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DLN: 93492227007067

OMB No 1545-1150

Form 990-EZ

Short Form **Return of Organization Exempt From Income Tax**

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

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

Internal Revenue Service

Open to Public ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection For the 2015 calendar year, or tax year beginning 10-01-2015 and ending 09-30-2016 Check if applicable C Name of organization D Employer identification number KIWANIS INTERNATIONAL Address change 75-6084879 K04624 GREATER ABILENE Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite ETelephone number _ Initial return (325) 669-4460 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code FGroup Exemption Amended return ABILENE, TX 79604 ▶ 0026 Number Application pending required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►N/A **J Tax-exempt status**(check only one) - 501(c)(3) **✓** 501(c)(4) **◄**(insert no) 4947(a)(1) or 527 **K** Form of organization Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶** \$ 77,609 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . ▽ 1 Contributions, gifts, grants, and similar amounts received 1 2,232 Program service revenue including government fees and contracts 2 2 Membership dues and assessments 3 38,580 Investment income 4 1 Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 62 Gross income from fundraising events (not including \$ _ of contributions from fundraising events reported on line 1) (attach Schedule G if the 🕏 sum of such gross income and contributions exceeds \$15,000) 36,796 6h 11,455 Less direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 25,341 Gross sales of inventory, less returns and allowances Less cost of goods sold b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c 7c Other revenue (describe in Schedule O) 8 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 66,154 9 9 10 Grants and similar amounts paid (list in Schedule O) 10 18,261 Benefits paid to or for members 11 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 14 15 Printing, publications, postage, and shipping 382 15 43,546 16 Other expenses (describe in Schedule O) 16 Total expenses. Add lines 10 through 16 62,189 17 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 3,965 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 47,325 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20

Net assets or fund balances at end of year Combine lines 18 through 20

21

51,290

Check if the organization used Sche-	dule O to respond to a	ny question in ti	nis Part II			
		Γ	(A) Begin	ning of year		(B) End of year
22 Cash, savings, and investments			(~) Degin	47,325	22	51,290
23 Land and buildings				17,323	23	31,230
24 Other assets (describe in Schedule O)					24	
25 Total assets				47,325	25	51,290
26 Total liabilities (describe in Schedule O)				,	26	,
27 Net assets or fund balances (line 27 of colur	nn (B) must agree with	line 21)		47,325	27	51,290
Part III Statement of Program Serv	ice Accomplishme	ants (see the ins	tructions for D	ort III)		Expenses
Check if the organization used Sche	-			• [equired for section 501
What is the organization's primary exempt purpos					1 ' ')(3) and 501(c)(4) ganizations, optional for
to strengthen communities and SERVe CHILDRE Describe the organization's program service acco		of its three larg	act program	2.00741000 20		ners)
measured by expenses In a clear and concise m benefited, and other relevant information for each	anner, describe the se					_
28 See Additional Data Table						
Sec Maditional Butta Tubic						
(Grants \$) If this amo	unt includes foreign gr	ants, check her	e	▶ ┌	28a	
29				· · · · · · · · · · · · · · · · · · ·		
(Grants \$) If this amo	unt ıncludes foreıgn gr	ants, check her	e	▶ ┌	29 a	1
30						
	unt includes foreign gr	ants, check her	e	<u> </u>	30a	1
31 Other program services (describe in Schedule (Grants \$) If this amo	: O) unt includes foreign gr	ants, check her	e	▶ ┌	31a	
32 Total program service expenses (add lines 28	a through 31a) .			•	32	+
Part IV List of Officers, Directors, Trustees, Check if the organization used Sche						
						· · · · · · · · · · · · · · · · · · ·
(a) Name and title	(b) A verage	(c)Reportal		d) Health bene		(e) Estimated amount
	hours per week devoted to position	compensati (Forms W-2/1	I .	contributions Noyee benefit		of other
		MISC) (if not enter -0-		and deferred compensatio		compensation
		enter -o-	,	compensatio		
See Additional Data Table						
_						
						+
	1					1

