1,244,767 including grants of \$ 749,268) (Revenue \$	111,556)
	SERVICE LEADERSHIP PROGRAMS - FOR MORE THAN 90 YEARS KIWANIS HAS BEEN BUILDING AND DEVELOPING LEADERS AT ALL LEVE BRAND OF LEADERSHIP THROUGH SERVICE TO OTHERS KIWANIS SPONSORS VARIOUS PROGRAMS FOR YOUTH, YOUNG ADULTS, AND DISABILITIES, THAT CAN CHANGE LIVES THROUGH KIWANIS SERVICE LEADERSHIP PROGRAMS, YOUTH AND ADULT MEMBERS CAN EAWITH FRIENDS AND HELP THEIR COMMUNITIES AND THE WORLD PROGRAMS SUCH AS K-KIDS, TERRIFIC KIDS, BRINGING UP GRAD YOUTH PROGRAMS, INC, KEY CLUB, KEY LEADER, CIRCLE K, AND AKTION CLUB ARE PROGRAMS SPONSORED BY KIWANIS AND IT IS THAT THE YOUTH PARTICIPANTS ARE EMPOWERED TO MAKE SUCH AN IMPACT BY INVESTING TIME IN THESE PROGRAMS, KIWANIS THE SEEDS OF SERVICE A LARGE PART OF WHAT KIWANIS DOES IS TO SPONSOR THESE YOUTH AND YOUNG ADULT ORGANIZATIONS SERVICE ACTIVITIES JUST LIKE KIWANIS CLUBS DO NOTE KIWANIS IS STILL VERY INSTRUMENTAL IN SPONSORING ALL OF OUR YOU THE DAY-TO-DAY OPERATIONS OF THE PROGRAMS FOR BUILDERS CLUBS, K-KIDS, AND KEY LEADER ARE NOW MANAGED UNDER KIWINCINC	LS, OFFERING A UNIQUE ADULTS WITH LIVING RN SCHOLARSHIPS, LEARN ES, BUILDERS CLUB, KIWANIS THRU THESE PROGRAMS MEMBERS AND OTHER SOW TO PERFORM COMMUNITY TH PROGRAMS, HOWEVER,
	See Additional Data	
4d	Other program services (Describe in Schedule O) (Expenses \$ 4,610,607 including grants of \$ 75,000) (Revenue \$ 6	,085,686)
4e	Total program service expenses ► 12,014,499	

Part IV Checklist of Required Sched	lule	28
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			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
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^{\bullet}	3		No
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,	5	Yes	
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 "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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), 501(c)(4), and 501(c)(29) 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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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		No
29	Did the organization receive more than $\$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2014)

	Check if Schedule O contains a response or note to any line in this Part V			.IZ
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 136			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	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)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►BE, CO, CA, FR, IN, RP See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
Ī	In rest, to line 50 or 55, and the organization meronin occorring in the first transfer	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?	7a 7b		NO
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
С	Enter the amount of reserves on hand	Į		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.

•	, ,	•		,	,	,				
See instructions.										
Check if Schedule O	contains a response of	or note to any line in th	s Part VI .							.IV

Se	ection 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			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	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?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		Νo
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No
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►IN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ►WILLIAM W PARKER 3636 WOODVIEW TRACE

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or 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 organization nor any related organization compensated any current officer, director, or trustee

any hours for related organizations (W- organizations (W- organizations (W- organization (W- 2/1099-MISC) organization related	(A) Name and Title	for related organizations below		•	` `	organization and
--	-----------------------	---------------------------------------	--	---	-----	------------------

Form 990 (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is	ne l both	box, ∣an d	officer stee)	1	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

c Total from continuation sheets to Part VII, Section A	
d Total (add lines 1b and 1c)	324,317

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►8

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee					
	on line 1a? If "Yes," complete Schedule J for such individual	3		No		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for					
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo		

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MARKEY'S AUDIO VISUAL INC, 2365 ENTERPRISE PARK PLACE INDIANAPOLIS, IN 46218	AUDIO-VISUAL SVCS	391,603
BORSHOFF INC, 47 S PENNSYLVANIA STREET INDIANAPOLIS, IN 46204	PUBLIC RELATION SVCS	357,115
TOUCHSTONE MDSE GROUP, 7200 INDUSTRIAL ROW MASON, OH 45040	MERCHANDISE WHSE	289,840
PBA INC, PO BOX 2023 CAROL STREAM, IL 60132	BENEFITS ADMIN	298,384
QUAD GRAPHICS INC, PO BOX 644840 PITTSBURGH, PA 15264	GRAPHIC DESIGN SVCS	303,582
2 Total number of independent contractors (including but not limited to the	ose listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \ 19

Contributions, Gifts, Grants and Other Similar Amounts	1a
Program Service Revenue C	2
/enue	3 4 5 6 1 7
Other Reve	 9 100
	11:

