

Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption.¹ If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization **may omit names and addresses of contributors from its return(s)**. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, *e.g.*, information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your BKD advisor if you have questions about these rules.

Form **990**

(Rev. January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

<u>OMB No. 1545-0047</u>

Open to Public

		the 2019 calendar year, or tax year beginning $10/01$, 20						09/30		ction		
	u	C Name of organization	. , un			D Employ						
Β	Check if a	applicable: CIRCLE K INTERNATIONAL, INC.					0772					
	Addr	tress Doing husinoss as										
	chan Nam	nge Down Stories as Number and street (or P.O. box if mail is not delivered to street address)	Ro	om/suit	e	E Telepho	one num	ber				
	-	al return 3636 WOODVIEW TRACE				(317) 875-8755						
	Final	al return/ City or town, state or province, country, and ZIP or foreign postal code				(01))		0,00				
	Ame	ninated ended TNDTANAPOLITS IN 46268				G Gross r	eceipts \$;	505	7,640.		
		^{Inn}	H(a) Is thi			Yes	-					
	pend	3636 WOODVIEW TRACE, INDIANAPOLIS, IN 462				subor H(b) Are a	dinates?	ates included?	Yes			
1	Tax-e	exempt status: 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a			527			h a list. (see				
<u>.</u> 		site: ► WWW.CIRCLEK.ORG	1)(1) 01		521	H(c) Grou				264		
		a of organization: X Corporation Trust Association Other			ar of forma	tion: 195			·			
	artl							ate of lege				
	1	Briefly describe the organization's mission or most significant activities: TO	DEVEL	[,0P (COLLEC	E AND	UNTV	ERSITY	7			
e	'	STUDENTS INTO A GLOBAL NETWORK OF RESPONSIBLE										
anc		WITH A LIFELONG COMMITMENT TO SERVING THE CHIL					-					
ernä	2	Check this box					accote					
Governance	3	Number of voting members of the governing body (Part VI, line 1a)	•				1	3		10.		
~	4	Number of independent voting members of the governing body (Part VI, line 12)						4		10.		
ies	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a).						5		3.		
Activities &	6	Total number of volunteers (estimate if necessary)						6	9	,876.		
Act	-	a Total unrelated business revenue from Part VIII, column (C), line 12						'a		0.		
		• Net unrelated business taxable income from Form 990-T, line 39						a ′b				
					<u> </u>	Prior Ye			Current `	/ear		
	8	Contributions and grants (Part VIII, line 1h)					5,107			,434.		
Revenue	9	Program service revenue (Part VIII, line 2g)),125			,154.		
svel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)					721			52.		
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1				566	5,953		507	,640.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)).		0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.				0.		
	4.5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–1		183	3,578		200	, 323.				
Expenses	16 a	a Professional fundraising fees (Part IX, column (A), line 11e)			0			0.				
ben	h	b Total fundraising expenses (Part IX, column (A), line 11e)	0.		•			-				
ň	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			_	371,130.				,498.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)					1,708			,821.		
	19	Revenue less expenses. Subtract line 18 from line 12			•		2,245			,819.		
es			<u></u>			ning of Cu			End of Ye	-		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			5.	-	L,391			,110.		
Ass Bal	21	Total liabilities (Part X, line 26)			•		5,817			,717.		
und	22	Net assets or fund balances. Subtract line 21 from line 20			•		1,574			,393.		
1	art II		<u></u>		•		1 -		-	,		
		enalties of perjury, I declare that I have examined this return, including accompanying sc	chedules	and sta	atements, a	and to the I	best of r	ny knowle	dge and b	belief, it is		
true	e, corr	rect, and complete. Declaration of preparer (other than officer) is based on all information of	f which p	orepare	has any k	nowledge.		·				
Sig	In	Signature of officer				Dat	е					
Не	re	ROBERT W. BRODERICK CFO										
		Type or print name and title										
		Print/Type preparer's name Preparer's signature		Date		Chec	k ii	F PTIN				
Paio	k	NICOLE B FISHBACK Nicole B. Fishbac	06/202		mployed		12794	75				
Pre	parer											
Use	Only											
Ma	v the	PIRS discuss this return with the preparer shown above? (see instruction)				Phone no.			Yes	N-		
	-	erwork Reduction Act Notice, see the separate instructions.				<u></u>				0 (2019)		
1 Of	гаре	פו אסות הפעענוטון אבו חטווכב, שב נווב שבאמומוב ווושווענווטווש.							rom 33			
JSA												

