

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 foundations)

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

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

} Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning** 0/01/19 , and ending 09/30/20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>KIWANIS INTERNATIONAL PENNSYLVANIA DISTRICT</b>		<b>D</b> Employer identification number <b>23-1480767</b>
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>2793 OLD POST ROAD SUITE 12</b>		<b>E</b> Telephone number <b>717-540-9300</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>HARRISBURG PA 17110</b>		<b>F</b> Group Exemption Number <u>u</u>

**G** Accounting Method:  Cash  Accrual Other (specify) u

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

**I** Website: WWW.PAKIWANIS.ORG

**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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ u \$ **182,933**

**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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>1,286</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	<b>51,905</b>
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>114,980</b>
	<b>4</b> Investment income	<b>4</b>	<b>175</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</b> 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)	<b>6b</b>	<b>14,587</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	<b>7,790</b>	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	<b>6,797</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>175,143</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	<b>77,167</b>
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>12,932</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>15,000</b>
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>3,847</b>
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>32,595</b>
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>141,541</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	<b>33,602</b>
	<b>19</b> 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)	<b>19</b>	<b>-39,213</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>-5,611</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

**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	11,575	22	24,529
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	15,523	24	27,477
25 Total assets	27,098	25	52,006
26 Total liabilities (describe in Schedule O)	66,311	26	57,617
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-39,213	27	-5,611

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

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

What is the organization's primary exempt purpose?

SEE SCHEDULE O

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 VARIOUS DISTRICT ACTIVITIES PROMOTING KIWANIS OBJECTIVES, PROVIDE AND ENCOURAGE COMMUNITY SERVICE AT THE LOCAL LEVEL.  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	70,324
29 MEMBERSHIP CONVENTIONS HELD TO UPDATE MEMBERS ON VARIOUS LOCAL AND WORLDWIDE PROJECTS. TRAINING PROVIDED TO MEMBERS FOR A BENEFIT OF SERVICE & BETTERMENT TO LOCAL COMMUNITIES.  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	11,153
30 VARIOUS SERVICE LEADERSHIP PROGRAMS FOR YOUTH AND ADULTS WITH DISABILITIES, THROUGH SERVICE TO OTHERS.  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	3,799
31 Other program services (describe in Schedule O) (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) <input type="checkbox"/>	<b>32</b>	<b>85,276</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for 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
KEVIN THOMAS EXECUTIVE DIRECTOR	32.00	46,000	0	0
MICHAEL HAVEN GOVERNOR	30.00	0	0	0
DONALD SMITH GOVERNOR-ELECT	25.00	0	0	0
PHILIP WEBER IMMED. PAST GOVERNOR	15.00	0	0	0
ROGER JAMES REGION I TRUSTEE	10.00	0	0	0
BARBARA BYERS REGION II TRUSTEE	10.00	0	0	0
BARBARA HARER REGION III TRUSTEE	10.00	0	0	0
MATHEW WISE REGION IV TRUSTEE	10.00	0	0	0
BENJAMIN OSTERHOUT REGION V TRUSTEE	10.00	0	0	0
MICHAEL COOLBAUGH REGION VI TRUSTEE	10.00	0	0	0
LILLIAN MATAJA REGION VII TRUSTEE	10.00	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		X
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		X
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)?		X
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	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		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <u>  </u> <b>u</b> <b>37a</b>		
37b	Did the organization file Form 1120-POL for this year?		X
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?		X
38b	If "Yes," complete Schedule L, Part II, and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>  </u> ; section 4912 <u>  </u> ; section 4955 <u>  </u>		
40b	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		X
40c	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 <u>  </u>		
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <u>  </u>		
40e	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		X
41	List the states with which a copy of this return is filed <u>  </u> <b>u</b> <b>NONE</b>		
42a	The organization's books are in care of <u>  </u> <b>u</b> <b>KEVIN E. THOMAS, EXECUTIVE DIRECTOR</b> telephone no. <u>  </u> <b>u</b> <b>717-540-9300</b> 2793 OLD POST ROAD SUITE 12 Located at <u>  </u> <b>u</b> <b>HARRISBURG</b> <u>  </u> <b>PA</b> ZIP + 4 <u>  </u> <b>u</b> <b>17110</b>		
42b	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)? If "Yes," enter the name of the foreign country <u>  </u> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
42c	c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <u>  </u>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> <b>u</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>  </u> <b>u</b> <b>43</b>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	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		X
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	b 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		X