Form 99								Page 9
Part \	444	Statement o Check if Schedu	f Revenue ule O contains a respon:	se or note to any lir	ne in this Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s &	1a	Federated camp	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	es 1b	8,908,943				
	С	Fundraising eve	ents 1c					
Giffs, iilar A	d	Related organiz	ations 1d	182,134				
s, G	e	Government grants	s (contributions) 1e					
Contributions, and Other Sim	f	All other contributions similar amounts no	ons, gifts, grants, and 1f ot included above	270,381				
ള	g	Noncash contribution 1a-1f \$	ons included in lines					
Con	h	Total. Add lines	s 1 a - 1 f		9,361,458			
				Business Code				
Program Service Revenue	2a	LIABILITY INSURAN	ICE FEES	524298	2,268,976	2,268,976		
Fe∢	ь	MANAGEMENT FEE	S	541610	1,882,980	1,882,980		
-S-	С	MAGAZINE SUBSCR	RIPTION	511120	1,063,865	1,063,865		
Ser.	d	CONVENTION FEES	5	561000	1,746,418	1,746,418		
Ē	е	SERVICE LEADERS		561000	111,556	111,556		
i Do	f	All other progra	am service revenue		148,706	148,706		
	g	Total. Add lines	s 2a – 2f		7,222,501			
	3		ome (including dividend ar amounts)		436,027			436,027
	4		tment of tax-exempt bond p	F	0			
	5	Royalties		🕨	0			
			(ı) Real	(II) Personal				
	6a	Gross rents Less rental	58,560 22,724					
	Ь	expenses						
	C	Rental income or (loss)	35,836	0				
	d	Net rental incor	me or (loss)	`	35,836			35,836
	 7a	Gross amount	(ı) Securities	(II) Other				
		from sales of assets other than inventory	9,706,267					
	b	Less cost or other basis and	9,535,871					
	c	sales expenses Gain or (loss)	170,396					
	d		L		170,396			170,396
<u>ə</u>	8a	Gross income fi	rom fundraising					
Other Revenue		\$of contributions See Part IV , lin	reported on line 1c)					
<u>.</u>	.		a					
돭	b c		penses b [loss) from fundraising e	vents -	0			
-			rom gaming activities	veints : : p				
	_		a					
			penses b [loss) from gaming activ	ıtıes -	n			
		Gross sales of returns and allo	inventory, less	ides				
			a	1,805,567				
	ь	=	oods sold b	1,084,408				
	С		(loss) from sales of inve		721,159	721,159		
	11-	Miscellaneous		Business Code 541800	47,763		47,763	
	11a b	ADVERTISING	i	341600	47,703		47,703	
	d	All other revenu	ue					
	e e	Total. Add lines	L	🕨				
	12		See Instructions	_ -	47,763			
]			🟲	17,995,140	7,943,660	47,763	642,259

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete col	umn (A)
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36000	on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this	-			
	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and		скрепзез	general expenses	СКРСПЭСЭ
	domestic governments See Part IV, line 21	749,268	749,268		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	75,000	75,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	885,449		885,449	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	4,196,769	1,925,980	2,270,789	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	276,924	127,086	149,838	
9	Other employee benefits	2,526,439	1,159,433	1,367,006	
10	Payroll taxes	420,877	193,149	227,728	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	105,293		105,293	
C	Accounting	104,282		104,282	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	102,994		102,994	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	740,652	489,644	251,008	
12	Advertising and promotion	891,754	879,470	12,284	
13	Office expenses	622,091	432,236	189,855	
14	Information technology	227,441	15,767	211,674	
15	Royalties	0			
16	Occupancy	456,414	129,099	327,315	
17	Travel	1,090,744	450,442	640,302	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,624,754	1,519,619	105,135	
20	Interest	1,333	1,333		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	604,389	388,806	215,583	
23	Insurance	1,830,524	1,773,402	57,122	
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	MAGAZINE	700,386	700,386		
b	MEMBERSHIP GROWTH	672,103	633,937	38,166	
С	EVENTS	180,683	180,683		
d	BAD DEBT EXPENSE	13,942	13,942		
e	All other expenses	292,709	175,817	116,892	
25	Total functional expenses. Add lines 1 through 24e	19,393,214	12,014,499	7,378,715	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)				

Form 990 (2014)

Part X Balance Sheet

Ра	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in	thıs P	art X			
		•			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			3,368	1	2,868
	2	Savings and temporary cash investments			2,689,495	2	2,505,879
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			314,370	4	329,387
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete P Schedule L	art II	of	0	5	0
×	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contri mploy	buting employers			0
Assets	7	Notes and loans receivable, net			0		0
₹.	8	Inventories for sale or use			559,635		584,106
	9	Prepaid expenses and deferred charges			619,435		881,862
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1	12,244,443	,		331,002
	Ь	Less accumulated depreciation	10b	7,908,996	4,700,295	10c	4,335,447
	11	Investments—publicly traded securities	٦.		23,099,683	11	20,517,145
	12	Investments—other securities See Part IV, line 11			132,736	12	0
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			738,066	15	733,422
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			32,857,083	16	29,890,116
	17	Accounts payable and accrued expenses			2,605,144	17	2,147,707
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
φ.	21	Escrow or custodial account liability Complete Part IV of Sch			0	21	0
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual					
ąę		persons Complete Part II of Schedule L			0	22	0
=	23	Secured mortgages and notes payable to unrelated third partie	es .		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Pa	2,063,716	25	2,007,286		
	26	Total liabilities. Add lines 17 through 25			4,668,860		4,154,993
رم ال		Organizations that follow SFAS 117 (ASC 958), check here ▶			, ,		
ğ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			28,188,223	27	25,735,123
<u>छ</u>	28	Temporarily restricted net assets		• •	20, 100,229		23,733,123
Fund Balances	29	Permanently restricted net assets	0		0		
Ĭ		Organizations that do not follow SFAS 117 (ASC 958), check h	· ·	 □ and			
Ä.		complete lines 30 through 34.	icie F	, and			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
AS	32	Retained earnings, endowment, accumulated income, or other	funds			32	
Şet	33	Total net assets or fund balances			28,188,223	33	25,735,123
Z	34	Total liabilities and net assets/fund balances			32,857,083	34	29,890,116
	-				•		Form 990 (2014)

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		17,9	995,140
2	Total expenses (must equal Part IX, column (A), line 25)	2		19,3	393,214
3	Revenue less expenses Subtract line 2 from line 1	3			 398,074
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			188,223
5	Net unrealized gains (losses) on investments	5			055,026
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		25,7	735,123
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
3a	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?	9	За		No
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		

Additional Data

Software ID:

Software Version:

EIN: 36-1327510

Name: Kıwanıs International Inc

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	4,610,607	including grants of \$	75,000) (Revenue \$	6,085,686)
OTHER PROGRAM SE	RVICES-PLEASE SEE	SCHEDULE O			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th persoi and a	ion (d nan o n is b	ne booth a	ox, ι an o trus	ınless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	_,,		related organizations
(1) GUNTER GASSER	1 0	х		Х				58,332	0	0
IMMEDIATE PAST PRESIDENT (1) JOHN R BUTTON	0 0									
PRESIDENT	0 0	X		Х				9,678	0	0
(2) SUSAN A PETRISIN PRESIDENT-ELECT	1 0	х		х				0	0	0
(3) KEVIN DEAN TRUSTEE	1 0	x						6,324	0	0
(4) JANE M ERICKSON	1 0	x						5,933	0	0
VICE PRESIDENT (5) KENNETH ALOVERA	0 0								0	0
TRUSTEE (6) OSKAR GUDJONSSON	0 0	×						12,225	0	
TRUSTEE (7) PATRICIA BARSOTTI	0 0	Х						8,240	0	0
TRUSTEE	0 0	х						5,730	0	0
(8) PATRICK R EWING TRUSTEE	1 0	×						6,677	0	0
(9) KOSHIRO KITAZATO	1 0	х						3,566	0	0
TRUSTEE (10) BARBARA THOMPSON	1 0	х						3,228	0	0
TRUSTEE (11) DENNIS OLIVER	0 0	х						4,487	0	0
TRUSTEE (12) ARTHUR RILEY	0 0									
TRUSTEE	0 0	Х						3,698	0	0
TRUSTEE	1 0	х						6,176	0	0
(14) JAMES M ROCHFORD TRUSTEE	1 0	×						6,018	0	0
(15) MARCEL A KREIENBUHL TRUSTEE	1 0	х						4,976	0	0
(16) ELIZABETH TEZZA	1 0	х						5,399	0	0
TRUSTEE (17) FLORENCIO C LAT	1 0	Х						5,040	0	0
TRUSTEE (18) LOUIS SMITH	1 0	X						2,050	0	0
TRUSTEE (19) STAN D SODERSTROM	0 0 40 0			X				242,137	0	69,099
EXECUTIVE DIRECTOR (20) ROBERT BRODERICK	0 0							242,137	0	69,099
CHIEF FINANCIAL OFFICER (21) JEFFREY OATESS	0 0			Х				166,456	0	49,461
CHIEF OPERATING OFFICER	0 0			Х				154,447	0	46,072
(22) WILLIAM PARKER	40 0					х		119,540	0	34,925
(23) LISA HEINDRICKS SR DIRECTOR HR-FACILITIES-RISK	40 0					х		114,155	0	33,705
(24) PAMELA NORMAN	40 0					х		102,125	0	30,311
DIRECTOR-CORPORATE RELATIONS	0 0									<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related	ion (nan o n is b	ne booth a	an off trust	nless ficer :ee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	Reportable Reportable compensation from the from related ganization (W- organizations (W-		
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033 MISC)	2/1033 11130)	organization and related organizations
(26) SCOTT SMITH CHIEF TECHNOLOGY OFFICER	40 0					х		104,495	0	31,981
(1) AMY WISER CHIEF COMMUNICATIONS OFFICER	40 0					х	·	101,245	0	28,763

DLN: 93493225032236

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

IV IVV d	ne of the organization nis International Inc			Employer ide	ntification number
	nis international inc			36-1327510	
art	I-A Complete if the or	ganization is exempt und	er section 501(
	Provide a description of the or	ganızatıon's dırect and ındırect po	olitical campaign act	ivities in Part IV	
	Political expenditures			▶	\$
	Volunteer hours				
	T.D. Commisto if the on			-1/21	
	<u> </u>	ganization is exempt under tax incurred by the organization	•		
	·	e tax incurred by organization ma			\$
		section 4955 tax, did it file Form		114933	→
	Was a correction made?	section 4955 tax, did it me i omi -	+/20 for this year.		res
	If "Yes," describe in Part IV) 165) NO
		ganization is exempt und	er section 501(c), except section 50)1(c)(3).
		ended by the filing organization fo	•	•	\$
	Enter the amount of the filing of exempt function activities	organization's funds contributed to	o other organization	s for section 527 ►	\$
	Total exempt function expendi	tures Add lines 1 and 2 Enter he	ere and on Form 112	.0-POL, line 17b ►	\$
	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐ No
		nd employer identification numbei For each organization listed, ente	r the amount paid fro		
		ns received that were promptly ar political action committee (PAC)			anızatıon, such as a
					(e) A mount of political contributions receive
	separate segregated fund or a	political action committee (PAC)	If additional space	(d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to separate political organization.
	separate segregated fund or a	political action committee (PAC)	If additional space	(d) A mount paid from filing organization's	(e) A mount of politic contributions receive and promptly and directly delivered to separate political organization.
	separate segregated fund or a	political action committee (PAC)	If additional space	(d) A mount paid from filing organization's	(e) A mount of politic contributions receive and promptly and directly delivered to separate political organization.
	separate segregated fund or a	political action committee (PAC)	If additional space	(d) A mount paid from filing organization's	(e) A mount of politic contributions receive and promptly and directly delivered to separate political organization.
	separate segregated fund or a	political action committee (PAC)	If additional space	(d) A mount paid from filing organization's	(e) A mount of politic contributions receive and promptly and directly delivered to separate political organization.