Did the organization arrigage in any significant activity not provided to the IRSP (If Yes) provide a detailed description of each activity in Schedule O. 33	Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement require	ements	ın the	
30 No No No No No No No N		instructions for Part V) Check if the organization used Schedule O to respond to any question in this P	art V	<u></u>	<u>C</u>
# Were any supmirant changes and early the properties of the properties of the amended occurrents of they crefted a change to the organizations name. Otherwise, explain the change on Schedule O (see instructions). ## Were any supmirant changes and the properties of the amended occurrents of they crefted a change to the organizations name. Otherwise, explain the change on Schedule O (see instructions). ### Were any supmirant changes and any any amended of the properties of t				Yes	No
on Scheduler (O (see instructions) 353 Obt the organization have unrelated bissness gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2,6, and 7a, among others) 554 Obt the organization asset in 501 (2(4),5 0.001 (2(5),5 or 501 (2(6),5 0.001 organization subject to section 603 (e) nonce, reporting, and proxy tax requirements furing the year? If Yes,* complete Scheduler C, Part III 555 Obt the organization and proxy tax requirements for the year? If Yes,* complete Scheduler C, Part III 556 No. 273 Distance and proxy tax requirements for the year? If Yes,* complete Scheduler C, Part III 557 No. 274 Distance and the proxy of the year? If Yes,* complete Scheduler C, Part III 558 No. 275 Distance and the Form 120-PDL for this year? If Yes,* complete Scheduler C, Part III 550 Distance and the Form 120-PDL for this year? If Yes,* complete Scheduler C, Part III 560 Distance and the Form 120-PDL for this year? If Yes,* complete Scheduler C, Part III 570 Distance and the Form 120-PDL for this year? If Yes,* complete Scheduler C, Part III 570 Distance and the Form 120-PDL for this year? If Yes,* complete Scheduler C, Part III 570 Distance and the Form 120-PDL for this year? If Yes,* complete Scheduler C, Part III 570 Distance and the Form 120-PDL for this year? If Yes,* complete Scheduler C, Part III 570 Distance and the Form 120-PDL for this year? If Yes,* complete Scheduler C, Part III 570 Distance C, Complete Scheduler C, Part III 57	33		. 33		No
sase No No No No No No No N	34	of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change			No
b If Yes, 10 In a 35a, has the organization filed a Form 9901 for the year? If "No," provide an expansion in Schedule Was the arganization a section 501 (()4), 501 ((X)), 501	35a		. 35a		No
80 Ded the organization undergo a liquidation, designation, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 70 Enter amount of policial expenditure, deact on individual to the instructions ▶ 37a S 81 Enter amount of policial expenditure, deact on individual to the instructions ▶ 37a S 82 Did the organization file Form 1120-POL for this year? 83 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in an provi year and still outstanding as the end of the tax year covered by this return? 83 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in an provi year of still outstanding as the end of the tax year covered by this return? 83 Did the organization of the provided on the part of the properties	ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedu	e O 35b		No
The year? If "Yes," complete applicable parts of Schedule N Sage February Sage	c		35c		No
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b Section 501(c)(7) organizations Enter 39 Section 501(c)(7) organizations Enter 39 Institution flees and capital contributions included on line 9 39 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ exton 6912 ▶ exton	36		_		No
any such loans made in a price year and still outstanding at the end of the tax year covered by this return? 38a No No 16 If **Yes**, Complete Schedule I, Part II and enter the total amount involved 38b If **Yes**, Complete Schedule I, Part II and enter the total amount involved 38c II and so the section \$01(c)(1) organizations. Enter a Initiation fees and capital contributions included on line 9 38a 0 60 Gross receipts, included on line 9, for public use of club facilities 38b 0 39b 0 39c 0 39c 0 40a Section \$01(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section \$491 ▶ b Section \$01(c)(3) organizations. Enter amount of tax imposed on the organization during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E22 If Yes*, Complete Schedule I, Part II and so the prior forms 990 or 990-E22 If Yes*, Complete Schedule I, Part II d Section \$01(c)(3), \$01(c)(4), and \$01(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 912, 495s, and 4958 ▶ 40 Section \$01(c)(3), \$01(c)(4), and \$01(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 912, 495s, and 4958 ▶ 41 Is the sets with which a copy of the return is filed ▶ 42a The organization's books are in care of ▶ Soot South 10 Cated at ▶ 249 Setions 90 Sections	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
any such loans made in a prior year and still outstanding at the end of the tax year crowered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	b	Did the organization file Form 1120-POL for this year?	. 37b		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(27) organizations Enter a Initiation fees and capital contributions included on line 9 39a 0 99b 0 0 0 0 0 0 0 0 0	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
a Intitation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501 (c)(3) regardations. Enter amount of tax imposed on the organization unity of the propriation of the propriations of the propriations of the propriation of the propriat	b		. 38a		No
