

Form **990-EZ**

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)**2020**Department of the Treasury
Internal Revenue Service

- ▶ 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

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
KIWANIS INTERNATIONALNumber and street (or P. O. box, if mail is not delivered to street address) Room/suite
1640 South 6th St

Paducah, KY42003 City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number

61-6026259

E Telephone number

(270) 554-7258

F Group Exemption Number ▶**G** Accounting Method: Cash Accrual Other (specify) ▶**I** Website: ▶**J** Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527**H** Check ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Form of organization Corporation Trust Association Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 243**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	0
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	170
	4	Investment income		4	73
	5a	Gross amount from sale of assets other than inventory	5a 0	5c	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)			
	6	Gaming and fundraising events		6d	0
	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)				
Expenses	7a	Gross sales of inventory, less returns and allowances	7a 0	7c	0
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			
	8	Other revenue (describe in Schedule O)		8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	243
	10	Grants and similar amounts paid (list in Schedule O)		10	0
	11	Benefits paid to or for members		11	3,850
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	2,257
Net Assets	14	Occupancy, rent, utilities, and maintenance		14	9,171
	15	Printing, publications, postage, and shipping		15	865
	16	Other expenses (describe in Schedule O)		16	9,049
	17	Total expenses. Add lines 10 through 16		17	25,192
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-24,949
Net Assets	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	88,164
	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	63,215

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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.	53,164	22 28,215
23 Land and buildings.	35,000	23 35,000
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets.	88,164	25 63,215
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	88,164	27 63,215

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? To improve the lives and well being of Children.
 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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Purchase shoes for underprivileged children		
(Grants \$ 0) If this amount includes foreign grants, check here	28a	0
29 Donate to organizations that help Children.		
(Grants \$ 0) If this amount includes foreign grants, check here	29a	0
30		
(Grants \$) If this amount includes foreign grants, check here	30a	
31		
(Grants \$) If this amount includes foreign grants, check here	31a	
32 Total program service expenses (add lines 28a through 31a)	32	0

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
Mike Miller President	0	0	0	0
Mark Ryan Director	0	0	0	0
Denice Cicardo Director	0	0	0	0

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Other Information

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

Section 501(c)(3) organizations only

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

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

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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. 052 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A

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

Sign Here	<i>Suzie Atherton</i>	2021-05-16
	Signature of officer	Date
	Suzie Atherton Treasurer	5-16-21
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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

SCHEDULE O (Form 990 or 990-EZ)		Supplemental Information to Form 990 or 990-EZ		TIN:
Department of the Treasury Internal Revenue Service		Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No. 1545-0047 2020
Name of the organization KIWANIS INTERNATIONAL			Employer identification number 61-6026259	

Part I, Line 16	Travel and lodging to district and division meetings. Hixon awards purchased for members New Air conditioner for meeting building.
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Schedule O (Form 990 or 990-EZ) 2020