

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

# Short Form

## Return of Organization Exempt From Income Tax

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

- Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-1150

2018

Open to Public  
Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable	C Name of organization KIWANIS INTERNATIONAL	D Employer identification number 61-6026259
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) 1640 south 6th street	E Telephone number (270) 217-3160
<input type="checkbox"/> Name change	Room/suite	
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		
	City or town, state or province, country, and ZIP or foreign postal code Paducah, KY42003	F Group Exemption Number 04

G Accounting Method.  Cash  Accrual Other (specify) ►

I Website: ►

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Form of organization  Corporation  Trust  Association  Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 35,535

## Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 26,150	2
	2 Program service revenue including government fees and contracts	2 0	
	3 Membership dues and assessments	3 1,550	
	4 Investment income	4 111	
	5a Gross amount from sale of assets other than inventory	5a 0	
	b Less: cost or other basis and sales expenses	5b 0	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 0	
	b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 0	
	c Less: direct expenses from gaming and fundraising events	6c 0	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 0	
	7a Gross sales of inventory, less returns and allowances	7a 7,724	
	b Less cost of goods sold	7b 2,612	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 5,112	
	8 Other revenue (describe in Schedule O)	8 0	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 32,923	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 24,933	3
	11 Benefits paid to or for members	11 2,544	
	12 Salaries, other compensation, and employee benefits	12 0	
	13 Professional fees and other payments to independent contractors	13 840	
	14 Occupancy, rent, utilities, and maintenance	14 3,502	
	15 Printing, publications, postage, and shipping	15 0	
	16 Other expenses (describe in Schedule O)	16 0	
Net Assets	17 Total expenses. Add lines 10 through 16	17 31,819	4
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 1,104	
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 88,277	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 89,381	

For Paperwork Reduction Act Notice, see the separate instructions.

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**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments. . . . .	53,277	22
23 Land and buildings. . . . .	35,000	23
24 Other assets (describe in Schedule O) . . . . .	0	24
25 Total assets. . . . .	88,277	25
26 Total liabilities (describe in Schedule O). . . . .	0	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	88,277	27
		89,381

**Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose? Provide funds and resources for Children and Childrens Chanties

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

28 Provided funds to send Children to summer camp, and purchased baseball and softball equipment. (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	8,500
29 Provided funds to purchase shoes for preschool age Children (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	7,600
30 Provided funds to help pay medical expenses and housing for critically ill Children (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	8,633
31 (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . . ► <b>32</b>		24,933

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Steve AthertonPRESIDENT	0	0	0	0
Philip BagwellVice President	0	0	0	0
Tommy EmersonDIRECTOR	0	0	0	0
Darrell MathenyDIRECTOR	0	0	0	0

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37a 0	37a	0
b Did the organization file Form 1120-POL for this year? <input type="checkbox"/> 37b No	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? <input type="checkbox"/> 38a No	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="checkbox"/> 38b 0	38b	0
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 <input type="checkbox"/> 39a	39a	
b Gross receipts, included on line 9, for public use of club facilities <input type="checkbox"/> 39b	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> section 4912 <input type="checkbox"/> section 4955 <input type="checkbox"/> 40a 0	40a	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, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. <input type="checkbox"/> 40b No	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 <input type="checkbox"/> 40c 0	40c	0
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> 40d 0	40d	0
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T <input type="checkbox"/> 40e No	40e	No
41 List the states with which a copy of this return is filed <input type="checkbox"/> KY		
42a The organization's books are in care of <input type="checkbox"/> Suzanne Atherton Telephone no <input type="checkbox"/> (270) 217-3160 Located at <input type="checkbox"/> 1640 south 6th street Paducah, KY ZIP + 4 <input type="checkbox"/> 42003		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <input type="checkbox"/> 42b No	42b	No
If "Yes," enter the name of the foreign country. <input type="checkbox"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) <input type="checkbox"/> 42c No	42c	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: <input type="checkbox"/> 43	43	<input type="checkbox"/>
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 <input type="checkbox"/> 43	43	<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <input type="checkbox"/> 44a No	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 <input type="checkbox"/> 44b No	44b	No
c Did the organization receive any payments for indoor tanning services during the year? <input type="checkbox"/> 44c No	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <input type="checkbox"/> 44d	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? <input type="checkbox"/> 45a 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) <input type="checkbox"/> 45b No	45b	No

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

**Part VI Section 501(c)(3) organizations only**

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

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> 47	<input type="checkbox"/> No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 48	<input type="checkbox"/> No
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a	
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000  0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.  0

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A

Yes  No

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

<b>Sign Here</b>	<i>Steve A. Atherton President</i>		2019-04-13
	Signature of officer	Preparer's signature	Date
Steve Atherton President			
Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/type preparer's name	Preparer's signature	Date
	Firm's name <input type="checkbox"/> none	Check <input type="checkbox"/> if self-employed	
	Firm's address <input type="checkbox"/> 180 MAYFIELD METROPOLIS RD Paducah, KY42001	Firm's EIN <input type="checkbox"/> Phone no	

May the IRS discuss this return with the preparer shown above? See instructions   Yes  No