CIRCLE K INTERNATIONAL, INC.	
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-	n 990 (2019)	Page 2
Pa	Int III Statement of Program Service Accomplishments	X
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	
	ATTACHMENT 1	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services,	as measured by
•	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allow the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)	1,154.)
	ATTACHMENT 2	/
<u>4h</u>	(Code:) (Expenses \$ 17,326. including grants of \$ 0.) (Revenue \$	0.)
-10	ATTACHMENT 3	
4C	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
1-	(Expenses \$ including grants of \$)(Revenue \$) Total program service expenses ▶ 122,244.	
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CIRCLE K INTERNATIONAL, INC.

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	V Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Tes	
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
D D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
-	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV			X X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	28b		
L	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	51		
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Part		_ 33		
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
39	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
τu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
vu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
U	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			r -
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 9	990 (2019) CIRCLE K INTERNATIONAL, INC. 01-07	72160	F	- age 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b belo	w, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C			
	Check if Schedule O contains a response or note to any line in this Part VI			Χ
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	0		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a			x
Secti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Λ
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenu		Yes	No
40.	Did the same simplify the set of a structure three states of a structure 0	10a	X	
	Did the organization have local chapters, branches, or affiliates?			<u> </u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters	10b	х	
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,	,		
Ŭ	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright ^{IN} ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	·Г (Sec	tion 5	01(c)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
40		of late		alle
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	or inte	est p	oolicy,
20	and financial statements available to the public during the tax year.	rde 🕨		
20	State the name, address, and telephone number of the person who possesses the organization's books and reco WILLIAM W PARKER 3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268 317-875-8755	us 🏲		
JSA		Form	990	(2019)

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(**C**)

_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average	(do not check more than one						Reportable	Reportable	Estimated amount
	hours	box, unless person is both an officer and a director/trustee)						compensation from the	compensation from related	of other
	per week (list any						,	organization	organizations	compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1)MICHELLE STUDY-CAMPBELL	1.00									
DESIGNATED DIRECTOR (BEG 1/20)	39.00			Х				0.	79 , 159.	19,145.
(2) KATRINA BARANKO	7.00									
COUNSELOR	7.00	X						0.	1,604.	0.
(3) CHELSIE HIGDON	7.00									
TRUSTEE	0.	X						0.	0.	0.
(4) MARIA LANDRON	7.00									
TRUSTEE	0.	X						0.	0.	0.
(5) SARAH AL-MIDANY	7.00									
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(6) HANNAH NEGRAY	7.00									
TRUSTEE	0.	Х						0.	0.	0.
(7) TANA EARLY	7.00									
TRUSTEE	0.	Х						0.	0.	0.
(8) JOSE LEONCIO	7.00									
TRUSTEE	0.	Х						0.	0.	0.
(9) RACHEAL FAIRLEY	7.00									
TRUSTEE	0.	X						0.	0.	0.
(10) DON NGUYEN	7.00	-								
TRUSTEE (END 7/16/20)	0.	Х						0.	0.	0.
(11) GEORGE WILLIAM HACKETT	7.00									
PRESIDENT	0.	X		Х				0.	0.	0.
(12) STEVE SHAW	7.00									
TRUSTEE	0.	X						0.	0.	0.
<u>(13)</u>										
(14)										

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-	0 (2019)												Page 8
Part		(B)	ey En	nplo			and I	lig			ees (c		
	(A) Name and title		box, office	unles er and	Pos heck ss pe d a c	erson direct	e than c is both or/trust 요 프	an ee)	(D) Reportable compensation from the organization	(E) Reportal compensatio related organizat (W-2/1099-	on from d ions	Es am com	(F) timated toount of other pensation om the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(***2/1099-	(MIGC)	orga and	anization I related inizations
		-+	-										
			-										
			_										
			_										
			_										
			_										
			-										
1b S	ıb-total							►	54,006.	1,	604.		17,704.
c To	otal from continuation sheets to Part VII,	-				• •			0. 54,006.	1	0.		0. 17,704.
2 To	btal (add lines 1b and 1c)	t limited to t		liste				o re					17,704.
	· · · · ·												Yes No
	d the organization list any former off nployee on line 1a? If "Yes," complete Sche											3	X
	or any individual listed on line 1a, is the												
or	ganization and related organizations g	reater than	n \$15	50,0	00?	P If	"Yes	s,"	complete Schedu	le J for s	such		X
	<i>dividual</i>								rolatod organizati	on or indivi		4	A
fo	r services rendered to the organization? If "											5	Х
	on B. Independent Contractors	monested i	ndon	onde	ont	cont	tracto	re t	hat received more	than \$100	000 0	f	
CC	impensation from the organization. Report ar.												
	(A) Name and business a	ddress							(B) Description of se	ervices	С	(C) ompens	ation
								+					
	otal number of independent contractors (nite			se li	isted above) who	received			
m	ore than \$100,000 in compensation from t	ne organiza	tion			0	•						