to Gross receipts, included on line 9, for public use of club facilities 39b o 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit fransaction during the year, or did it engage in an excess benefit fransaction in a prior year that has not been reported on any of its prior forms 990 or 990-E27 If "Fest," complete Section 4958 excess benefit fransaction in a prior year that has not been reported on any of its prior forms 990 or 990-E27 If "Fest," complete Section 4958 excess benefit fransaction and any of tis prior forms 990 or 990-E27 If "Fest," complete Section 4958 excess of discussions and any of this prior forms 990 or 990-E27 If "Fest," complete Section 4958 excess of discussions and sung the year under sections 4912, 4955, and 4958 excess of discussions and sung the year under sections 4912, 4955, and 4958 excess of discussions and sung the year under sections 4912, 4955, and 4958 excess of discussions and sung the year and sections 4912, 4955, and 4958 excess of discussions and sung the year and sections 4912, 4955, and 4958 excess of discussions and sung the year and sections 4912, 4955, and 4958 excess of discussions and sung the year and sections 4912, 4955, and 4958 excess of discussions and sung the year and sections 4912, 4955, and 4958 excess of discussions and sung the year and sections 4912 excess of discussions and sung the year and sections 4912, 4955, and 4958 excess of discussions and sections 4912, 4955, and 4958 excess of discussions and sections 4912, 4955, and 4958 excess of discussions and sections 4912, 4955, and 4958 excess of discussions and sections 4912, 4955, and 4958 excess of discussions and sections 4912, 4955, and 4958 excess of discussions and sections 4912, 4955, and 4958 excess of discussions and sections 4912, 4955, and 4958 excess of discussions and sections 4912, 495	39	Section 501(c)(7) organizations Enter			
section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4916 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(2)(9) organizations. Did the organization engage in any section 4958 ▶ section 501(c)(3), 501(c)(4), and 501(c)(2)(9) organizations. Did the organization and any of its prior forms 990 or 990-£27 [Fireys," complete Schedule L, Part 14] c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 405 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 406 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the experiments of 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the experiments of 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the experiments fleet Published Tax imposed on organization and the fleet managers of 401(c)(29) organizations. Enter amount of tax imposed on organizations have an interest in oral signature or other embursed by the organization which a copy of the foreign country bover a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country bover a financial account in a foreign country bover a financial account (FBAR) See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 1 Fi'res," enter the name of the foreign country bover a financial account in a foreign cou	a	Initiation fees and capital contributions included on line 9 39a	0		
b Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, ord did it engage in an excess benefit transaction in a prior year that has not been reported on any of ris prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 40b No c Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ d Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of the year under sections 4912, 4955, and 4958 ▶ d Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete form 8886-T 1 List the states with which a copy of this return is fied ₱ 1 List the states with which a copy of this return is fied ₱ 2 The organization's books are in care of ₱ Soot South 1 Telephone no ₱ (325) 692-9230 2 Tip + 4 ₱ 79602 3 Tip + 4 ₱ 79602 3 Tip + 4 ₱ 79602 4 Tip + 4 ₱ 79602	b	Gross receipts, included on line 9, for public use of club facilities 39b	0		
b. Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction along the year, ord dut fengage in an excess benefit transaction along the year ord dut fengage in an excess benefit transaction and excess benefit departs or disqualified persons during the year under sections4912,4955, and 4958 d. Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912,4955, and 4958 d. All organizations At any time during the tax year, was the organizations a party to a prohibited tax shelter excess pendit transaction? If *Yes,** complete form 8886-1* 1 the organization's books are in care of ** Scott South** 1 the states with which a copy of this return is field 1 to cated at 2 The 796 Sateway Street Bids 501 Ablene, TX 2 IP + 4 2 The organization's books are in care of ** Scott South** 2 IP + 4 2 The year and account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country 2 See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR) 2 See the instructions for exceptions and filling requirements for FinCEN Form 1041 Check here 3 Section 501 (c) 43 (c) 40 (c) 4	40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
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e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 412 Ust the states with which a copy of this return is filed ▶ The organization's books are in care of ▶ Scott South Telephone no ▶ (325) 692-9230 The organization's books are in care of ▶ Scott South Telephone no ▶ (325) 692-9230 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes," enter the name of the foreign country ▶ 16 At any time during the calendar year, did the organization maintain an office outside the U S? 42c No 42d No 42d No 43d No 44a O No 44a Did the organization preceive any payments for indoor tanning the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b No 45 Did the organization receive any payments for indoor tanning services during the year? 44d No 45a No 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of Section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). In the control of the completed	c				
transaction? If "Yes," complete Form 8886-T 1 but the states with which a copy of this return is filed Located at	d				
Telephone no	e		. 40e		No
Located at \$\bigs_{249} \ Steel Ablaine, TX	41	• • • • • • • • • • • • • • • • • • • •			
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over a financial account in a foreign country (such as a bank account, securities account, or other financial account?) If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) C At any time during the calendar year, did the organization maintain an office outside the U S? 42c No No If "Yes," enter the name of the foreign country 42c No No If "Yes," enter the name of the foreign country 42c No No 1f "Yes," enter the name of the foreign country 42c No No 1f "Yes," enter the name of the foreign country 42c No No 1f "Yes," enter the name of the foreign country 42c No No 1f "Yes," enter the name of the foreign country 42c No No 1f "Yes," Form 990-EZ In lieu of Form 1041 - Check here 42c No No 1f "Yes," Form 990-EZ In lieu of Form 1041 - Check here 42c No No 1f "Yes," Form 990-EZ In lieu of Form 1041 - Check here 42c No 1f "Yes," Form 990-EZ In lieu of Form 1041 - Check here 42c No 1f "Yes," Form 990-EZ In lieu of Form 1041 - Check here 42c No 1f "Yes," Form 990-EZ In lieu of Form 1041 - Check here 42c No 1f "Yes," Form 990-EZ In lieu of Form 1041 - Check here 42c No 1f "Yes," Form 990-EZ In lieu of Form 1041 - Check here 42c No 1f "Yes," Form 990-EZ In lieu of Form 1041 - Check here 42c No 1f "Yes," Form 990-EZ In lieu of Form 1041 - Check here 42c No 1f "Yes," Form 990-EZ In lieu of Form 1041 - Check here 42c No 1f "Yes," Form 990-EZ In lieu of Form 1041 - Check here 42c No 42d No		Located at ► 749 Gateway Street Bldg 501 Abilene, TX ZIP + 4	1 ► <u>79</u>	602	
