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DLN: 93493226022687

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 www.IRS qov/foim990

OMB No 1545-0047

Open to Public Inspection

A F	or the	2015 ca	lendar year, or tax year beginni	ng 10-01-2015 , and ending 09-30-2	016									
B Che	eck if an	plicable	C Name of organization			D Emplo	yer id	lentification number						
_ Ad	ddress c	hange	Kıwanıs International Inc			36-1	3275	10						
☐ N	ame cha	ange	% WILLIAM W PARKER Doing business as			_								
	ıtıal retu	ırn	Domg Business us											
Fi return	nal /termina	ated	Number and street (or P O box if r	nail is not delivered to street address) Room/	suite	E Teleph	one nu	ımber						
	nended		3636 WOODVIEW TRACE			(317)	875	-8755						
Пар	plication	pending		ntry, and ZIP or foreign postal code										
			INDIANAPOLIS, IN 46268			G Gross	receipt	s \$ 25,722,142						
			F Name and address of princi	pal officer	H(a) I	s this a group	retu	rn for						
			STAN D SODERSTROM 3636 WOODVIEW TRACE		s	ubordinates?		☐ Yes 🗸						
			INDIANAPOLIS, IN 46268			No Are all subord	ınator							
I Ta	x-exem	pt status	501(c)(3) 3 501(c)(4)	(insert no) 4947(a)(1) or 527		ncluded?	mates	Yes No						
1 \A/	obcito		VW KIWANIS ORG	, , , , , , , , , , , , , , , , , , , ,	- I	f "No," attach	n a lis	t (see instructions)						
, ,	epsite	· • • • • • • • • • • • • • • • • • • •	W RIWANIS ORG		H(c)	Group exemp	tion n	umber 🟲						
K Forr	n of org	janızatıon	▼ Corporation Trust Associ	ation	L Year	of formation 19	915	M State of legal domicile IN						
Pa		Sum												
			scribe the organization's mission FD KIWANIS, KIWANIS IS A G	n or most significant activities LOBAL ORGANIZATION DEDICATE	D ТО ІМРЕ	ROVING THE	WO R	LD ONE CHILD AND						
			MMUNITY AT A TIME											
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뤁	-													
Governance	2 (heck th	ous boy >	iscontinued its operations or dispose	d of more th	nan 25% of it	s net	assets						
3		TICCK (II	is box F if the organization a	iscontinued its operations of dispose	a or more tr	1411 25 70 01 10	Jilet	455005						
- 5	3 N	lumber	of voting members of the govern	ing body (Part VI, line 1a)			3	19						
Activities &	4 N	lumber	of independent voting members	of the governing body (Part VI, line 1	o)		4	18						
<u> </u>	5 T	otal nur	mber of individuals employed in	calendar year 2015 (Part V, line 2a)			5	134						
¥	6 T	otal nur	mber of volunteers (estimate if n	necessary)			6	194,000						
	7a ⊤	otal uni	related business revenue from P	art VIII, column (C), line 12			7a	438,111						
	b Ne	et unrela	ated business taxable income fro	om Form 990-T, line 34			7b	-71,973						
						Prior Year		Current Year						
	8	Contri	ibutions and grants (Part VIII, I	ıne 1h)		9,361,	458	10,132,834						
₹	9			ıne 2g)		7,222	,501	6,332,484						
Ravenue	10	Inves	tment income (Part VIII, colum	n (A), lines 3, 4, and 7d)		606	423	96,982						
æ	11	Other	revenue (Part VIII, column (A)	, lines 5, 6d, 8c, 9c, 10c, and 11e)		804	,758	847,970						
	12	Total	revenue—add lines 8 through 11	(must equal Part VIII, column (A), l	ne	17,995	140	17,410,270						
		12)				17,555	, 10							
	13	Grant	s and similar amounts paid (Par	t IX, column (A), lines 1-3)		824	,268	356,418						
	14			IX, column (A), line 4)			0	0						
Ş	15	Saları 5–10	es, other compensation, employ	8,306	,458	9,381,736								
Expenses	16a		,	, column (A), line 11e)			0	0						
ьd					·		\dashv							
Ĭ	b		undraising expenses (Part IX, column (E			10,262	100	9 520 212						
	17		. , , , , , , , , , , , , , , , , , , ,	lines 11a-11d, 11f-24e)	•		-+	8,530,312						
	18 19		'	18 from line 12		19,393	-	18,268,466						
ي	19	Kevei	ide less expenses Subtract file	18 110111 11111 11 12	-	-1,396	,0 / 4	-636,190						
ince e					Beginn	ing of Current	Year	End of Year						
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			29,890	,116	30,994,470						
₹ B	21	Total	liabilities (Part X, line 26) .			4,154,	,993	4,387,125						
ž.	22	Net as	ssets or fund balances Subtract	: line 21 from line 20		25,735	,123	26,607,345						
	rt II		nature Block											
				amined this return, including accompa nplete Declaration of preparer (other										
			nowledge	ilpiete Declaration of preparer (other	than onice	i) is based on	all III	iormation of which						
•		, 												
		****				2017-08-15								
Sign		▼ Sign	ature of officer			Date								
Here	е		N D SODERSTROM EXECUTIVE DIRECTOR or print name and title	DR .										
		<u> </u>	<u> </u>	Proparer's signature	Date	T	PTIN							
D-:-	J		Print/Type preparer's name NICOLE B FISHBACK	Preparer's signature NICOLE B FISHBACK	2017-08-15	Check I if		79475						
Paid		 -	Firm's name BKD LLP			self-employed Firm's EIN ►								
	pare	r	Firm's address > 201 N Illinois Street				7) 383-	·4000						
Use Only			Indianapolis, IN 4620	4			e no (317) 383-4000							

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

. ✓Yes No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	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 $I \supseteq \dots \dots \dots \dots \dots$.	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, Part III	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 I	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 2	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? If "Yes," complete Schedule D, Part V 🔰	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			
	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	
	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
	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	11 c		No
	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	11 d		No
е	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)? <i>If "Yes," complete Schedule E</i>	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		No
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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	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
	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?	20h		

Form	990 (2015)			Page 4
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? If "Yes," complete Schedule J	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
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, Pait 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28 c		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? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part V, line 2	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	

Part V Statements Regarding Other IRS Filings and Tax Complia	Part V	Statements	Regarding	Other	IRS Filinas	and Tax	Complia
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	Check if Schedule O contains a response or note to any line in this Part V			. 🗸
12	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 1	. 6	Yes	No
	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	34		
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	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	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	
i	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	
:	If "Yes," enter the name of the foreign country ►BE, CA, CO, 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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5с		
1	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 gr were not tax deductible?	ts 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 services provided to the payor?	7a 7b		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
1	file Form 8282?	7 c		No
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
	but the organization receive any lunus, unectry of infuncctry, 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 required?	as 7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	Section 501(c)(7) organizations. Enter			
a :	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1 :	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a :	Section 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions fo additional information the organization must report on Schedule O	r 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			
c	Enter the amount of reserves on hand	7		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure

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

Se	ction A. Governing Body and Management		.,	
12	Enter the number of voting members of the governing body at the end of the tax		Yes	No
14	year 19			
	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 1b 18			
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		No
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	
	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
	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	even		
			Yes	No
	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?	10 b	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			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	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		No
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?			
	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)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
Ь	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?	16 b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶ IN			
18	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			
	✓ Own website Another's website ✓ Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record ►WILLIAM W PARKER 3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268 (317) 875-8755	S		

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII .

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's

- 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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	(C) Position (do not coore than one box, person is both an and a director/tru			unless officer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
			_							
										Form 990 (2015)

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

	(A) Name and Title	(B) Average hours per week (list any hours	Posi more t perso and a	tion (han (in is	ne l both	oox, i an o	unless fficer		(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	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See A	Addıtıonal Data Table										
1b c	Sub-Total						•		+	+	
d	Total (add lines 1b and 1c) .				<u>.</u>		•		1,180,882	24,618	190,532
2	Total number of individuals (in \$100,000 of reportable compe						l abov	e) wl	no received more th	an	

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a ⁷ 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 J 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 J for such person	5		No

Section B. Independent Contractors

1 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
BORSHOFF INC, 47 SOUTH PENNSYLVANIA STREET INDIANAPOLIS, IN 46204	PUBLIC RELATION SVCS	925,595
MARKEY'S AUDIO VISUAL INC, 2365 ENTERPRISE PARK PLACE INDIANAPOLIS, IN 46218	AUDIO-VISUAL SVCS	432,843
TOUCHSTONE MDSE GROUP, 7200 INDUSTRIAL ROW MASON, OH 45040	MERCHANDISE WHSE	348,583
ORDER FULFILLMENT GROUP, PO BOX 78474 INDIANAPOLIS, IN 46268	MDSE FULFILLMENT	335,595
THE CONVENTION STORE LLC, 405 HEADQUARTERS DRIVE 7 MILLERSVILLE, MD 21108	CONVENTION SVCS	128,793
3. Total number of independent contractors (including but not limited to those 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 ▶ 11

Part V		Statement o						_
		Check If Sched	ule O contains a respoi	nse or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b	10,117,834				
ية الق	c	Fundraising eve	ents 1 c					
ifts. ar A	d	Related organiz	ations 1d	15,000				
n <u>:</u> G	e	Government grants	s (contributions) 1e					
ons Sir	f f	All other contribution	ons, gifts, grants, and 1f					
net.	١.	sımılar amounts no	t included above					
	g	Noncash contribute 1a-1f \$	ons included in lines					
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines	s 1a-1f		10,132,834			
				Business Code				
Ě	2a	LIABILITY INSURAN	ICE FEES	524298	2,335,952	2,335,952		
Š Š	ь	MANAGEMENT FEE	S	541610	1,443,756	1,443,756		
3	c	MAGAZINE SUBSCE	RIPTION	511120	1,032,291	1,032,291		
<u>₹</u>	d	CONVENTION FEES	5	561000	966,715	966,715		
Ē	e	SPONSORSHIP INC	OME	561000	407,010		407,010	
Program Service Revenue	f	All other progra	im service revenue		146,760	146,760		
ΔŤ	g	Total. Add lines	s 2a-2f		6,332,484			
	3		ome (including dividen ar amounts)		495,396			495,396
	4		tment of tax-exempt bond		0			
	5	Royalties		▶ [0			
			(ı) Real	(II) Personal				
	6a	Gross rents	21,094					
	ь	Less rental expenses	18,055					
	c	Rental income	3,039	0				
	d	or (loss) Net rental incoi	me or (loss)		3,039			3,039
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	7,143,695					
	Ь	Less cost or other basis and sales expenses Gain or (loss)	7,542,109 -398,414					
	c d		s)		-398,414			-398,414
nne		Gross income f events (not inc	rom fundraising		,			<u> </u>
Other Revenue		\$ of contributions See Part IV , lin	reported on line 1c)					
Ę,	Ь	Less direct ex	penses b					
J	c	Net income or (loss) from fundraising	events ▶	0			
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	l		penses b (loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo		1,565,538				
	1		oods sold b	751,708				
	С		loss) from sales of inv		813,830	813,830		
		Miscellaneous		Business Code 541800	24 404		24 404	
	11a	ADVERTISING	<u> </u>	541800	31,101		31,101	
	b							
	, c	All other rovers						
	d e		ue s 11a-11d	•				
	12				31,101			
		rocar revenue.	See Instructions .	•	17,410,270	6,739,304	438,111	100,021 Form 990 (2015)

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

С	heck if Schedule O contains a response or note to any line in this Part IX								
Γ	=								

2	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				expenses
2		356,418	356,418		
	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	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	651,118		651,118	
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	5,339,887	2,692,043	2,647,844	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	279,667	140,991	138,676	
9	Other employee benefits	2,718,277	1,370,388	1,347,889	0
10	Payroll taxes				
4.		392,787	198,019	194,768	
11	Fees for services (non-employees)				
a	Management	0		64.004	
b	Legal	64,934		64,934	
c d	Accounting	93,762		93,762	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	92,394		92,394	
g	Other (If line 11g amount exceeds 10% of line 25, column (A)	92,394		92,394	
9	amount, list line 11g expenses on Schedule O)	648,248	526,759	121,489	
12	Advertising and promotion	881,053	865,415	15,638	
13	Office expenses	451,534	272,971	178,563	
14	Information technology	286,102	32,660	253,442	
15	Royalties	0			
16	Occupancy	330,493	114,030	216,463	
17	Travel	808,048	435,988	372,060	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,457,197	1,127,841	329,356	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	433,811	275,174	158,637	
23 24	Insurance	1,672,932	1,610,681	62,251	
а	MAGAZINE	632,531	632,531		
b	MEMBERSHIP GROWTH	319,785	294,350	25,435	
c	EVENTS	291,200	291,200		
d	BAD DEBT EXPENSE	6,728	6,728		
e	All other expenses	59,560	10,184	49,376	
25	Total functional expenses. Add lines 1 through 24e	18,268,466	11,254,371	7,014,095	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)				orm 990 (2015)