Form	000	(2010)
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Par	t VII						
		Check if Schedule O contains a respor	nse or note to an	iy line in this Part V (A)	(<u> </u>	(C)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	201,872.				
Αġ	с	Fundraising events 1c					
ar	d	Related organizations 1d	304,562.				
s, O	е	Government grants (contributions) . 1e					
Sig	f	All other contributions, gifts, grants,					
her		and similar amounts not included above . 1f					
ĞŢ	g	Noncash contributions included in					
no Lion		lines 1a-1f					
9 O 8	h	Total. Add lines 1a-1f		506,434.			
đ			Business Code				
Program Service Revenue	2a	MEMBERSHIP EDUCATION	561000	1,154.	1,154.		
Ser	b						
e P	С						
gra Re	d						
20	e						
_	f	All other program service revenue	►	1,154.			
	3	Investment income (including dividends,		1,1011			
	5	other similar amounts)		52.			52.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)	<u></u> ►	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
enue	b	Less: cost or other basis					
		and sales expenses 7b					
Re	С	Gain or (loss) 7c					
er	d	Net gain or (loss)	<u></u> ▶	0.			
Other Rev	8a	Gross income from fundraising					
Ŭ		events (not including \$					
		of contributions reported on line	0.				
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses		0.			
	C OC						
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses	0.				
	c	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less					
	loa	returns and allowances 10a	0.				
	b	Less: cost of goods sold	0.				
	c	Net income or (loss) from sales of inventory	.	0.			
S			Business Code				
eor	11a						
lan	b						
sev Sev	с						
Miscellaneous Revenue		All other revenue					
	-	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions	🕨	507,640.	1,154.		52.

Part IX Statement of Functional Expenses		All other organization	ne muet complete activ	$nn(\Lambda)$
Section 501(c)(3) and 501(c)(4) organizations musi				
Check if Schedule O contains a respo			(C)	(D)
o not include amounts reported on lines 6b, 7b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations		expenses	general expenses	expenses
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	0.			
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	151,808.		151,808.	
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions	6,055.		6,055.	
9 Other employee benefits	30,749.		30,749.	
0 Payroll taxes	11,711.		11,711.	
1 Fees for services (nonemployees):				
a Management	144,996.	52,992.	92,004.	
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
	31,744.	30,503.	1,241.	
(A) amount, list line 11g expenses on Schedule O.).	6,445.	6,445.		
3 Office expenses	6,104.	5,757.	347.	
4 Information technology	1,739.	1,739.		
	0.	,		
,	0.			
6 Occupancy	31,158.	7,670.	23,488.	
7 Travel 8 Payments of travel or entertainment expenses		.,	, 1001	
8 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
	5,730.	4,421.	1,309.	
9 Conferences, conventions, and meetings	0.	-,	±,507.	
0 Interest	0.			
1 Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	0.			
3 Insurance	0.			
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
A amount, list line 24e expenses on Schedule O.) aMEMBER. MATERIALS/LITERATURE	8,345.	8,345.		
BGROWTH & AWARDS	2,138.	2,138.		
	3,099.		865.	
cMISCELLANEOUS EXPENSES	3,099.	2,234.	.200	
d				
e All other expenses	1/1 001	100 011	210 577	
25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the	441,821.	122,244.	319,577.	
organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here F if if	0			

0.

following SOP 98-2 (ASC 958-720)

JSA

CIRCLE K INTERNATIONAL, INC.

	Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year	•••	(B) End of year
1	Cash - non-interest-bearing	0.	1	,
2	Savings and temporary cash investments.	67,495.	2	230,742
3	Pledges and grants receivable, net	0.	_	C
4	Accounts receivable, net	236,461.	4	24,946
5	Loans and other receivables from any current or former officer, director,	•	-	
Ŭ	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	(
6	Loans and other receivables from other disqualified persons (as defined		Ť	
Ŭ	under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.	0.	6	(
7	Notes and loans receivable, net	0.	•	(
	Inventories for sale or use	0.	'	(
8	Prepaid expenses and deferred charges	17,435.	U	15,422
9	Land, buildings, and equipment: cost or other	1,7100.	9	157122
IVa				
h	basis. Complete Part VI of Schedule D 10a	0	10c	(
	Less: accumulated depreciation	0.		
11	Investments - publicly traded securities	0.		
12	Investments - other securities. See Part IV, line 11	0.	12	
13	Investments - program-related. See Part IV, line 11	0.	15	
14	Intangible assets	0.	17	
15	Other assets. See Part IV, line 11	321,391.	10	
16	Total assets. Add lines 1 through 15 (must equal line 33)			271,110
17	Accounts payable and accrued expenses	146,817.		
18	Grants payable	0.	10	
19	Deferred revenue.	0.	13	
20	Tax-exempt bond liabilities	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	~~	
23	Secured mortgages and notes payable to unrelated third parties	0.	25	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	20	
26	Total liabilities. Add lines 17 through 25	146,817.	26	30,71
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	174,574.	27	230,393
28	Net assets with donor restrictions.	0.	28	10,000
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
· · ·			-	240,393
32	Total net assets or fund balances	174,574.	32	240.39

CIRCLE K INTERNATIONAL, INC.

Form 99	90 (2019)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			07,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2			41,8	
3	Revenue less expenses. Subtract line 2 from line 1	3				319.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1	74,5	
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2	40,3	393.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				37	
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	•		•	х	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Λ	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain	on			
_	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the	20		х
-	Single Audit Act and OMB Circular A-133?		.••	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•		26		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .		3b	000	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Name of the organization

CIRCLE K INTERNATIONAL, INC.

01-0772160

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Solution For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Part I

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$294,562.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number 01-0772160

Schedule	В	(Form	990,	990-EZ,	or §	990-PF)	(2019)	

Name of organization CIRCLE K INTERNATIONAL, INC.

Employer identification number 01-0772160

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

Name of o	rganization CIRCLE K INTERNATIONAL	, INC.		Employer identification number 01-0772160
Part III	<i>Exclusively</i> religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	the year from any one ons completing Part III, e e year. (Enter this inform	contributor. Comp enter the total of <i>ex</i>	l in section 501(c)(7), (8), or lete columns (a) through (e) and <i>clusively</i> religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	jift	
	Transferee's name, address, an	d ZIP + 4	Relationship	of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g		
	Transferee's name, address, an	d ZIP + 4	Relationship	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	jift	
	Transferee's name, address, an	d ZIP + 4	Relationship	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	jift	
	Transferee's name, address, an	d ZIP + 4	Relationship	of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 4

	-	on Form 990, Part IV, line 3, or Form Complete Parts I-A and B. Do not comp		6 (Political Campaign Activ	ities), then
		on 501(c)(3)) organizations: Complete)o not complete Part I P	
	Section 527 organizations: Com		Fails I-A and C below. I		
	0	on Form 990, Part IV, line 4, or Form	990-F7 Part VI line 4	7 (Lobbving Activities) the	n
		that have filed Form 5768 (election ur			
		that have NOT filed Form 5768 (elect		•	•
		on Form 990, Part IV, line 5 (Proxy		, ,	•
	(see separate instructions), ther				
-	Section 501(c)(4), (5), or (6) org e of organization	anizations: Complete Part III.		Employer ide	ntification number
	0	110			entification number
	CLE K INTERNATIONAL	-		01-077	
		organization is exempt under			
1	•	organization's direct and indirect	political campaign a	ctivities in Part IV. (see i	nstructions for
-	definition of "political campa	c ,			
		xpenditures (see instructions)			
		campaign activities (see instructio			
		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	5▶\$	
2		cise tax incurred by organization m			
3	-	a section 4955 tax, did it file Form			
				• • • • • • • • • • • • •	Yes No
	If "Yes," describe in Part IV.	receivation is even at under	anotion E01(a) as	reaction E01/a)/	2)
Par	•	organization is exempt under	· · ·		o).
1		xpended by the filing organizatior		•	
2		ng organization's funds contributed			
	527 exempt function activiti	es		▶\$	
3	line 17b	enditures. Add lines 1 and 2. En		▶\$	
4		e Form 1120-POL for this year?			
5		and employer identification numb			
		ts. For each organization listed, er tributions received that were pron			
		nd or a political action committee (
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address		filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
(1)			-		
(2)					
(2)			-		
(2)					
(3)			-		
<u></u>					
(4)			-		
(5)					
(5)			-		
(6)					
(6)			4		
For P	aperwork Reduction Act Notice	e, see the Instructions for Form 990 o	⊥ r 990-EZ.	Schedu	│ le C (Form 990 or 990-EZ) 2019
		-,		Concuu	