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

	rt II-B Complete if the organization filed Form 5768 (election u	on is exempt under section 501(c)(3) and has inder section 501(h)).					
For e	each "Yes" response to lines 1a through 1: below, p	provide in Part IV a detailed description of the lobbying	(8	a)	((b)	
activ	rity.		Yes	No	Am	ount	
1 a		empt to influence foreign, national, state or local e public opinion on a legislative matter or referendum,					
b c	Paid staff or management (include compensa Media advertisements?	tion in expenses reported on lines 1c through 1i)?					
d	Mailings to members, legislators, or the publi	c۶					
е	Publications, or published or broadcast state	ments?					
f	Grants to other organizations for lobbying pur	poses?					
g	Direct contact with legislators, their staffs, g	overnment officials, or a legislative body?					
h i	Rallies, demonstrations, seminars, conventio O ther activities?	ns, speeches, lectures, or any similar means?					_
j	Total Add lines 1c through 1i						
2a	_	tion to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred	d under section 4912					
C		by organization managers under section 4912	_	. [
	If the filing organization incurred a section 49						
Par	t III-A Complete if the organizatio 501(c)(6).	n is exempt under section 501(c)(4), section	501(c)(5), o	r sec	tion	l
	301(0)(0).				ΤY	es	No
1	Were substantially all (90% or more) dues re	ceived nondeductible by members?		Г		es	
2	Did the organization make only in-house lobb	•			2 Y	es	
3		ying and political expenditures from the prior year?			3		Νo
Pai		n is exempt under section 501(c)(4), section ! BOTH Part III-A, lines 1 and 2, are answered "					
1	Dues, assessments and similar amounts fron	n members	1				
2	Section 162(e) nondeductible lobbying and p expenses for which the section 527(f) tax was	olitical expenditures (do not include amounts of political as paid).					
a	Current year		2a				
b	Carryover from last year		2b				
_C	Total		2c				
3		e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		c exceeds the amount on line 3, what portion of the excess ne reasonable estimate of nondeductible lobbying and	4				
5	Taxable amount of lobbying and political expe	enditures (see instructions)	5				
P	art IV Supplemental Information						
	ovide the descriptions required for Part I-A, line (see instructions), and Part II-B, line 1 Also, co	e 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou Implete this part for any additional information	ıp lıst),	Part II-	·A , line	es 1 a	and
	Return Reference	Explanation					

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493225032236

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

	the organization ternational Inc			loyer identifica	ition number	
Part I	Organizations Maintaining Donor Adv			1327510 or Accounts	. Complete	ıf the
	organization answered tes to rottil 990	(a) Donor advised funds		(b) Funds and	other accoun	ts
Tota	I number at end of year					
Aggr	regate value of contributions to (during year)					
Aggr	regate value of grants from (during year)					
Aggr	regate value at end of year					
	the organization inform all donors and donor advisc s are the organization's property, subject to the or		nor advı	sed	☐ Yes	┌ No
used	the organization inform all grantees, donors, and do d only for charitable purposes and not for the benef ferring impermissible private benefit?				┌ Yes	┌ No
	Conservation Easements. Complete if	the organization answered "Yes"	to Form	n 990. Part I\	/, line 7.	
	pose(s) of conservation easements held by the orga Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Inplete lines 2a through 2d if the organization held a	or education) Preservation of a Preservation of a	certified	d historic struc	ture	
ease	ement on the last day of the tax year					
_				Held at the	End of the Y	'ear
	Il number of conservation easements		2a			
	Il acreage restricted by conservation easements		2b			
	ber of conservation easements on a certified histo	. ,	2c			
histo	ber of conservation easements included in (c) acq oric structure listed in the National Register		2d			
	iber of conservation easements modified, transferr tax year >	ed, released, extinguished, or terminat	ed by th	e organization	during	
Num	ber of states where property subject to conservati	on easement is located 🛌				
	s the organization have a written policy regarding treement of the conservation easements it holds?	he periodic monitoring, inspection, har	ndling of	violations, and	│ │ Yes	┌ No
Staff ►	f and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ments d	uring the year		
A mo	ount of expenses incurred in monitoring, inspecting	, and enforcing conservation easemen	ts durınç	the year		
	s each conservation easement reported on line 2(c section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 17	'0(h)(4)(B)(ı)	┌ Yes	┌ No
bala	art XIII, describe how the organization reports cor nce sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financia				
rt III	Organizations Maintaining Collection Complete if the organization answered "Y		or Otl	ner Similar	Assets.	
work	e organization elected, as permitted under SFAS 1 is of art, historical treasures, or other similar asse ice, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education	, or rese	arch in furthera		:
work	e organization elected, as permitted under SFAS 1 (s of art, historical treasures, or other similar asse ice, provide the following amounts relating to these	ts held for public exhibition, education				:
(i) _R	Revenue included in Form 990, Part VIII, line 1			► \$		
(ii) <u>/</u>	Assets included in Form 990, Part X					
Ifth	e organization received or held works of art, histori wing amounts required to be reported under SFAS					
Reve	enue included in Form 990, Part VIII, line 1			► \$		
۸۰۰	ots included in Form 990. Bart V			. ¢		

Part	Organizations Maintaining Collections of Art, His	stor	ica	l Treasu	res, or Ot	<u>he</u> ı	· Similar Asse	ts (co	ntinued)
3	Using the organization's acquisition, accession, and other records, c collection items (check all that apply)	heck	any	of the foll	owing that ar	e a	significant use of	ıts	
а	Public exhibition d	Γ	Lo	oan or exc	hange progra	ms			
b	□ Scholarly research ■	Γ	0	ther					
c	Preservation for future generations								
4	Provide a description of the organization's collections and explain ho Part XIII	w the	y fu	irther the o	organization's	ex	empt purpose in		
5	During the year, did the organization solicit or receive donations of a assets to be sold to raise funds rather than to be maintained as part							Yes	□ No
Par	t IV Escrow and Custodial Arrangements. Complete in	f the	org	z ganızatıoı					1 110
1a	Part IV, line 9, or reported an amount on Form 990, P Is the organization an agent, trustee, custodian or other intermedian included on Form 990, Part X?				or other asse	ts r	ot	Yes	
b	If "Yes," explain the arrangement in Part XIII and complete the follo	wing	tabl	e			,		,
							Amou	ınt	
С	Beginning balance					.c			
d	Additions during the year				1	.d			
е	Distributions during the year				1	е.			
f	Ending balance				_ 1	.f			
2a	Did the organization include an amount on Form 990, Part X, line 21,	for e	scr	ow or cust	odial account	lıa	bility?	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII Check here if the exp	lanat	ion	has been p	rovided in Pa	art)	(111		Γ
Pa	rt V Endowment Funds. Complete if the organization and	swer	ed	"Yes" to					
)Prior	yea	r b (c) T	wo years back	(d)⊺	hree years back (e) Four y	ears back
1a	Beginning of year balance								
Ь	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current year end balance (II	ne 1g	ı, co	lumn (a))	held as				
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment 🕨								
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%								
За	Are there endowment funds not in the possession of the organization	that	are	held and a	dministered	for	the		
	organization by						2-45	Yes	No
	(i) unrelated organizations	• •	•			•	3a(i) 3a(ii)		
ь	(ii) related organizations	• Sche	• dule	R?			3a(11)	<u> </u>	<u> </u>
4	Describe in Part XIII the intended uses of the organization's endown					•			<u> </u>
Par	t VI Land, Buildings, and Equipment. Complete if the of 11a. See Form 990, Part X, line 10.	orgai	ııza	ition ansv	wered 'Yes'	to	Form 990, Part	IV, lı	ne
	Description of property			st or other nvestment)	(b)Cost or other		(c) Accumulated depreciation	(d) Bo	ook value
1a	Land	+			711,6	523			711,623
	Buildings	\vdash			4,269,1		2,730,596		1,538,602
	Leasehold improvements				1,893,4	_	670,823		1,222,595
	Equipment				5,370,2	-	4,507,577		862,627
e	Other						·		
	I. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, col	umn ('B),	line 10(c).)			►		4,335,447
				<u> </u>			Schedule D (I	orm 9	90) 2014