Part X Balance Sheet

Par	tΧ	Check if Schedule O contains a response or note to any li	ına ın th	aic Part V			_
		Check it schedule o contains a response of note to any it	ille III ti	IIS PAIL X	(A)		(B)
					Beginning of year		End of year
	1	Cash-non-interest-bearing			2,868	1	10,639
	2	Savings and temporary cash investments			2,505,879	2	2,763,614
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			329,387	4	379,190
	5	Loans and other receivables from current and former offi key employees, and highest compensated employees C Schedule L	omplet		0	5	0
Assets	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins II of Schedule L	B), and n 501(c)(9)	0		0	
SS	١ ـ	Notes and loans no smaller and			0	6	
×	7	Notes and loans receivable, net				7	0
	8	Inventories for sale or use			584,106	8	454,540
	9	Prepaid expenses and deferred charges		· · · ·	881,862	9	1,046,847
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	12,646,515			
	b	Less accumulated depreciation	10b	8,318,791	4,335,447	10 c	4,327,724
	11	Investments—publicly traded securities			20,517,145	11	21,429,837
	12	Investments—other securities See Part IV, line 11 .			0	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			733,422	15	582,079
	16	Total assets. Add lines 1 through 15 (must equal line 34) .		29,890,116	16	30,994,470
	17	Accounts payable and accrued expenses			2,147,707	17	1,992,233
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV	of Sche	edule D	0	21	0
jabilities.	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and d					
<u>.</u>		persons Complete Part II of Schedule L			0	22	0
Lia	23	Secured mortgages and notes payable to unrelated third	partie	s	0	23	0
	24	Unsecured notes and loans payable to unrelated third pa	arties		0	24	0
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to rela	ted third parties,			
					2,007,286	25	2,394,892
	26	Total liabilities. Add lines 17 through 25			4,154,993	26	4,387,125
ses		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere 🟲	 and complete			
an	27	Unrestricted net assets			25,735,123	27	26,607,345
Ba	28	Temporarily restricted net assets			0	28	0
Þ	29	Permanently restricted net assets			0	29	0
∄		Organizations that do not follow SFAS 117 (ASC 958), o					
Net Assets or Fund Balance		complete lines 30 through 34.		•			
et	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building or equipment				31	
et 1	32	Retained earnings, endowment, accumulated income, or		unds		32	
ž	33	Total net assets or fund balances			25,735,123	33	26,607,345
	34	Total liabilities and net assets/fund balances			29,890,116	34	30,994,470

orm	990 (2015)			F	Page 12
Pai	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		17,4	410,270
2	Total expenses (must equal Part IX, column (A), line 25)	2		18.2	268,466
3	Revenue less expenses Subtract line 2 from line 1	3			 358,196
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			30,190
-	······································	4		25,7	735,123
5	Net unrealized gains (losses) on investments	5		1,7	730,418
6	Donated services and use of facilities				
7	Investment expenses	6			
•	Threstment 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		26.6	507,345
Par	t XII Financial Statements and Reporting				,
	Check if Schedule O contains a response or note to any line in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other	_			
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 revie a separate basis, consolidated basis, or both	wed or	1		
	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 separate basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		2 c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
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?	ie	3a		No 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		<u> </u>
			F	orm 990	0(2015)

Additional Data

Software ID: Software Version:

EIN: 36-1327510

Name: Kiwanis International Inc

Form 990, Part III, Line 4a

4a

(Code) (Expenses \$ 5,172,393 including grants of \$) (Revenue \$)

LEADERSHIP EDUCATION/DEVELOPMENT AND COMMUNICATION - KIDS NEED KIWANIS, FOR MORE THAN 101 YEARS KIWANIS HAS BEEN BUILDING AND DEVELOPING LEADERS AT ALL LEVELS AND ALL AROUND THE WORLD KIWANIS OFFERS A UNIQUE BRAND OF LEADERSHIP THROUGH SERVICE TO OTHERS A MAJOR FOCUS FOR KIWANIS IS THE DEVELOPMENT OF LEADERSHIP EDUCATIONAL MATERIALS FOR THIER CLUB, DUISION, DISTRICT, AND INTERNATIONAL OFFICERS IT IS IMPORTANT TO EDUCATE CLUB OFFICERS HOW TO LEAD AND OPERATE A CLUB, TO EDUCATE LIEUTENANT GOVERNORS HOW TO LEAD A DIVISION, TO EDUCATE DISTRICT OFFICERS ON HOW TO LEAD AND OPERATE A DISTRICT, AND TO EDUCATE THE BOARD OF TRUSTEES HOW TO LEAD THE INTERNATIONAL ORGANIZATION WITH EFFECTIVE LEADERSHIP AT ALL LEVELS, THE MISSION AND FUNCTION OF KIWANIS CLUBS AND KIWANIS INTERNATIONAL, SERVING THE CHILDREN OF THE WORLD AND IN OUR COMMUNITIES. CAN BE CARRIED OUT EFFECTIVELY

Form 990, Part III, Line 4b

(Code

KIWANIS CONVENTION - THE ANNUAL KIWANIS INTERNATIONAL CONVENTION IS HELD IN VARIOUS COUNTRIES FROM YEAR-TO-YEAR. IN WHICH IT BRINGS

(Expenses \$

TOGETHER NEARLY 5.000 KIWANIANS AND GUESTS FROM AROUND THE WORLD IT IS THE SINGLE LARGEST GLOBAL GATHERING OF KIWANIS MEMBERS. REPRESENTING MORE THAN 70 COUNTRIES WORKSHOPS, EDUCATIONAL SESSIONS, DYNAMIC EDUCATIONAL SPEAKERS, MOTIVATIONAL EVENTS AND

CONDUCTING THE BUSINESS OF THE ORGANIZATION ARE THE MAIN FOCUS OF THE EVENT

1.276.660

including grants of \$

(Revenue \$

966.715)

Form 990, Part III, Line 4c

including grants of \$ (Code) (Expenses \$ 768.033 356.418) (Revenue \$ 114,670) SERVICE LEADERSHIP PROGRAMS - FOR MORE THAN 90 YEARS KIWANIS HAS BEEN BUILDING AND DEVELOPING LEADERS AT ALL LEVELS. OFFERING A UNIOUE BRAND OF LEADERSHIP THROUGH SERVICE TO OTHERS KIWANIS SPONSORS VARIOUS PROGRAMS FOR YOUTH, YOUNG ADULTS, AND ADULTS WITH LIVING DISABILITIES, THAT CAN CHANGE LIVES THROUGH KIWANIS SERVICE LEADERSHIP PROGRAMS, YOUTH AND ADULT MEMBERS CAN EARN SCHOLARSHIPS, LEARN WITH FRIENDS AND HELP THEIR COMMUNITIES AND THE WORLD PROGRAMS SUCH AS K-KIDS, TERRIFIC KIDS, BRINGING UP GRADES, BUILDERS CLUB, KIWANIS YOUTH PROGRAMS, INC. KEY CLUB, KEY LEADER, CIRCLE K. AND AKTION CLUB ARE PROGRAMS SPONSORED BY KIWANIS AND IT IS THROUGH THESE PROGRAMS THAT THE YOUTH PARTICIPANTS ARE EMPOWERED TO MAKE SUCH AN IMPACT BY INVESTING TIME IN THESE PROGRAMS. KIWANIS MEMBERS AND OTHERS SOW THE SEEDS OF SERVICE A LARGE PART OF WHAT KIWANIS DOES IS TO SPONSOR THESE YOUTH AND YOUNG ADULT ORGANIZATIONS TO PERFORM COMMUNITY SERVICE ACTIVITIES JUST LIKE KIWANIS CLUBS DO NOTE KIWANIS IS STILL VERY INSTRUMENTAL IN SPONSORING ALL OF OUR YOUTH PROGRAMS, HOWEVER, THE DAY-TO-DAY OPERATIONS OF THE PROGRAMS FOR BUILDERS CLUBS, K-KIDS, AND KEY LEADER ARE NOW MANAGED UNDER KIWANIS YOUTH PROGRAMS, INC