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury



Open to Public

Inspection

19

20

Part II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
	ongs to an affiliated group (and list in Part IV eand share of excess lobbying expenditures).	ach affiliated group mem	per's name,
B Check ► if the filing organization che	ecked box A and "limited control" provisions app	oly.	
	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
 b Total lobbying expenditures to influence c Total lobbying expenditures (add lines 1) d Other exempt purpose expenditures e Total exempt purpose expenditures (add 	public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b) I lines 1c and 1d) e amount from the following table in both		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25	% of line 1f)		
h Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
i Subtract line 1f from line 1c. If zero or le	ss, enter -0-		
	on either line 1h or line 1i, did the organiza	tion file Form 4720	
reporting section 4911 tax for this year?			Yes No
	-Year Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column (e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2019

Scheo	lule C (Form 990 or 990-EZ) 2019					F	Page 3
Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T fileo	d For	m 570	68		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(2	a)		(b))	
	cription of the lobbying activity.	Yes	No		Amo	unt	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
c d e	Media advertisements?						
f g	Grants to other organizations for lobbying purposes?						
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?						
j 2a	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b c d	If "Yes," enter the amount of any tax incurred under section 4912		-				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ectio	n		
1 2 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro				2	Yes X X	No X
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."					3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).	ints (of				
a	Current year.		• • •	2a 2b			
b c	Carryover from last year.			20 2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lo						
5	and political expenditure next year?		•••	4 5			
				5			

Part IV Supplemental Information (continued)

SCHEE	DULE D
(Form	990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Open to Public

20

OMB No. 1545-0047

19

Dep	artment of the Treasury		Attach to Form 990			Open to P	
Inter	nal Revenue Service	Go to www.irs.gov	/Form990 for instructions	and the latest inform		Inspection	h
	e of the organization				Employer identification		
CI	RCLE K INTERNA				01-077216	50	
Pa		tions Maintaining Donor Adv			r Accounts.		
	Complete	e if the organization answered					
			(a) Donor advise	ed funds	(b) Funds and	other accounts	
1	Total number at e	nd of year					
2	Aggregate value of	of contributions to (during year)					
3	Aggregate value of	of grants from (during year)					
4	Aggregate value a	at end of year					
5	Did the organizat	ion inform all donors and donor	advisors in writing that	t the assets held	in donor advised		_
	funds are the orga	anization's property, subject to the	organization's exclusiv	e legal control?		Yes	No
6	Did the organizati	ion inform all grantees, donors, a	and donor advisors in w	riting that grant f	unds can be used		
	only for charitable	e purposes and not for the bene	fit of the donor or donc	or advisor, or for a	any other purpose		_
		nissible private benefit?				Yes	No
Pa		tion Easements.					
	Complete	e if the organization answered	"Yes" on Form 990, F	Part IV, line 7.			
1	Purpose(s) of con	servation easements held by the	organization (check all t	hat apply).			
	Preservatio	n of land for public use (for example	, recreation or education)	Preservation	of a historically imp	portant land a	rea
	Protection of	of natural habitat		Preservation	of a certified histor	ric structure	
	Preservatio	n of open space					
2		a through 2d if the organization h	eld a qualified conserva	tion contribution ir	n the form of a cons	servation	
	•	last day of the tax year.	•			End of the Tax	Year
а		onservation easements			2a		
b		tricted by conservation easements			2b		
С	-	rvation easements on a certified			2c		
d		rvation easements included in (c					
ŭ		listed in the National Register	<i>,</i> ,		2d		
3		ervation easements modified, tra			· · · · ·	anization duri	ing the
Ŭ	tax year ►			igaionoa, or torm	iniated by the erge		ng the
4		where property subject to conse	rvation easement is loca	ted 🕨			
5		ation have a written policy reg			tion handling of		
Ŭ	-	forcement of the conservation ea			-	Yes	No
6		hours devoted to monitoring, insp					
Ū		nours devoted to monitoring, insp	county, nariality of violati	ons, and emotening	conservation casem	ents during th	e year
7	Amount of expens	ses incurred in monitoring, inspec	ting handling of violation	and enforcing o	conservation easem	ente durina th	
'	► s	ies meaned in monitoring, inspec	ing, nanaling of violation	is, and emotening c		chis during th	c ycai
8	ε ψ	vation easement reported on line 2	2(d) above satisfy the rec	nuirements of sect	(170(h)(4)(R)(i)		
U		i)(4)(B)(ii)?	• •			Yes	No
9		ibe how the organization reports					
5		id include, if applicable, the text of			•		
		counting for conservation easeme					
Pa		tions Maintaining Collections		asures, or Othe	er Similar Assets.		
_		e if the organization answered					
10	•	v	· · · · · · · · · · · · · · · · · · ·				worko
1a	of art. historical	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ts held for public exhi	bition. education.	. or research in fu	rtherance of	public
b	art, historical trea	n elected, as permitted under Fa sures, or other similar assets he ring amounts relating to these iter	Id for public exhibition,				
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			▶\$		
		ed in Form 990, Part X					
2		n received or held works of a					
	-	s required to be reported under F				3- , F.S.	
а		I on Form 990, Part VIII, line 1.			► s		