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related.	Complete if the organizati	on answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		,
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. Complete if the organizate (a) Des		(b) Book value
	,	
		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.	yanızatıon answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
YOUTH PROGRAMS, INC	2,007,286	5
		7
		-
		_
		-
		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII. prov	▶ 2,007,286	

Par	the organization answered 'Yes' to Form 990, Part IV, line 12a.	er ĸ	eturn Complete if
1	Total revenue, gains, and other support per audited financial statements	1	17,944,252
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -1,055,026		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	52,106
3	Subtract line 2e from line 1	3	17,892,146
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 102,994		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4 c	102,994
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	17,995,140
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return. Complete
1	If the organization answered 'Yes' to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	20,397,352
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		20,397,332
a	Donated services and use of facilities		
a b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	1,107,132
3	Subtract line 2e from line 1	3	19,290,220
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		15,256,226
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 102,994		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	102,994
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	19,393,214
Part	XIII Supplemental Information		· · ·
Prov Part	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to part		de any additional
	Return Reference Explanation		
SCHE	ASC 740 MANAGEMENT HAS EVALUATED THEIR INCOME TAX POST GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANA IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE REC	GEM	MENT HAS NOT
SCHE LINE	DULE D, PART XI & PART XII, RECONCILIATION OF REVENUE AND EXPENSES PER AFS COST OF \$1,084,408 RENTAL EXPENSE 22,724 TOTAL \$1,107,132	GOO	DS SOLD
	I		

Jenedale 2 (1 31111 33 3) 23 13		i age S
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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DLN: 93493225032236

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Kiwanis International Inc				Employer ident	ification number
				36-1327510	
Part I General Informatio "Yes" to Form 990, Pa			he United States. C	omplete if the organiz	ation answered
1 For grantmakers. Does the and other assistance, the grused to award the grants or	┌ Yes ┌ No				
2 For grantmakers. Describe assistance outside the Unite		ganızatıon's p	rocedures for monitor	ing the use of its grant	s and other
3 Activites per Region (The follow	wing Part I, line 3	3 table can be d	uplicated if additional sp	ace is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE (INCLUDING ICELAND AND GREENLAND)	1	2	PROGRAM SERVICES	GROWTH AND EDUCATION	552,928
(2) EAST ASIA AND THE PACIFIC		1	PROGRAM SERVICES	GROWTH AND EDUCATION	218,989
(3) SOUTH AMERICA			PROGRAM SERVICES	GROWTH AND EDUCATION	14,307
(4)					
(5)					
Sub-total Total from continuation sheets to Part I	1	3			786,224
c Totals (add lines 3a and 3b)	1	3	: 		786,224

3

Schedule F (Form 990) 2014

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
(:	L)		East Asia and the Pacific	PLAYGROUND PROJECT	25,000	CASH			
(:	2)		Europe (Including Iceland and Greenland)	PLAYGROUND PROJECT	25,000	CASH			
(3	3)		East Asia and the Pacific	PLAYGROUND PROJECT	25,000	CASH			
(4	1)								
2				sted above that are ree					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	ি	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	~	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	V	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE US KWANIS INTERNATIONAL PERIODICALLY PROVIDES GRANTS TO KWANIS CLUBS AND DISTRICT FOR SPECIAL PROJECTS THIS PAST YEAR, GRANTS WERE GIVEN TO THREE DISTRICTS OUTSIDE OF THE UNITED STATES TO BUILD PLAY GROUND SFOR THE KWANIS CENTENNIAL CELEBRATION THE KWANIS PRESIDENT VISITED THE SITE OF THE PLAY GROUND TO DEDICATE THE PROPERTY THE KWANIS BOARD APPROVED THE FUNDING OF THESE GRANTS

990 Schedule F, Supplemental Information

Return Reference	Explanation
(E)	DESCRIPTION OF PROGRAM SERVICE IN REGION LEADERSHIP EDUCATION AND TRAINING, MEMBERSHIP AN D CLUB GROWTH AND DEVELOPMENT, AND CLUB ADMINISTRATION

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Open to Public

DLN: 93493225032236 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990.

Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number

·······						I		
Kiwanis International Inc							6-1327510	
Part I General Inform	nation on Grants	and Assistance				'		
 Does the organization ma the selection criteria used Describe in Part IV the or Part II Grants and Oth 	d to award the grants or ganization's procedure	rassistance?	of grant funds in the l	Jnited States				V Yes □ N
Form 990, Part I	V, line 21, for any r	ecipient that receive	d more than \$5,000	. Part II can be dupl	icated if additional	l space is	needed.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	1	escription of sh assistance	(h) Purpose of grant or assistance
(1) KIWANIS INDIANA FOUNDATION 3636 WOODVIEW TRACE INDIANAPOLIS,IN 46268	36-6044312	501(C)(3)	25,000					PLAYGROUND PROJECT
(2) KIWANIS CLUB OF QUINCY PO BOX 57 QUINCY,IL 62306	37-6034591	501(C)(4)	25,000					PLAYGROUND PROJECT
(3) ILLINOIS-EASTERN IOWA KIWANIS FOUNDATION 2416 E WASHINGTON ST STE B-2 BLOOMINGTON,IL 61704	36-6070441	501(C)(3)	25,000					PLAYGROUND PROJECT
(4) CIRCLE K INTERNATIONAL 3636 WOODVIEW TRACE INDIANAPOLIS,IN 46268	01-0772160	501(C)(4)	391,432					GENERAL SUPPORT
(5) KIWANIS YOUTH PROGRAMS INC 3636 WOODVIEW TRACE INDIANAPOLIS,IN 46268	36-6072042	501(C)(3)	280,736					GENERAL SUPPORT

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	 3
3	Enter total number of other organizations listed in the line 1 table	2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

<u> </u>							
Part IV Supplemental In	iformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
Return Reference	Explanation						
	PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S. KIWANIS INTERNATIONAL, KIWANIS YOUTH PROGRAMS, INC, AND CIRCLE K INTERNATIONAL ARE RELATED ORGANIZATIONS THE ACTIVITIES, FINANCIAL RECORDS, AND MINUTES OF EACH ORGANIZATION'S BOARD MEETINGS ARE COMMUNICATED AND MADE AVAILABLE TO THE MANAGEMENT AND BOARD OF BOTH ORGANIZATIONS AS A RESULT, KIWANIS INTERNATIONAL IS AWARE OF THE USE OF THE FUNDS THAT ARE GRANTED TO KIWANIS YOUTH PROGRAMS, INC, CIRCLE K INTERNATIONAL, AND KIWANIS INTERNATIONAL FOUNDATION KIWANIS INTERNATIONAL PERIODICALLY PROVIDES GRANTS TO KIWANIS CLUBS AND DISTRICT FOR SPECIAL PROJECTS THIS PAST YEAR, GRANTS WERE GIVEN TO THREE DISTRICTS WITHIN THE UNITED STATES TO BUILD PLAYGROUNDS FOR THE KIWANIS CENTENNIAL CELEBRATION THE KIWANIS PRESIDENT VISITED THE SITE OF THE PLAYGROUND TO DEDICATE THE PROPERTY THE KIWANIS BOARD APPROVED THE FUNDING OF THESE GRANTS						

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DLN: 93493225032236

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Kıwanıs International Inc

Employer identification number

36-1327510

Pa	rt I Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items					
	First-class or charter travel Housing allowance or residence for personal use					
	▼ Travel for companions					
	▼ Tax idemnification and gross-up payments					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes			
			165			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III					
	▼ Compensation committee ▼ Written employment contract					
	Form 990 of other organizations Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization					
а	Receive a severance payment or change-of-control payment?	4a		No		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of					
а	The organization?	5a		No		
ь	Any related organization?	5b		No		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of					
а	The organization?	6a		No		
b	Any related organization?	6b		Νo		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was					
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe					
	ın Part III	8		Νo		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990	
1 STAN D SODERSTROM, EXECUTIVE DIRECTOR	(i) (ii)	218,235 0	0	23,902	9,443	59,656 0	311,236 0	0	
2 WILLIAM PARKER, CONTROLLER	(i) (ii)	109,224 0	0	10,316 0	4,782 0	30,143	154,465 0	0 0	
3 ROBERT BRODERICK, CHIEF FINANCIAL OFFICER	(i) (ii)	166,456 0	0	0	6,658 0	42,803 0	215,917 0	0	
4 JEFFREY OATESS, CHIEF OPERATING OFFICER	(i) (ii)	141,543 0	0	12,904 0	6,178	39,894 0	200,519	0	

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

	complete the parties any additional information						
Return Reference	Explanation						
SCHEDULE J, PART I, LINE 1A	OTHER BENEFITS (1) THE KIWANIS BOARD OF TRUSTEES MEMBERS (INCLUDING THE EXECUTIVE DIRECTOR) IS REIMBURSED FOR TRAVEL EXPENSES ON TRIPS PERFORMED TO COMPLETE THE DUTIES OF THE OFFICE THESE AMOUNTS ARE NOT CONSIDERED TAXABLE INCOME AND ARE NOT REPORTED TO THE IRS (2) AIR TRAVEL FOR SPOUSES IS PAID FOR BY KIWANIS FOR SPOUSES TO ATTEND THE INTERNATIONAL CONVENTION AND THE VARIOUS DISTRICT CONVENTIONS THAT THE TRUSTEES/OFFICERS ARE ASSIGNED TO ATTEND SUCH PAYMENTS ARE CONSIDERED TAXABLE INCOME TO THE TRUSTEE AND IS REPORTED ON FORM 1099-MISC TO THE IRS (3) BOARD OFFICERS AND TRUSTEES RECEIVE A DISCRETIONARY SPENDING ACCOUNT OF BETWEEN \$350 AND \$15,000 DURING THE YEAR DEPENDING UPON THEIR OFFICE ALL PAYMENTS NOT SUBSTANTIATED OR DIRECTLY RELATED TO THE PERFORMANCE OF THEIR DUTIES ARE TAXABLE AND REPORTED ON FORM 1099-MISC TO THE IRS (4) TRUSTEES/OFFICERS RECEIVE (IF REQUESTED) A STIPEND TO COMPENSATE THEM FOR THEIR INCOME TAXES THAT COULD BE INCURRED ON THE AMOUNTS RECEIVED IN ITEMS (2) AND (3) ABOVE SUCH AMOUNTS ARE CONSIDERED TAXABLE INCOME AND ARE REPORTED ON FORM 1099-MISC TO THE IRS						

Schedule J (Form 990) 2014

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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.