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

(Code) (Expenses \$ 4,037,285 including grants of \$ 0) (Revenue \$ 5,657,919)

OTHER PROGRAM SERVICES - PLEASE SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount

of other

compensation from the

organization and related organizations

0

0

0

0

0

691

1,029

1,994

4,212

Compensated Employees, and Inde	pendent Cor	itracto	rs			, .	,	p.:=, ===,g		
(A) Name and Title	(B) A verage hours per week (list any hours	(c) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated emptoxee	Former	2/1099-MISC)	2/1099-MISC)	
JOHN R BUTTON	1 0									
IMMEDIATE PAST PRESIDENT	2 0	X		×				28,811	0	
SUSAN A PETRISIN PRESIDENT	1 0	×		x				0	0	
JANE M ERICKSON PRESIDENT-ELECT	1 0	×		x				9,561	0	
JAMES M ROCHFORD VICE PRESIDENT	1 0	х		x				1,620	0	
JOHN DEVILBISS TRUSTEE	1 0	×						1,371	0	
ARTHUR RILEY TRUSTEE	1 0	×						350	0	

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TRUSTEE

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KEVIN DEAN

PATRICIA BARSOTTI

TERRY WHITE

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount

of other

compensation

from the

organization and related organizations

0

0

0

0

0

24,618

33,917

2,187

2,847

2,536

1,367

350

221,559

Compensated Employees, and Inde					1310	C3, I	ve y	Linployees, ing		
(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	
	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)	
BRUCE BERVEN TRUSTEE	10	х						2,743	0	
KENNETH ALOVERA TRUSTEE	1 0	×						4,822	0	
PATRICK R EWING TRUSTEE	1 0	×						761	0	
BARBARA THOMPSON TRUSTEE	1 0	×						1,717	0	
MARCEL A KREIENBUHL	1 0									

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TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

LOUIS SMITH

FLORENCIO C LAT

KOSHIRO KITAZATO

DANIEL VIGNERON

STAN D SODERSTROM

EXECUTIVE DIRECTOR

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) Name and Title Average Position (do not check Reportable Reportable more than one box, unless

compensation

from the

106,226

108,555

100,428

compensation

from related

(F)

Estimated amount

of other

compensation

21,102

21,195

21,350

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

hours per

week (list

0 0 40 0

0 0 40 0

0.0 40 0

0.0

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SR DIRECTOR HR-FACILITIES-RISK

SR DIRECTOR CORP RELATIONS

CHIEF COMMUNICATIONS OFFICER

DIRECTOR OF MEMBER EXPERIENCE

.....

PAMELA NORMAN

AMY I WISER

DIANE SUKER

								organization (W-	organizations (W-	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
ROBERT BRODERICK CHIEF FINANCIAL OFFICER	40 0			×				175,115	0	23,858
JEFFREY OATESS CHIEF OPERATING OFFICER	40 0			x				161,518	0	25,864
WILLIAM PARKER CONTROLLER	40 0					x		122,535	0	21,754
LISA M HEINDRICKS	40 0					×		115,977	0	21,492

Х

Х

person is both an officer

DLN: 93493226022687

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.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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" on 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

lf th line	` , ` ,	• •		• * * * •	•
Na	me of the organization	·		Employer iden	tification number
K IW				36-1327510	
Par	t I-A Complete if the or	ganization is exempt under	section 501(d	c) or is a section 527	organization.
1	Provide a description of the or	ganization's direct and indirect polition	cal campaign acti	vities in Part IV	
2	Political expenditures			•	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(d	:)(3).	
1		e tax incurred by the organization und			\$
2	,	e tax incurred by organization manag			\$
3		ection 4955 tax, did it file Form 472			☐ Yes ☐ No
4 a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(d	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organızatıons	for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			Yes No
5	organization made payments I amount of political contribution	nd employer identification number (E: For each organization listed, enter thing Instructions received that were promptly and dispolitical action committee (PAC). If	e amount paid fro irectly delivered	m the filing organization's f to a separate political orga	to which the filing funds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

Sch	nedule C (Form 990 or 990-EZ) 2015					Page
Pa	Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and fil	ed Form 5768	
A	Check If the filing organization belongs to a expenses, and share of excess lobby		d list in Part IV e	ach affiliated gr	oup member's nar	ne, address, EI
В	Check ► If the filing organization checked box	x A and "limited contr	ol" provisions ap	ply		
	Limits on Lobby (The term "expenditures" me				(a) Filing organization's totals	(b) Affiliated group totals
10	Total lobbying expenditures to influence public of	oinion (grass roots				•
1a b	lobbying) Total lobbying expenditures to influence a legisla	tive body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	and 1d)				
f	Lobbying nontaxable amount Enter the amount fr	om the following table	ın both columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of th	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of th	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of line	e 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	r - 0 -				
i	Subtract line 1f from line 1c If zero or less, enter	r - 0 -				
j	If there is an amount other than zero on either lin reporting section 4911 tax for this year?	e 1h or line 1ı, did the	_	Form 4720 Yes N	o	
	4-Year Av (Some organizations that made a s columns below. See th		ection do not	have to cor		he five
_	Lobbying Expe	nditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c)2014	(d)2015	(e) Total
2a	Lobbying nontaxable amount					
						1

	Lobbying Expendi	tures During 4	<u>4-Year Avera</u>	ging Period		
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
_с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Return Reference

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	TO				
		(a)		(b)	
or e. ctiv	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity		No		A moun	t
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes				
а	Volunteers?			4		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			4		
C	Media advertisements?			-		
d	Mailings to members, legislators, or the public?			-		
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			-		
i	Other activities?			-		
j	Total Add lines 1c through 1i			-		
!a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			4		
b	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	101/-	<u> </u>	<u>. </u>		
ŒШ	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01(0)(5),	or s		
	W		ſ		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		-	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
ar	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information		1			
Pro	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groussee instructions), and Part II-B, line 1. Also, complete this part for any additional information.	p list),	Part I	I-A,	ınes 1	and