	Yes	No
<b>46</b> 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 .....		<b>X</b>

**Part VI Section 501(c)(3) Organizations Only**

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

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

	Yes	No
<b>47</b> 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 .....		
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....		
<b>b</b> If "Yes," was the related organization a section 527 organization? .....		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶  Yes  No

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>	Signature of officer	Date
	<b>KEVIN THOMAS</b> Type or print name and title	<b>EXECUTIVE DIRECTOR</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name } <b>JOHN W BONAWITZ</b>	<b>JOHN W BONAWITZ</b>			<b>P00033505</b>
	Firm's address } <b>BROWN SCHULTZ SHERIDAN &amp; FRITZ</b> <b>210 GRANDVIEW AVE</b> <b>CAMP HILL, PA 17011-1706</b>			Firm's EIN } <b>25-1644159</b>	Phone no. <b>717-761-7171</b>

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

**SCHEDULE O**  
 (Form 990 or 990-EZ)

 Department of the Treasury  
 Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

 Complete to provide information for responses to specific questions on  
 Form 990 or 990-EZ or to provide any additional information.

 Attach to Form 990 or 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

 Open to Public  
 Inspection

Name of the organization	<b>KIWANIS INTERNATIONAL PENNSYLVANIA DISTRICT</b>	Employer identification number	<b>23-1480767</b>
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**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**

DESCRIPTION	AMOUNT
<b>EXPENSES</b>	
OFFICE EXPENSE	\$ 5,661
GOVERNOR'S TRAVEL	\$ 755
ANNUAL CONVENTION	\$ 9,716
MIDWINTER CONVENTION	\$ 1,427
TRUSTEE BOARD MEETING	\$ 191
ED INTL CONVENTION	\$ 10
INTEREST EXPENSE	\$ 1,885
INSURANCE EXPENSE	\$ 2,060
KEY LEADER EXPENSE	\$ 1,747
EXECUTIVE DIRECTOR EXPS	\$ 1,869
MEMBERSHIP GROWTH	\$ 2,052
AWARDS	\$ 650
OTHER EVENTS	\$ 3,142
OTHER EXPENSES	\$ 1,430
<b>TOTAL</b>	<b>\$ 32,595</b>

**FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	\$ 11,857	\$ 25,295
INVENTORIES FOR SALE OR USE	\$ 662	\$ 291
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 1,554	\$ 441
SECURITY DEPOSIT	\$ 1,450	\$ 1,450

Name of the organization

Employer identification number

KIWANIS INTERNATIONAL PENNSYLVANIA

23-1480767

TOTAL \$ 15,523 \$ 27,477

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FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 46,671	\$ 34,180
UNSECURED NOTES AND LOANS PAYABLE	\$ 0	\$ 13,962
MORTGAGE AND OTHER NOTES PAYABLE	\$ 19,640	\$ 9,475

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

KIWANIS EMPOWERS COMMUNITIES TO IMPROVE THE WORLD BY MAKING A DIFFERENCE IN THE LIVES OF CHILDREN.

32077 Kiwanis International Pennsylvania

23-1480767

## Federal Statements

FYE: 9/30/2020

### DISTRICT RAFFLE

#### Gross receipts

<u>Code</u>	<u>Description</u>	<u>Amount</u>
		\$ 14,587
TOTAL		\$ <u>14,587</u>