Name of the organization
Kiwanis International Inc

Employer identification number
36-1327510

Return Reference	Explanation
FORM 990, PART III, LINE 4D	OTHER PROGRAM SERVICES KMANIS MAGAZINE - PUBLISHED EIGHT (8) TIMES PER YEAR, THIS IS THE PRIMARY EDUCATION TOOL USED BY KWANIS INTERNATIONAL TO EDUCATE ITS MEMBERS ON THE VALUE OF COMMUNITY SERVICE ALL MEMBERS IN THE US AND CANADA ARE REQUIRED TO SUBSCRIBE TO THE MAGAZINE OF COMMUNITY SERVICE, INTERNATIONAL GOODWILL, FUNDRAISING, LEADERSHIP DEVELOPMENT, YOUTH PROTECTION, YOUTH LEADERSHIP, AND A VARIETY OF OTHER TOPICS THAT BNCOURAGE MEMBERS ON THE BENEFITS OF PERFORMING COMMUNITY SERVICE, INTERNATIONAL GOODWILL, FUNDRAISING, LEADERSHIP DEVELOPMENT, YOUTH PROTECTION, YOUTH LEADERSHIP, AND A VARIETY OF OTHER TOPICS THAT BNCOURAGE MEMBERS ON THE BENEFITS OF PERFORMING COMMUNITY SERVICE FOR THEIR LOCAL COMMUNITIES AND THE WORLD LIABILITY AND DIRECTORS & OFFICERS INSURANCE - A SERVICE THAT KWANIS PROVIDES TO MEMBERS AND CLUBS IS THE GENERAL LIABILITY INSURANCE PROGRAM AND THE DIRECTOR'S AND OFFICERS INSURANCE PROGRAM THIS INSURANCE PROTECTS MEMBERS AND CLUBS FROM LIABILITY THAT MAY ARISE FROM THE MANY ACTIVITIES AND PROJECTS THAT A KIWANIS CLUBS PERFORMS DURING A YEAR, INCLUDING ACTS INVOLVING THE CLUB BOARD OF DIRECTORS THE FIMARY PURPOSE OF A KIWANIS CLUB IS FOR ITS MEMBERS TO PEFCORM COMMUNITY SERVICE AND TO OPERATE AS A LOCAL SERVICE CLUB FOR THEIR COMMUNITY AND HAVING THIS INSURANCE PROTECTION, ALLOWS CLUBS TO BNCAGE IN PROJECTS THAT HELP THEIR COMMUNITY AND HAVING THIS INSURANCE PROTECTION, ALLOWS CLUBS TO BNCAGE IN PROJECTS THAT HELP THEIR COMMUNITY SOURCE AND TO OPERATE AS A LOCAL SERVICE CLUB FOR THEIR COMMUNITY. AND HAVING THIS INSURANCE PROTECTION, ALLOWS CLUBS TO BNCAGE IN PROJECTS THAT HELP THEIR COMMUNITY SOURCE AND TO OPERATE AS A LOCAL SERVICE CLUB FOR THEIR COMMUNITY. SOURCE AND TO OPERATE AS A LOCAL SERVICE CLUB FOR THEIR COMMUNITY SOURCE AND TO OPERATE BRATED IT 190TH ANNIVERSARY IN MANY WAYS CLUBS WERE ENCOURAGED TO CELEBRATE THE EVENT WITH A CTUTTIES FOR THER LOCAL COMMUNITIES ALSO, KWANIS CLEBRATED THE YEAR WITH NUMBEROUS EVENTS THAT CORRESPONDED WITH THE TRAVEL SCHEDULE OF THE INTERNATIONAL PR

Return Reference	Explanation
PART VI,	CLASSES OF MEMBERSHIP THERE IS ONE CLASS OF MEMBERSHIP REGULAR ACTIVE MEMBERS REGULAR ACTIVE MEMBERS THAT ARE FROM KWANIS CLUBS IN GOOD STANDING ARE ALLOWED TO REGISTER AS QUALIFIED DELEGATES TO THE KWANIS INTERNATIONAL CONVENTION AND PARTICIPATE IN THE ELECTION OF THE BOARD OF TRUSTEE. EACH KWANIS CLUB IN GOOD STANDING IS ALLOWED TO HAVE TWO DELEGATES AT THE CONVENTION THERE ARE OTHER MEMBERS (BECAUSE OF THEIR CURRENT OR PAST ELECTED STATUS AT THE DISTRICT LEVEL) THAT ARE ALLOWED TO BE DELEGATES AT LARGE AND ALSO VOTE FOR THE BOARD OF TRUSTEES

Return Reference	Explanation
FORM 990, PART VI, QUESTION 7A & 7B	VOTING RIGHTS AND DECISION APPROVAL BY MEMBERS REGULAR ACTIVE MEMBERS THAT ARE FROM KIWANIS CLUBS IN GOOD STANDING ARE ALLOWED TO REGISTER AS QUALIFIED DELEGATES TO THE KIWANIS INTERNATIONAL CONVENTION AND PARTICIPATE IN THE VOTE TO CHANGE TO ORGANIZATION'S GOVERNING DOCUMENTS (BY LAWS) EACH KIWANIS CLUB IN GOOD STANDING IS ALLOWED TO HAVE TWO DELEGATES AT THE CONVENTION THERE ARE OTHER MEMBERS (BECAUSE OF THEIR CURRENT OR PAST ELECTED STATUS AT THE DISTRICT LEVEL) THAT ARE ALLOWED TO BE DELEGATES AT LARGE AND ALSO PARTICPATE IN ANY VOTE TO CHANGE THE GOVERNING DOCUMENTS