Explanation

DLN: 93493226022687

Supplemental Financial Statements

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE D

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

2015	
Open to Public Inspection	

vanis International Inc	1
	36-1327510
Organizations Maintaining Donor Advised Funds or Other Sim Complete if the organization answered "Yes" on Form 990, Part IV, III	
(a) Donor advised funds	(b)Funds and other accounts
Total number at end of year	
Aggregate value of contributions to (during year)	
Aggregate value of grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the assets hel funds are the organization's property, subject to the organization's exclusive legal con	
Did the organization inform all grantees, donors, and donor advisors in writing that graiused only for charitable purposes and not for the benefit of the donor or donor advisor, conferring impermissible private benefit?	
rt II Conservation Easements. Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the organization (check all that apply)	
Preservation of land for public use (e g , recreation or	
	tion of an historically important land area
·	tion of a certified historic structure
Preservation of open space	
Complete lines 2a through 2d if the organization held a qualified conservation contribute easement on the last day of the tax year	ition in the form of a conservation
	Held at the End of the Year
Total number of conservation easements	2a
Total acreage restricted by conservation easements	2b
Number of conservation easements on a certified historic structure included in (a)	2c
Number of conservation easements included in (c) acquired after $8/17/06$, and not on historic structure listed in the National Register	a 2d
Number of conservation easements modified, transferred, released, extinguished, or te	erminated by the organization during the
tax year >	
Number of states where property subject to conservation easement is located >	
Does the organization have a written policy regarding the periodic monitoring, inspecti	ion, handling of
violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and year	d enforcing conservation easements during the
American Samuelan and an american and american and american and american and american and american and american analysis and american analysis and american analysis and american analysis and american analysis and american and american analysis and a	
A mount of expenses incurred in monitoring, inspecting, handling of violations, and enfo	orcing conservation easements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirement (B)(i) and section $170(h)(4)(B)(ii)^7$	ts of section 170(h)(4)
In Part XIII, describe how the organization reports conservation easements in its reverbalance sheet, and include, if applicable, the text of the footnote to the organization's fithe organization's accounting for conservation easements	·
Organizations Maintaining Collections of Art, Historical Treas Complete if the organization answered "Yes" on Form 990, Part IV, Iii	
If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in it works of art, historical treasures, or other similar assets held for public exhibition, edu service, provide, in Part XIII, the text of the footnote to its financial statements that d	its revenue statement and balance sheet ication, or research in furtherance of public
If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, edu service, provide the following amounts relating to these items	
(i) Revenue included on Form 990, Part VIII, line 1	> \$
ii) Assets included in Form 990, Part X	▶ \$
If the organization received or held works of art, historical treasures, or other similar a following amounts required to be reported under SFAS 116 (ASC 958) relating to thes	assets for financial gain, provide the
Revenue included on Form 990, Part VIII, line 1	▶ \$
Assets included in Form 990, Part X	> \$

Part	• • • •	Organizations Maintaining (continued)	Collections of A	rt, His	toric	al Tı	easures,	or O	ther Sim	ilar As	sets	
3		the organization's acquisition, acce tion items (check all that apply)	ssion, and other rec	ords, ch	ieck a	ny of t	the following	that a	re a sıgnıfı	cant use	of its	
а		Public exhibition		d		Loan	or exchange	progr	ams			
b		Scholarly research		e		O the	r					
c		Preservation for future generations										
4	Provi Part >	de a description of the organization's KIII	collections and exp	olain hov	w they	furthe	r the organiz	ation'	s exempt p	urpose	ın	
5		g the year, did the organization solic s to be sold to raise funds rather tha								Yes	□N	0
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990, I	Part I	V, line 9, o	r rep	orted an	amount	t on For	m 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interi	mediary	for co	ntribu	tions or othe	rasse	ets not	┌ Yes	┌ N	o
b	If"	Yes," explain the arrangement in Pa	ort XIII and complete	e the fol	lowing	table				A mo	unt	
c		ginning balance			9			1 c				
d	A d	ditions during the year						1d				
e	Dis	tributions during the year						1e				
f	End	ding balance						1f				
2a		ne organization include an amount or	n Form 990, Part X, I	ıne 21,	for es	crow o	r custodial a	ccoun	t liability?		ГΝ	0
		J	, ,	•					,	1 163	, ,	O
b	If"Ye	es," explain the arrangement in Part	XIII Check here ıf t	he expla	anatio	n has	been provide	d ın P	art XIII .			
	t V	Endowment Funds. Complete										
			(a)Current year	(b) Pri	or year	Ь	(c)Two years	back	(d) Three yea	rs back	(e)Four y	ears back
1 a	Begir	nning of year balance										
b	Cont •	ributions · · · · · · ·										
c	Net i losse	nvestment earnings, gains, and es										
d	Gran	ts or scholarships										
e		r expenditures for facilities programs										
f	Admi	nistrative expenses				-						
g		of year balance										
2	Provi	de the estimated percentage of the c	current year end bala	nce (lın	e 1g,	colum	n (a)) held as	<u>_</u>		1		
а		I designated or quasi-endowment •	•	•	٥.		. ,,					
b		anent endowment										
С	The p	orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c s										
3a		nere endowment funds not in the pos ization by	session of the organ	iization 1	that ar	re held	d and adminis	tered	for the		Yes	No
	(i) un	related organizations								3a((i)	
		lated organizations								3a(ii)	
		es" on 3a(II), are the related organiza								. 31	b	<u></u>
4		ribe in Part XIII the intended uses o		endowm	ent fur	nds						
Par	t VI	Land, Buildings, and Equip		Form O	00 D	art IV	/ lino 11a 9	300 E	orm 000	Dart V	line 10	1
		Complete if the organization a Description of property	ilsweled fes to r		(a ost or ot	i) :her bas	(b)) ier basi	Accu	mulated		ok value
4- '	·				(ınvest	ment)	(othe	•	2			744 505
				.				711,62		2 054 543	,	711,623
		gs		├─				293,33		2,854,518		1,438,813
		nent		. H				893,41 748,14		721,061 4,743,212		1,172,357
	-quipii Other			· -				. 10,14	-	.,, 72,212	1	2,007,501

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . .

4,327,724

Part VII	See Form 990, Part X, line 12.			
	(a) Description of security or categor	·у	(b)Book value	(c)Method of valuation
(1)Financial	(including name of security)			Cost or end-of-year market value
	held equity interests			+
(3)O ther				
				+
Total, (Column	n (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related.			
	Complete if the organization answere	ed 'Yes' on Form 9		ee Form 990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
				Cost of end-of-year market value
	(b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX	Other Assets. Complete if the organizat		n Form 990, Part IV, line	
Part IX	(a) Des		n Form 990, Part IV, line	(b) Book value
Part IX			n Form 990, Part IV, line	
Part IX			n Form 990, Part IV, line	
Part IX			n Form 990, Part IV, line	
Part IX			n Form 990, Part IV, line	
Part IX			n Form 990, Part IV, line	
Part IX			n Form 990, Part IV, line	
Part IX			n Form 990, Part IV, line	
Part IX			n Form 990, Part IV, line	
Part IX			n Form 990, Part IV, line	
Part IX			n Form 990, Part IV, line	
Part IX			n Form 990, Part IV, line	
	(a) Des	cription		(b) Book value
Total. (Colum	(a) Des	eription		(b) Book value
Total. (Colum Part X	(a) Des	eription		(b) Book value
Total. (Colum Part X	nn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or	eription		(b) Book value
Total. (Colum Part X	(a) Description of liability	e 15) ganızatıon answer	ed 'Yes' on Form 990,	(b) Book value
Total. (Colum Part X	(a) Description of liability	e 15) ganızatıon answer		(b) Book value
Total. (Colum Part X 1.	(a) Description of liability (a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganızatıon answer	ed 'Yes' on Form 990,	(b) Book value
Total. (Colum Part X 1.	(a) Description of liability (a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 990,	(b) Book value
Total. (Colum Part X 1.	(a) Description of liability (a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 990,	(b) Book value
Total. (Colum Part X 1.	(a) Description of liability (a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 990,	(b) Book value
Total. (Colum Part X 1.	(a) Description of liability (a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 990,	(b) Book value
Total. (Colum Part X 1.	(a) Description of liability (a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 990,	(b) Book value
Total. (Colum Part X 1.	(a) Description of liability (a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 990,	(b) Book value
Total. (Colum Part X	(a) Description of liability (a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 990,	(b) Book value
Total. (Colum Part X 1.	(a) Description of liability (a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 990,	(b) Book value
Total. (Colum Part X 1.	(a) Description of liability (a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 990,	(b) Book value
Total. (Colum Part X 1.	(a) Description of liability (a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 990,	(b) Book value
Total. (Colum Part X 1.	(a) Description of liability (a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 990,	(b) Book value
Total. (Colum Part X 1.	(a) Description of liability (a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 990,	(b) Book value
Total. (Colum Part X 1. Federal Inco PRO GRAMS	(a) Description of liability (a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 990, ue 0 8,892	(b) Book value