over a financial account in a foreign country (such as a bank account, securities account, or other financial account?) If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the U.S.? At any time during the calendar year, did the organization maintain an office outside the U.S.? At any time during the calendar year, did the organization maintain any office outside the U.S.? At any time during the calendar year, did the organization maintain any office outside the U.S.? At any time during the calendar year, did the organization maintain any office outside the U.S.? At any time during the calendar year, did the organization file around the service of a control led around the tax year. At a plus the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. At any time during the calendar year, did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. At any time during the calendar year, did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. At any time during the calendar year, did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Porm 990-EZ. At any time during the calendar year, did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Porm 990-EZ. At any time during the calendar year, did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Porm 990-EZ. At any time during the calendar year, did the organization part year. At a plus the organization p	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Voc	No
If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the U 5? 42c No 16 "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 44c No 44d No 45d No 45d Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45d No 4		over a financial account in a foreign country (such as a bank account, securities account, or other financial	42h	res	
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the U S? 42c No If "Yes," enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a No b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b No c Did the organization receive any payments for indoor tanning services during the year? 44c No 44d No 44d No 44d No 54b Did the organization have a controlled entity within the enaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		,	420		NO
Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the US? 42c No No 1f "Yes," enter the name of the foreign country		If "Yes," enter the name of the foreign country •			
Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the US? At any time during the calendar year, did the organization maintain an office outside the US? At any time during the calendar year, did the organization maintain an office outside the US? At any time during the calendar year, did the organization maintain any office outside the US? At any time during the calendar year, did the organization the foreign country The section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year The section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ At any time during the feet US? The section 4947(a)(1) nonexempt charitable trusts filing Form 990 must be completed instead of Form 990-EZ At any time during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ At any time during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ At any time during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ in lieu of Form 990 must be completed instead of Pose No. At a lieu in the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Pose No. At a lieu in the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Pose No. At a lieu in the organization parameter one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Pose No. At a lieu in the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Pose No. At a lieu in the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be comple					
If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a					
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	c	At any time during the calendar year, did the organization maintain an office outside the U S \ref{S}	42c		No
Ata point the amount of tax-exempt interest received or accrued during the tax year by the same and enter the amount of tax-exempt interest received or accrued during the tax year by the same and enter the amount of tax-exempt interest received or accrued during the tax year by the same and enter the amount of tax-exempt interest received or accrued during the tax year by the same and enter the amount of tax-exempt interest received or accrued during the tax year by the same and enter the amount of tax-exempt interest received or accrued during the tax year by the same and the same and the same and the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed and the same and the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed and the completed of Form 990-EZ (see instructions) and the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of the organization in the organization filed a Form 720 to report these payments? If "No," provide and the organization in Schedule O		If "Yes," enter the name of the foreign country •			
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? Did the organization receive any payments for indoor tanning services during the year? Did the organization receive any payments for indoor tanning services during the year? Did the organization receive any payment filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) No				.▶ 「	
Form 990-EZ				Yes	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		. 44a		No
c Did the organization receive any payments for indoor tanning services during the year?	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be complete	ed		
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	с				
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>			
Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	•			
		Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
				990-F	7 (2015