b	Assets incl	uded in	Form 990	, Part X		
For	Paperwork Re	duction	Act Notice	e, see the	Instruction	s for Form 990.
JSA 9E12	268 1.000					
	3293DF	D310	5/11/2	021	10:40:4	8 AM

▶ \$

CIRCLE K INTERNATIONAL, INC.

Schee	dule D (Form 990) 2019									Pag	e 2
Ра	rt III Organizations Maintaini	ng Collection	s of Art, Histo	orical Tre	asure	s, or	Other S	Similar Assets	(continue	d)	_
3	Using the organization's acquisition	on, accession, a	and other reco	rds, check	k any o	of the	followir	ng that make sig	gnificant u	se of i	its
	collection items (check all that app	ly):									
а	Public exhibition		d	Loan c	or excha	ange	program				
b	Scholarly research		e	Other							
С	Preservation for future gene	rations									_
4	Provide a description of the organ	nization's collec	ctions and expl	ain how t	hey fui	rther	the orga	anization's exem	pt purpos	e in Pa	art
	XIII.										
5	During the year, did the organization	on solicit or rece	eive donations o	of art, histo	orical tr	easu	res, or of	her similar			
	assets to be sold to raise funds rath	ner than to be m	naintained as pa	art of the c	organiza	ation'	s collect	ion?	Yes	1	No
Ра	rt IV Escrow and Custodial A	rrangements.									
	Complete if the organiza	ation answered	d "Yes" on For	m 990, F	Part IV,	line	9, or re	ported an amou	unt on Fo	m	
	990, Part X, line 21.										
1a	Is the organization an agent, truste										_
	included on Form 990, Part X?								Yes	1	No
b	If "Yes," explain the arrangement i	n Part XIII and	complete the fo	llowing tab	ole:						
								Amour	nt		
С	Beginning balance					1c					
d	Additions during the year										
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an am					or cu	stodial a	ccount liability?	Yes	1	No
b	If "Yes," explain the arrangement i	n Part XIII. Che	ck here if the e	xplanation	has be	en pr	ovided o	n Part XIII			
Pa	rt V Endowment Funds.										
	Complete if the organiza	ation answered	d "Yes" on Foi	rm 990, F	Part IV,	line	10.				
		(a) Current yea	ar (b) Prio	or year	(c) Tw	o years	s back	(d) Three years back	(e) Four y	ears bad	ck
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains,										
Ũ	and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
C	and programs										
f	Administrative expenses										_
	End of year balance										
g 2	Provide the estimated percentage	of the current y	voar and balanc	o (lino 1a	columr	(a))	hold as:				
_ a	Board designated or quasi-endown	-	%	e (iiiie ig,	colum	1 (a)) 1					
b	Permanent endowment	%									
c	Term endowment	%									
	The percentages on lines 2a, 2b, a	-	gual 100%.								
3a	Are there endowment funds not in			ation that	are hel	d and	d adminis	stered for the			
	organization by:		5 - 5 - 5 - 5						١	'es N	lo
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the relate								3b		
4	Describe in Part XIII the intended u	•									
-	rt VI Land, Buildings, and Equ	uipment.			100.						
	Complete if the organiz										
	Description of property		Cost or other basis (investment)	(b) Cost o	or other ba ther)	asis	(c) Accu depred		(d) Book valu	ie	
1a	Land			(0			200100				
b	Buildings					-					
c	Leasehold improvements					-+					
d	Equipment					+					
۵ ۵	Other			1							
Tota	I. Add lines 1a through 1e. (Column		l Form 990. Par	t X. colum	<u> (В). lir</u>	ne 100	c.)	•			