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	Return
1	Total revenue, gains, and other support per audited financial statements	1	19,818,057
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a 1,730,418		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	2,500,181
3	Subtract line 2e from line 1	3	17,317,876
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 92,394		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	92,394
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	17,410,270
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	18,945,835
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	769,763
3	Subtract line 2e from line 1	3	18,176,072
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 92,394		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	92,394
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	18,268,466
	Supplemental Information		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2		4
	/, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part (nation	o provi	de any additional
	Return Reference Explanation		
See A	iditional Data Table		
		-	

Page 5	chedule D (Form 990) 2015					
	Part XIII Supplemental Information (continued)					
	Explanation	Return Reference				

Additional Data

Software ID: Software Version:

EIN: 36-1327510

Name: Kiwanis International Inc

CERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE	ASC 740 DISCLOSURE MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE
2	INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL

Supplemental Information	
Return Reference	Explanation
'	RECONCILIATION OF REVENUES AND EXPENSES PER AFS COST OF GOODS SOLD \$751,708 RENTAL EXPENSE 18,055 TOTAL \$769,763

efile GRAPHIC print - DO NO	T PROCESS	As Filed Dat	ta -	DLN:	93493226022687
SCHEDULE F Sta	tement of	Activities C	ed States	OMB No 1545-0047	
(1 01111 000)	► Complete i	if the organization Part IV, line 1	990,	2015	
Department of the Treasury internal Revenue Service	tion about Schedu		o Form 990. nd its instructions is at <i>w</i>	ww.irs.gov/form990.	Open to Public Inspection
Name of the organization Kiwanis International Inc				36-1327510	ntification number
General Information Complete if the orga			ne United States. orm 990, Part IV, line	14b.	
1 For grantmakers. Does the and other assistance, the g used to award the grants or	rantees' eligibil				┌ Yes ┌ No
 For grantmakers. Describe assistance outside the Unite Activites per Region (The folio 	ed States				nts and other
(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 program service, describe specific type of service(s) in region	
(1) Europe (Including Iceland and Greenland)	1	5	Program Services	GROWTH AND EDUCATION	466,401
(2) East Asia and the Pacific		1	Program Services	GROWTH AND EDUCATION	248,503
(3) South America		1	Program Services	GROWTH AND EDUCATION	82,100
(4)					
(5)					
Sa Sub-total Total from continuation sheets to Part I	1	·			797,004
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, se	1	7		No 50082W Sche	797,004 dule F (Form 990) 2015

Schedule F (Form 990) 2015

	and EIN (if applicable)	5	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

Schedule F (Form 990) 2015

	duplicated if addit			ed States. Complete	ir the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(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)

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 E. Sunnlemental Information

Schedule F, Supplemental Information						
Return Reference	Explanation					
SCHEDULE F, PART I, LINE 2	PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE OF THE US KIWANIS INTERNATIONAL MAY ON OCCASION PROVIDE GRANTS TO KIWANIS CLUBS AND DISTRICT FOR SPECIAL CHARITABLE PROJE CTS THIS PAST YEAR, NO CHARITABLE GRANTS WERE GIVEN TO KIWANIS CLUBS OR DISTRICTS THE KI WANIS INTERNATIONAL FOUNDATION, A RELATED ORGANIZATION TO KIWANIS, USUALLY PROVIDES THE GRANT MONEY TO CLUBS AND DISTRICTS KIWANIS DOES PROVIDE FUNDING TO THE KIWANIS CLUBS AND DISTRICTS IN ASIA, EUROPE AND SOUTH AMERICA SUCH SUPPORT IS NOT FOR CHARITABLE ACTIVITIES B UT IS FOR GROWTH AND EDUCATION SUPPORT FOR THE ORGANIZATION					

990 Schedule F. Supplemental Information Return Reference Explanation SCHEDULE F, PART I, LINE 3. DESCRIPTION OF PROGRAM IN REGION. LEADERSHIP EDUCATION AND TRAINING. MEMBERSHIP AND CLUB

GROWTH AND DEVELOPMENT, AND CLUB ADMINISTRATION

COLUMN (E)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493226022687 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Kiwanis International Inc 36-1327510 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (e) A mount of non- (f) Method of valuation (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 01-0772160 501(C)(4) 356,418 GENERAL SUPPORT (1) CIRCLE KINTERNATIONAL 3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

(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 assistanc
rt IV Supplemental Inform	nation. Provide the inf	<u> </u>	Part I, line 2, Part III,	column (b), and any other a	additional information.

Explanation Return Reference

IS FOR GROWTH AND EDUCATION SUPPORT FOR THE ORGANIZATION

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 MAY ON OCCASION PROVIDE GRANTS TO KIWANIS CLUBS AND DISTRICT FOR SPECIAL CHARITABLE PROJECTS THIS PAST YEAR, NO CHARITABLE GRANTS WERE GIVEN TO KIWANIS CLUBS OR DISTRICTS THE KIWANIS INTERNATIONAL FOUNDATION, A RELATED

THE KIWANIS CLUBS AND DISTRICTS IN ASIA, EUROPE AND SOUTH AMERICA SUCH SUPPORT IS NOT FOR CHARITABLE ACTIVITIES BUT

SCHEDULE I, PART I, LINE 2 ORGANIZATION TO KIWANIS, USUALLY PROVIDES THE GRANT MONEY TO CLUBS AND DISTRICTS KIWANIS DOES PROVIDE FUNDING TO DLN: 93493226022687

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Kiwanis International Inc 36-1327510 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 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 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 Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Participate in, or receive payment from, an equity-based compensation arrangement? 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Νo Any related organization? 5b Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? 6b Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on 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 Νo Were any amounts reported on 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Page 2