Form 990-E2	Z (2015)						Page 4
						Yes	No
46 Did the	e organization engage, directly or indi ates for public office? If "Yes," compl	rectly, in political can	npaign activities on				
					46		No
Part VI	Section 501(c)(3) organizated All section 501(c)(3) organizated		uestions 47-49b a	nd 52, and complete the	table:	s for lir	าes 50
	and 51 Check if the organization used Sche	·		•			_
	Check if the organization used Sche	dule O to respond to a	any question in this	Pail VI	<u></u>	Yes	No
	e organization engage in lobbying acti ," complete Schedule C, Part II	vities or have a secti	on 501(h) election i	n effect during the tax year? ••••••	. 47		
48 Is the	organization a school as described in	section 170(b)(1)(A)(II)? If "Yes," comp	lete Schedule E .	. 48		
49a Did the	e organization make any transfers to a	an exempt non-charita	able related organiza	ation?	. 49a		
b If"Yes	," was the related organization a sec	tion 527 organization	?		. 49b		
	· ete this table for the organization's fiv	-			istees a	and kev	
	vees) who each received more than \$		ation from the organ	zation If there is none, ente			
(a) Na	ame and title of each employee	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC)	(d) Health benefits, contributions to - employee benefit plans, and deferred compensation	` ′	timated of othe mpensa	
NONE							
f Total	number of other employees paid ove	r\$100,000 .			▶		
F4							0.000
	ete this table for the organization's fiv pensation from the organization If th			tractors who each received	more th	an \$10	U,UUU
	(a) Name and business address of	each independent cor	itractor	(b) Type of service (c) Com	pensatı	on
NONE							
d Total	number of other independent contract	ctors each receiving o	ver\$100,000				
	he organization complete Schedule A oleted Schedule A	? NOTE. All Section 5	01(c)(3) organizati	ons must attach a		_	_
Comp	Dieted Schedule A				•	Yes	s No
Under penalti	es of perjury, I declare that I have exam	ined this return, includ	ing accompanying sc	hedules and statements, and t	o the be	st of my	
	d belief, it is true, correct, and complet						
	<u> </u>						
Sign	****** Signature of officer			2017-08-14 Date			
Here	Scott South Treasurer						
	Type or print name and title Print/Type preparer's name	Preparer's signature	l na	ate PTIN			
Paid	, . , pe preparer a manne	sparer s signature		Check If self-employed			
Preparer	Firm's name			Firm's EIN ▶			
Use Only				Phone no			
May the IRS	discuss this return with the preparer	shown above? See in:	structions		Yes	N ₁	o