Return Reference	Explanation
SECTION B, LINE	PROCESS TO REVIEW FORM 990 THE ORGANIZATION ENGAGES AN OUTSIDE ACCOUNTING FIRM TO PREPARE ITS FORM 990 ONCE THE FORM 990 IS PREPARED BY THE ACCOUNTING FIRM AND REVIEWED BY MANAGEMENT (EXECUTIVE DIRECTOR, COO, CFO AND CONTROLLER), THE FINAL FORM IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS VIA EMAIL PRIOR TO FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	MONITORING AND ENFORCEMENT OF COMPLIANCE WITH COI POLICY THE BOARD OF TRUSTEE ACTIVITIES AND BOARD MEETINGS DURING THE YEAR ARE REVIEWED AND MONITORED BY THE CHIEF OPERATING OFFICER AND THE EXECUTIVE DIRECTOR OF KWANIS INTERNATIONAL ALL BOARD OF TRUSTEE MEMBERS ARE REQUIRED TO SIGN A FORM ANNUALLY INDICATING THAT THEY ARE IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY DOCUMENTS ARE MAINTAINED IN THE HUMAN RESOURCE OFFICE ALL BOARD MEMBERS ARE REQUIRED TO READ THE POLICY AND DISCLOSE CONFLICTS OF INTEREST IF A CONFLICT DOES ARISE, A BOARD MEMBER WILL ABSTAIN FROM DISCUSSION AND VOTING ON SUCH AGENDA ITEMS THAT THEY HAVE CONFLICTS WITH

Return Reference	Explanation
FORM 990, PART VI, QUESTION 15A & 15B	PROCESS TO REVIEW PRESIDENT, OFFICER, & KEY EMPLOYEE COMPENSATION A SALARY BAND FOR THE POSITION IS CREATED THAT REFLECTS COMPENSATION BASED UPON LEVEL OF DUTIES, RESPONSIBILITIES, EXPERIENTIAL REQUIREMENTS, AND SPECIFIC TRAINING OR SKILLS ALONG WITH A COMPARISON TO EQUIVALENT POSITIONS TAKING INTO ACCOUNT THE DEMOGRAPHICS OF THE LOCATION OF THE POSITION THE BOARD OF TRUSTEES DETERMINES THE COMPENSATION BASED ON HOW THE INDIVIDUAL MEETS THE CRITERIA OF THE POSITION AND ON THE LEVEL OF PERFORMANCE OF THE DUTIES AND RESULTS ACHIEVED ALL POSITIONS HAVE A CORREPSONDING SALARY BAND DETERMINED SIMILARLY TO THE EXECUTIVE DIRECTOR BAND THE EXECUTIVE DIRECTOR'S SALARY IS ALSO DISCUSSED IN AN EXECUTIVE SESSION OF THE BOARD MEETING THE EXECUTIVE DIRECTOR DETERMINES THE SALARY OF ALL OTHER OFFICERS OR KEY EMPLOYEES BASED ON SIMILAR CRITERIA THE MOST RECENT COMPENSATION REVIEW WAS COMPLETED IN JUNE 2015 BY THE DIRECTOR OF HUMAN RESOURCES

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, COI POLICY, AND FINANCIAL STATEMENTS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ON AVAILABLE ON THE WEBSITE THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST

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2014

OMB No 1545-0047

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Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization

Kıwanıs International Inc

(Form 990)

SCHEDULE R

Employer identification number 36-1327510

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.										
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) coi enti	512(b) ntrolled
						Yes	No
(1) KIWANIS YOUTH PROGRAMS 3636 WOODVIEW TRACE	YOUTH EDU	IN	501(C)(3)	7	KIWANIS INTL	Yes	
INDIANAPOLIS, IN 46268 36-6072042							
(2) CIRCLE K INTERNATIONAL 3636 WOODVIEW TRACE	YOUTH EDU	IN	501(C)(4)	N/A	KIWANIS INTL	Yes	
INDIANAPOLIS, IN 46268 01-0772160							
(3) KIWANIS INTERNATIONAL FOUNDATION 3636 WOODVIEW TRACE	FUNDRAISING	IN	501(C)(3)	7	KIWANIS INTL	Yes	
INDIANAPOLIS, IN 46268 36-6072039							

Part III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete i	f the organiz	atıon ansv	ered "Ye	s" on Form	990, Part 1	[V, line 3	4	
	because it had one or more related organizations treated as a partnership during the tax year.											
											$^{-}$	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h))	(i)	Ü)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Dispropr	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	lend-of-year	allocati	ions?	amount in box	mana	iging	ownership
-		(state or	entity	unrelated,		assets			20 of	partr	ner?	
		foreign		excluded from		1			Schedule K-1			
		country)		tax under		1			(Form 1065)			
				sections 512-		1						
		1 1		514)		1	L			L		
				,		1	Yes	No		Yes	No	
									ı			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

CITE	dule K (1 01111 350) 2014		P 6	ge 3
Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
C	Gift, grant, or capital contribution from related organization(s)	1 c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
				ļ
	Lease of facilities, equipment, or other assets from related organization(s)	1k	V	No
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	<u> </u>
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	O ther transfer of cash or property to related organization(s)	1r	Yes	
	Other transfer of cash or property from related organization(s)	1s		No
	o their transfer of east of property from related organization(s)			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining am type (a-s)	ount	nvolve	i

	type (a-s)	
See Additional Data Table		

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	' '
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	, , , , , , , , , , , , , , , , , , ,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	\neg	,		⊣ '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	 				_
1			<u> </u>			'				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**

Additional Data

Software ID:

Software Version:

EIN: 36-1327510

Name: Kıwanıs International Inc

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved
KIWANIS INTERNATIONAL FOUNDATION	С	182,314	FMV
KIWANIS INTERNATIONAL FOUNDATION	N,O	1,018,992	FMV
KIWANIS INTERNATIONAL FOUNDATION	Q ,R	5,665,177	FMV
CIRCLE K INTERNATIONAL	В	391,432	FMV
CIRCLE K INTERNATIONAL	L	213,996	FMV
CIRCLE K INTERNATIONAL	Q	737,943	FMV
KIWANIS YOUTH PROGRAMS	В	280,736	FMV
KIWANIS YOUTH PROGRAMS	L,Q	3,538,016	FMV