3 JEFFREY OATESS

CHIEF OPERATING OFFICER

148,620

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 on 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 (PVi) (w) for each listed individual must equal the total amount of Form 0.00. Bart VII. Costion A. Jino 1a. applicable column (D) and (E) amounts for that individual

12,898

Note. The sum of columns (B)(1)-(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	fW-2 and/or 1099-MIS	(D) Nontaxable	(E) Total of columns	(F) Compensation in			
		Base (I) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 STAN D SODERSTROM EXECUTIVE DIRECTOR	(i)	202,304	0	19,255	8,687	21,838	252,084	0	
	(ii)	22,479	0	2,139	965	2,427	28,010	0	
2 ROBERT BRODERICK CHIEF FINANCIAL OFFICER	(i)	173,115	0	2,000	7,005	16,853	198,973	0	
	(ii)	0	0	0	0	0	0	0	

6,461

19,403

187,382

Schedule J (Form 990) 2015

FIRST/BUSINESS CLASS AIRFARE IS PAID FOR A SPOUSE. IT IS REPORTED AS TAXABLE INCOME

EXPENSES ON TRIPS PERFORMED TO COMPLETE THE DUTIES OF THE OFFICE. THESE AMOUNTS ARE NOT CONSIDERED TAXABLE INCOME

INTERNATIONAL CONVENTION AND VARIOUS ASSIGNED DISTRICT CONVENTIONS SUCH PAYMENTS ARE CONSIDERED TAXABLE INCOME ITO THE TRUSTEE AND IS REPORTED ON FORM 1099-MISC TO THE IRS (3)BOARD OFFICERS AND TRUSTEES RECEIVE A DISCRETIONARY

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

AND ARE NOT REPORTED TO THE IRS (2) AIR TRAVEL FOR SPOUSES IS PAID FOR BY KIWANIS FOR SPOUSES TO ATTEND THE

SPENDING ACCOUNT OF BETWEEN \$350 AND \$15.000 DURING THE YEAR DEPENDING UPON THEIR OFFICE ALL PAYMENTS NOT

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Page 3

SCHEDULE 0 (Form 990 or

990-EZ)

Treasury

Service

Department of the

Internal Revenue

Name of the organization

Kıwanıs International Inc

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.

DLN: 93493226022687 OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

36-1327510

990 Schedule O. Supplemental Information

Return Reference	Explanation							
FORM 990, PART III, LINE 4D	OTHER PROGRAM SERVICES KIWANIS MAGAZINE - PUBLISHED EIGHT (8) TIMES PER YEAR, THIS IS THE PRIMARY EDUCATION TOOL USED BY KIWANIS INTERNATIONAL TO EDUCATE ITS MEMBERS ON THE VALUE OF COMMUNITY SERVICE ALL MEMBERS IN THE U.S. AND CANADA ARE REQUIRED TO SUBSCRIBE TO THE MAGAZINE AT \$8 ANNUALLY. THE MAGAZINE CONTAINS ARTICLES ON COMMUNITY SERVICE, INTERNATIONA L GOODWILL, FUNDRAISING, LEADERSHIP DEVELOPMENT, YOUTH PROTECTION, YOUTH LEADERSHIP, AND A VARIETY OF OTHER TOPICS THAT ENCOURAGE MEMBERS ON THE BENIETITS OF PERFORMING COMMUNITY SE RVICE FOR THEIR LOCAL COMMUNITIES AND THE WORLD LIABILITY AND DIRECTORS AND OFFICERS INSU RANCE A SERVICE THAT KIWANIS PROVIDES TO MEMBERS AND CLUBS IS THE GENERAL LIABILITY INSURA NCE PROGRAM AND THE DIRECTORS AND OFFICERS INSURANCE PROGRAM THIS INSURANCE PROTECTS MEMBERS AND CLUBS FROM LIABILITY THAT MAY ARISE FROM THE MANY ACTIVITIES AND PROJECTS THAT A K IWANIS CLUBS PERFORMS DURING A YEAR, INCLUDING ACTS INVOLVING THE CLUB BOARD OF DIRECTORS THE PRIMARY PURPOSE OF A KIWANIS CLUB IS FOR ITS MEMBERS TO PERFORM COMMUNITY SERVICE AND TO OPERATE AS A LOCAL SERVICE CLUB FOR THEIR COMMUNITY AND HAVING THIS INSURANCE PROTECTI ON, ALLOWS CLUBS TO ENGAGE IN PROJECTS THAT HELP THEIR COMMUNITY SERVICE AND MERCHANDISE -KIWANIS INTERNATIONAL PROVIDES MEMBERS AND CLUBS WITH MATERIALS AND MERCHANDISE THAT ARE FREE OR AVAILABLE FOR PURCHASE. THIS MATERIAL/MERCHANDISES DESIGNED TO ASSIST MEMBERS TO CARRY ON THE ACTIVITIES OF THE CLUB AND TO PROMOTE THE ORGANIZATION DURING SUCH CLUB ACTIVITIES AND PROJECTS IT IS VERY IMPORTANT FOR A CLUB TO HAVE THE NEEDED MATERIALS AND MERCHANDISE THAT ARE FREE OR PROJECTS IT IS VERY IMPORTANT FOR A CLUB TO HAVE THE NEEDED MATERIALS AND MERCHANDISE TO OPERATE EFFECTIVELY FOR THE GOOD OF THE COMMUNITY							

Return
Reference

FORM 990. CLASSES OF MEMBERSHIP THERE IS ONE CLASS OF MEMBERSHIP REGULAR ACTIVE MEMBERS REGULAR A

PART VI,
SECTION A,
LINE 6
LINE 6
CTIVE MEMBERS THAT ARE FROM KIWANIS CLUBS IN GOOD STANDING ARE ALLOWED TO REGISTER AS QUAL
SECTION A,
LINE 6
THE BOARD OF TRUSTEES EACH KIWANIS CLUB IN GOOD STANDING IS ALLOWED TO HAVE TWO DELEGATE
S AT THE CONVENTION THERE ARE OTHER MEMBERS (BECAUSE OF THEIR CURRENT OR PAST ELECTED STA
TUS AT THE DISTRICT LEVEL) THAT ARE ALLOWED TO BE DELEGATES AT LARGE AND ALSO VOTE FOR THE

990 Schedule O, Supplemental Information

BOARD OF TRUSTEES

Return Explanation Reference FORM 990. VOTING RIGHTS AND DECISION APPROVAL BY MEMBERS REGULAR ACTIVE MEMBERS THAT ARE FROM KIWAN.

PART VI. IS CLUBS IN GOOD STANDING ARE ALLOWED TO REGISTER AS QUALIFIED DELEGATES TO THE KIWANIS IN SECTION A. TERNATIONAL CONVENTION AND PARTICIPATE IN THE VOTE TO CHANGE TO ORGANIZATION'S GOVERNING D LINE 7A & 7B OCUMENTS (BYLAWS) 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 A

T THE DISTRICT LEVEL) THAT ARE ALLOWED TO BE DELEGATES AT LARGE AND ALSO PARTICPATE IN ANY VOTE TO CHANGE THE GOVERNING DOCUMENTS.