Additional Data

Software ID: 15000324

Software Version: 2015v3.0

EIN: 75-6084879

Name: KIWANIS INTERNATIONAL

K04624 GREATER ABILENE

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise		Expenses (Required for 501(c)(3) a 501(c)(4) organizations a 4947(a)(1) trusts; option for others.)	
KIWANIS ORGANIZATION THOSE ORGANIZATIONS BRINGING-UP-GRADES PP THIS YEAR	HE COMMITTEE ON SERVICE LEADERSHIP DETERMINES WHICH OTHER S OR PROJECTS SHOULD BE SPONSORED AND FINANCIALLY ASSISTS WITH THEIR ENDEAVORS THIS COMMITTEE SPONSORED THE ROGRAM AT A LOCAL ELEMENTARY SCHOOL AND TWO ORGANIZATIONS		
(Grants \$ 2,450)	If this amount includes foreign grants, check here ▶ ☐	28 a	2,450

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

	in carrying out the organization's exempt purposes. In a clear and concise sprovided, the number of persons benefited, and other relevant information	501(uired for 501(c)(3) and c)(4) organizations and '(a)(1) trusts; optional for others.)
29			
COMMUNITY SERVICES-	THE COMMMITTEE ON COMMUNITY SERVICES STUDIES, DEVISES AND		
SUGGESTS METHODS AND	MEANS WHEREBY THIS CLUB CAN RENDER EFFECTIVE COMMUNITY		
SERVICE THIS COMMITT	EE ASSISTED TWENTY ORGANIZATIONS THIS YEAR		
(Grants \$ 1,850)	If this amount includes foreign grants, check here ▶ ☐	29a	1,850

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise		(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)		
30				
YOUTH SERVICES- THE COMMITTEE ON YOUTH SERVICES STUDIES, DEVISES AND SUGGESTS				
METHODS AND MEANS TO ASSIST BOYS AND GIRLS TO ADJUST TO THEIR ENVIRONMENT AND				
BECOME ADAPTED TO THE SOCIAL, ECONOMIC, AND MORAL DEMANDS WHICH THEY MAY				
ENCOUNTER AND DEVELOPS WAYS AND MEANS OF ASSISTING IN THE GUIDANCE OF YOUTH				
THIS COMMITTEE ASSISTED 10 ORGANIZATIONS THIS YEAR, AS WELL AS PURCHASED AND				
DISTRIBUTED TOOTHBRUSHES TO EVERY KINDERGARDENER IN THE LOCAL SCHOOL DISTRICTS				
(Grants \$ 2,255) If this amount includes foreign grants, check here ▶				
·	30a	2,255		

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

	n carrying out the organization's exempt purposes. In a clear and concise provided, the number of persons benefited, and other relevant information	(Required fo 501(c)(4) or 4947(a)(1) t	r 501(c)(3) and ganizations and rusts; optional thers.)
YOUNG CHILDREN PRIORI	TY ONE- THIS COMMITTEE STUDIES AND DEVISES METHODS AND		
MEANS TO IMPLEMENT TH	E ONGOING MAJOR EMPHASIS CAMPAIGN OF KIWANIS		
INTERNATIONAL THIS CO	MMITTEE PURCHASED PRENATAL VITAMINS FOR ORGANIZATIONS TO		
DISTRIBUTE TO EXPECTAN	IT MOTHERS AND PURCHASED FLEECE TO MAKE BLANKETS FOR		
SEVERAL ORGANIZATIONS	TO DISTRIBUTE TO CHILDREN IN NEED		
(Grants \$ 2,226)	If this amount includes foreign grants, check here >		
	-		400

