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Form

990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
KIWANIS INTERNATIONAL

Number and street (or P O box, if mail is not delivered to street address)Room/suite
1640 sOUTH 6TH

City or town, state or province, country, and ZIP or foreign postal code
Paducah, KY 42003

D Employer identification number
61-6026259
ETelephone number
(270) 554-7258
FGroup Exemption Number ▶

G Accounting Method ☒Cash ☐Accrual Other (specify) ▶
I Website: ▶SOUTH PADUCAH KIWANIS ORG
J Tax-exempt status(check only one) - ☐ 501(c)(3) ☒ 501(c)(4) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

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

K Form of organization ☒Corporation ☐Trust ☐Association ☐Other
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 44,569

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I ☒			
Revenue	1	Contributions, gifts, grants, and similar amounts received	36,156
	2	Program service revenue including government fees and contracts	0
	3	Membership dues and assessments	428
	4	Investment income	165
	5a	Gross amount from sale of assets other than inventory 5a 0	5c 0
	5b	Less cost or other basis and sales expenses 5b 0	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0	
	6	Gaming and fundraising events	6d 0
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 0	
	6b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 0	
Expenses	6c	Less direct expenses from gaming and fundraising events 6c 0	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 0	7c 4,901
	7a	Gross sales of inventory, less returns and allowances 7a 7,820	
	7b	Less cost of goods sold 7b 2,919	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 4,901	8 0
	8	Other revenue (describe in Schedule O) 8 0	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9 41,650	
	10	Grants and similar amounts paid (list in Schedule O) 10 22,598	11 7,942
	11	Benefits paid to or for members 11 7,942	
	12	Salaries, other compensation, and employee benefits 12 0	
Net Assets	13	Professional fees and other payments to independent contractors 13 0	14 6,965
	14	Occupancy, rent, utilities, and maintenance 14 6,965	
	15	Printing, publications, postage, and shipping 15 0	
	16	Other expenses (describe in Schedule O) 16 0	17 37,505
	17	Total expenses. Add lines 10 through 16 ▶ 17 37,505	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 4,145	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 96,780	20 0
	20	Other changes in net assets or fund balances (explain in Schedule O) 20 0	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 100,925	

Part II

Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	61,780	22	65,925
23 Land and buildings	35,000	23	35,000
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	96,780	25	100,925
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	96,780	27	100,925

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?
FUND RAISING FOR AND CONTRIBUTIONS TO CHILDRENS CHARITIES

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

28

See Additional Data Table

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

28a

29

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

29a

30

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

30a

31

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

31a

32

Total program service expenses (add lines 28a through 31a)

32

22,598

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOE CICARDO PRESIDENT	0	0	0	0
JOHN ENGLISH VICE PRESIDENT	0	0	0	0
STEVE ATHERTON DIRECTOR	0	0	0	0
TOMMY EMERSON DIRECTOR	0	0	0	0

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	0	
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		0	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		0	
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ SUZANNE ATHERTON Telephone no ▶ (270) 554-7258 Located at ▶ 180 MAYFIELD METROPOLIS rD PADUCAH, KY ZIP + 4 ▶ 42001			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶	43		
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI

Section 501(c)(3) organizations only

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

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
f Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
d Total number of other independent contractors each receiving over \$100,000. ▶		

52	Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A	Yes	No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		2017-06-11			
	STEVE ATHERTON DIRECTOR		Date			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN	
	STEVE ATHERTON		2017-06-11			
	Firm's name ▶		Firm's EIN ▶			
Firm's address ▶		Phone no (270) 554-7258				
May the IRS discuss this return with the preparer shown above? See instructions					Yes	No

Additional Data

Software ID:

Software Version:

EIN: 61-6026259

Name: KIWANIS INTERNATIONAL

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 MONETARY DONATIONS TO CHILDREN BASED CHARITIES 30 CHARITIES DONATED TO RANGING FROM DAY CARE CHILDRENS SHOES PURCHASED TO SPONSORING SUMMER CAMP TO BUYING CHILDRENS BOOKS AND CONTRIBUTING TO VARIOUS ORGANIZATIONS THAT HELP CHILDREN (Grants \$ 22,598) If this amount includes foreign grants, check here . . . ☐	28a	22,598

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.

OMB No 1545-0047

2015**Open to Public**
InspectionName of the organization
KIWANIS INTERNATIONAL**Employer identification number**

61-6026259

990 Schedule O, Supplemental Information**Return**
Reference**Explanation**

Part I, Line 10

CONTRIBUTIONS TO CHARITY ORGANIZATIONS FAMILY SERVICES, TROOPER ISLAND, RIVER CITY MISSION
, SPECIAL OLYMPICS, RED CROSS, EASTER SEALS, ETC 31 TOTAL CHARITIES