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. PROCESS TO REVIEW FORM 990. THE ORGANIZATION ENGAGES AN OUTSIDE ACCOUNTING FIRM TO PREPARE PART VI. ITS FORM 990. ONCE THE FORM 990 IS PREPARED BY THE ACCOUNTING FIRM AND REVIEWED BY MANAGE. SECTION B. MENT (EXECUTIVE DIRECTOR, COO, CFO AND CONTROLLER). THE FINAL FORM IS PROVIDED TO THE ENTI

REBOARD OF DIRECTORS VIA EMAIL PRIOR TO FILING

LINE 11B

990 Schedule O. Supplemental Information Return

FORM 990.

Reference I MONITORING AND ENFORCEMENT OF COMPLIANCE WITH C.O.I. POLICY. THE BOARD OF TRUSTEE ACTIVITI

Explanation

PART VI. ES AND BOARD MEETINGS DURING THE YEAR ARE REVIEWED AND MONITORED BY THE CHIEF OPERATING OF SECTION B. LFICER AND THE EXECUTIVE DIRECTOR OF KIWANIS INTERNATIONAL. ALL BOARD OF TRUSTEE MEMBERS AR LINE 12C E REQUIRED TO SIGN A FORM ANNUALLY INDICATING THAT THEY ARE IN COMPLIANCE WITH THE CONFLIC T OF INTEREST POLICY DOCUMENTS ARE MAINTAINED IN THE HUMAN RESOURCE OFFICE ALL BOARD MEM. BERS ARE REQURED 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 T

HEY HAVE CONFLICTS WITH DISCIPLINARY ACTIONS MAY OCCUR AS NEEDED.

Return Explanation Reference

PROCESS TO REVIEW PRESIDENT, OFFICER, AND KEY EMPLOYEE COMPENSATION A SALARY BAND FOR THE

Y EMPLOYEES BASED ON SIMILAR CRITERIA. THE MOST RECENT COMPENSATION REVIEW WAS COMPLETED I

POSITION IS CREATED THAT REFLECTS COMPENSATION BASED UPON LEVEL OF DUTIES, RESPONSIBILITI

ES. EXPERIENTIAL REQUIREMENTS. AND SPECIFIC TRAINING OR SKILLS ALONG WITH A COMPARISON TO

LINE 15A & EQUIVALENT POSITIONS TAKING INTO ACCOUNT THE DEMOGRAPHICS OF THE LOCATION OF THE POSITION. 15B THE BOARD OF TRUSTEES DETERMINES THE COMPENSATION BASED ON HOW THE INDIVIDUAL MEETS THE C RITERIA 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 DIR ECTOR BAND. THE EXECUTIVE DIRECTOR'S SALARY IS ALSO DISCUSSED IN AN EXECUTIVE SESSION OF T

N JUNE 2016 BY THE DIRECTOR OF HUMAN RESOURCES.

990 Schedule O, Supplemental Information

FORM 990.

SECTION B.

PART VI.

HE BOARD MEETING. THE EXECUTIVE DIRECTOR DETERMINES THE SALARY OF ALL OTHER OFFICERS OR KE

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. GOVERNING DOCUMENTS, C.O.I. POLICY, AND FINANCIAL STATEMENTS. GOVERNING DOCUMENTS AND FINA PART VI. NCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE THE CONFLICT OF INTEREST POLICY IS AVAILABLE SECTION C. E UPON REQUEST LINE 19

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493226022687OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

► Attach to Form 990.

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

iwanis International Inc				Employer in	dentification numb	er		
The file file file file				36-13275	10			
Part I Identification of Disregarded Entities Comple	te if the organization	answered "Yes" on	Form 990, Part	: IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) nd-of-year assets	(f) Direct controllin entity	g		
Part II Identification of Related Tax-Exempt Organiz	ations Complete if t	he organization ans	wered "Yes" on	Form 990, Pa	rt IV, line 34 bed	ause it had	one	
or more related tax-exempt organizations during th (a) Name, address, and EIN of related organization	e tax year. (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	Public charity (if section 501	status Direct co		(g) ection 5 3) cont entity	512(b trolle
(1)KIWANIS YOUTH PROGRAMS	YOUTH EDU	IN	501(C)(3)	7	KIWANIS INT		Yes	No
3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268 36-6072042								
(2)CIRCLE K INTERNATIONAL 3636 WOODVIEW TRACE	YOUTH EDU	IN	501(C)(4)	N/A	KIWANIS INT	L	Yes	
INDIANAPOLIS, IN 46268 01-0772160 (3)KIWANIS INTERNATIONAL FOUNDATION	FUNDRAISING	IN	E01/C)/2)	7	KIWANIS INT		Yes	
3636 WOODVIEW TRACE	FUNDRAISING	IN	501(C)(3)		KIWANIS IN	,	res	
INDIANAPOLIS, IN 46268 36-6072039								

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	line 34
	because it had one or more related organizations treated as a partnership during the tax year.			

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	gal Direct nicile controlling te or entity eign	Predominant income(related, to unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	(k) Percentage ownership
] 3117			Yes	No	1	Yes	No	
											\vdash	
Part TV Identification of Polated Organizations Tayable					I.		<u> </u>					

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

Part V Transactions With Related Organizations Complete if the organization a	answered "Yes" on Form	990 Part IV line	34 35h or 36		Ра	ge 3
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3 17 3337 61 361		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or m	nore related organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<u> </u>			1a		No
b Gift, grant, or capital contribution to related organization(s)				1b	Yes	
c Gift, grant, or capital contribution from related organization(s)				1c	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)				1 g		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
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1 p	Yes	
q Reimbursement paid by related organization(s) for expenses				1 q	Yes	
${f r}$ Other transfer of cash or property to related organization(s)				1r	Yes	
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must con	mplete this line, including c	overed relationships	and transaction threshold	ds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	amount ı	nvolved	ı
ee 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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u> </u>



Additional Data

Software ID: Software Version:

EIN: 36-1327510

Name: Kiwanis International Inc

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

	Doy Delication of Tart V Transactions With Related Organizations			
	(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved
(1)	KIWANIS YOUTH PROGRAMS	M ,N ,O	676,008	FMV
(1)	KIWANIS YOUTH PROGRAMS	Р	3,513,821	FMV
(2)	CIRCLE K INTERNATIONAL	В	356,418	FMV
(3)	CIRCLE K INTERNATIONAL	L,N,O	222,996	FMV
(4)	CIRCLE K INTERNATIONAL	Q	678,879	FMV
(5)	KIWANIS INTERNATIONAL FOUNDATION	С	15,000	FMV
(6)	KIWANIS INTERNATIONAL FOUNDATION	N,O	544,752	FMV
(7)	KIWANIS INTERNATIONAL FOUNDATION	Q	5,189,389	FMV
(8)	KIWANIS INTERNATIONAL FOUNDATION	R	61,922	FMV