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

(Grants \$ 1,250)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise

manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	,	7(a)(1) trusts; optional for others.)
AGRICULTURE- THE COMMITTEE ON AGRICULTURE PROMOTES THE AGRICULTURE RELATED PROJECTS IN THE LOCAL AREA SCHOOLS AND ENCOURAGES YOUNG PEOPLE TO PURSUE		
A GRICULTURE RELATED CAREERS THROUGH SCHOLARSHIP ASSISTANCE		

If this amount includes foreign grants, check here . . . **>**

Expenses (Required for 501(c)(3) and

501(c)(4) organizations and

1,250

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise		(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
CHILDREN'S MIRACLE NETWORK (Grants \$ 4,000)	If this amount includes foreign grants, check here >		4,000

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise		501(c)(4) organizations and 7(a)(1) trusts; optional for others.)
SCHOLARSHIPS - PROV			
(Grants \$ 200)	If this amount includes foreign grants, check here 🕨 🦵		200

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

(Grants \$ 3,780)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise

manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	7(a)(1) trusts; optional for others.)
MISCELLANEOUS- THE CLUB CONTRIBUTES TO THE FOUNDATIONS AT BOTH THE	
TEXAS/OKLAHOMA DISTRICT AND INTERNATIONAL LEVEL AS THEY SUPPORT PROJECTS	
SIMILAR TO OURS BUT ON A SCALE IMPOSSIBLE AT THE LOCAL CLUB LEVEL ALSO, OTHER	
PROJECTS, DEEMED WORTHWHILE BY THE BOARD, THAT DO NOT FIT INTO ANY OTHER	
COMMITTEE ASSIGNMENTS ARE CLASSIFIED HERE	

If this amount includes foreign grants, check here . . . **>**

Expenses (Required for 501(c)(3) and

E01(c)(4) organizations and

3,780

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise		(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
INTERNATIONAL RELAT (Grants \$ 250)	IONS- THIS COMMITTEE ASSISTED ONE ORGANIZATION THIS YEAR If this amount includes foreign grants, check here ▶		250

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation
Larry Folwell Past President	4 0 0	0		
Nancy Baker Secretary	4 0 0	0		
Brad Hill President	4 0 0	0		
Joe Cook Director	1 0 0	0		
Lindsey McBride Torres Director	1 0 0	0		
Blake Norvell Director	1 0 0	0		
Kent Barnett Director	1 00	0		
David McCaghren Vice President	2 00	0		
Chuck Schrader Director	1 0 0	0		
Linda Sikes Chisholm Director	1 00	0		
Gail Jay President Elect	2 0 0	0		
Nelson Wilson Vice President	2 00	0		
Scott South Treasurer	4 0 0	0		
Jane Harvey Director	1 00	0		
Christine Rhodes Director	1 00	0		

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

KIWANIS INTERNATIONAL

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

DLN: 93492227007067

Employer identification number

2015

Open to Public Inspection

04624 GREA	ATER ABILENE					75-6084	879
		tivities. Comple rs are not requir			ation answered "Yes his part.	' on Form 990, Pari	t IV, line 17.
1 Indicate	whether the orga	ınızatıon raısed fund	ls through	n an y of th	ne following activities(Check all that apply	
a	solicitations				e Solicitation of	non-government grant	:s
b Inte	rnet and email so	licitations			f Solicitation of	jovernment grants	
c Phor	ne solicitations				g Special fundrai	sing events	
d	erson solicitatior	าร			•		
or key ei	Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising Yes No services?						
		est paid individuals ist \$5,000 by the o			isers) pursuant to agre	ements under which tl	he fundraiser is
ındı	nd address of vidual (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(or retained by)
1			Yes	No			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Гot al		l		•			
	n or licensing	organization is regis	stered or	licensed t	to solicit contributions	or has been notified it	is exempt from

	· · · · · · · · · · · · · · · · · · ·
Part II	Fundraising Events.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reporte

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross

		(a) Event #1	(b) Event #2	(c)O ther events	(d) Total events
		CHILI DAY FUNDRAISER (event type)	(event type)	(total number)	(add col (a) through col (c))
Reversie	1 Gross receipts	36,796			36,796
	Gross income (line 1 minus line 2)	36,796			36,796
	4 Cash prizes				
	6 Rent/facility costs	2,625			2,625
nsea	7 Food and beverages	8,107			8,107
g B	8 Entertainment				
Direct Expenses	9 Other direct expenses	723			723
ā	10 Direct expense summary Add lines 4	through 9 ın column (d)		11,455
	11 Net income summary Subtract line 1	0 from line 3, column (d)		25,341
Par	rt III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
~	1 Gross revenue				
Expenses	2 Cash prizes				
ă	3 Noncash prizes				
Direct	4 Rent/facility costs				
_	5 Other direct expenses				
	6 Volunteer labor	├ Yes <u>%</u> ├ No	├ Yes%	☐ Yes% ☐ No	
	7 Direct expense summary Add lines 2	2 through 5 ın column (d)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)		
	Enter the state(s) in which the organiza		<u>'</u>		Yes No
9 a	Is the organization licensed to conduct	gaming activities in cac			
	Is the organization licensed to conduct If "No," explain				
а	If "No," explain				Yes No

SCILE	dule G (Form 990 or 990-EZ) 2	015		Page 3				
11	Does the organization conduct	gaming activities with nonmer	mbers?	□Yes □No				
12	Is the organization a grantor, b	eneficiary or trustee of a trust	or a member of a partnership or other	entity				
	formed to administer charitable	e gaming?		Yes No				
13	Indicate the percentage of gam	ning activity conducted in						
а	The organization's facility			13a %				
b	An outside facility			13b %				
14	Enter the name and address of	Enter the name and address of the person who prepares the organization's gaming/special events books and records						
	Name ▶							
	Address ►							
15a			whom the organization receives gamin					
	revenue?			Yes No				
b	If "Yes," enter the amount of g	aming revenue received by the	e organization ► \$	and the				
	amount of gaming revenue reta	ined by the third party 🕨 \$						
c	If "Yes," enter name and addre	ess of the third party						
	Name ▶							
	Address►							
16	Gaming manager information							
	Name ▶							
	Gaming manager compensation							
	Description of services provide	ed						
	Director/officer	Employee	Independent contractor	-				
17	Mandatory distributions							
а								
	retain the state gaming license	□Yes □No						
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent							
	in the organization's own exempt activities during the tax year ► \$							
Pai	t IV Supplemental Info	rmation. Provide the exp 10b, 15b, 15c, 16, and 17b	lanations required by Part I, line to a sapplicable. Also complete this					
		ii (See iiisti detionis)i						

efile GRAPHI	C print - DO NOT PROCESS	As Filed Data -	[DLN: 93492227007067
SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific question for provide any additional information for provide any additional info			sponses to specific questions on	2015
Department of the Treasury Internal Revenue Service	▶ Information about	Attach to Form 99 Schedule O (Form 990 www.irs.gov/fo	or 990-EZ) and its instructions is at	Open to Public Inspection
Name of the organization KIWANIS INTERNATIONAL K04624 GREATER ABILENE			Employer i 75-60848	dentification number
Return Reference	O, Supplemental Informati		planation	
Other Expenses 1007	Conferences, Conventions, and Me	etings \$155		

990 Schedule O, Supplemental Information Return Explanation Reference Insurance \$500

990 Schedule O, Supplemental Information Return Explanation Reference Other Club meeting meals \$27426

Return Explanation

Reference

Other

Expenses 2

Dues (internat'l/district) \$9860

990 Schedule O, Supplemental Information Return Explanation Reference Other Board meeting meals \$3400

990 Schedule O, Supplemental Information Return Explanation Reference Other New member fees-Kiw Internat'l \$666

990 Schedule O, Supplemental Information Return Explanation Reference Other Div 35 - prayer breakfast \$505

990 Schedule O, Supplemental Information Return Explanation Reference Other Miscellaneous \$456

990 Schedule O, Supplemental Information Return Explanation Reference Other Aw ards \$359

990 Schedule O, Supplemental Information Return Explanation Reference Other Membership Promotion \$107

990 Schedule O, Supplemental Information Return Explanation Reference Other CBI - safe club screening \$76

990 Schedule O, Supplemental Information Return Explanation Reference Other Bank fees \$36