Schedule D (Form 990) 2019

Schedule D (CIRCLE K INTER (Form 990) 2019	NATIONAL, INC.	. 01-	0772160 Page
Part VII				
	Complete if the organization answered (a) Description of security or category	"Yes" on Form 99 (b) Book value	0, Part IV, line 11b. See Form 990 (c) Method of valua	
	(including name of security)	(b) Book value	Cost or end-of-year mark	
1) Financ	ial derivatives			
	y held equity interests			
· -				
(A)				
(B)				
(C)				
(D) (E)				
(E)				
(G)				
(U) (H)				
()	nn (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
Part VIII				
	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua	tion:
		.,	Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
-	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Voo" on Form 00	0 Dart IV line 11d See Form 000	Dort V line 15
	· · ·	scription	o, Fait IV, line Tru. See Form 990	(b) Book value
(1)		scription		
(1) (2)				
(2) (3)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Co	lumn (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11e or 11f. See For	m 990, Part X,
	line 25.			1
		tion of liability		(b) Book value
. ,	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)		<u> </u>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

0 - 1		51 07	, 2100 Dana 4
	e D (Form 990) 2019		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
			507,640.
1	Total revenue, gains, and other support per audited financial statements	1	507,040.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a		-	
b	Donated services and use of facilities	-	
C.		-	
d		2e	
e	Add lines 2a through 2d	3	507,640.
3	Subtract line 2e from line 1		
4	Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1. 4a		
a b	Other (Describe in Part XIII.)	1	
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	507,640.
Part		-	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	441,821.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
- a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	441,821.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	441,821.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		ine 4; Part X, line
		iation.	
PART	X - FIN 48		
חדפת	LOSURE: MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE		
DISC	LOSURE: MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE		
CIITD	ANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT		
0010	ANCE INCLUDED IN ADC /10. DADED ON THEIR REVIEW, MANAGEMENT HAD NOT		
IDEN	TIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR		
DISC	LOSED IN THE FINANCIAL STATEMENTS.		

SCHEDULE O (Form 990 or 990-EZ)

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.



 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

Employer identification number 01-0772160

CIRCLE K INTERNATIONAL, INC.

FORM 990, PART V, QUESTION 2A

NUMBER OF EMPLOYEES REPORTED ON FORM W-3:

THE EMPLOYEES OF CIRCLE K INTERNATIONAL, INC. ARE PAID THROUGH A COMMON

PAYMASTER.

FORM 990, PART VI, LINE 1A

NON-VOTING MEMBERS:

THERE ARE TWO MEMBERS OF THE BOARD OF TRUSTEES THAT ARE NON-VOTING MEMBERS. ONE MEMBER IS A MEMBER OF THE KIWANIS INTERNATIONAL BOARD OF TRUSTEES, RELATED PARTY AND PARENT ORGANIZATION - WHO SERVES AS COUNSELOR TO THE CKI BOARD OF TRUSTEES. THE OTHER NON-VOTING MEMBER IS THE CKI MANAGER.

FORM 990, PART VI, SECTION A, LINE 6 CLASSES OF MEMBERSHIP: CIRCLE K IS COMPRISED OF CLUBS AT COLLEGES OR UNIVERSITIES. MEMBERS COMPRISE THE MAKE UP OF EACH CLUB.

FORM 990, PART VI, SECTION A, LINE 7A VOTING RIGHTS AND DECISION APPROVAL BY MEMBERS: EACH CIRCLE K CLUB HAS THE RIGHTS PER THE ORGANIZATION'S BYLAWS TO HAVE 2 VOTING DELEGATES AT THE ANNUAL CONVENTION TO ELECT THE BOARD OF REPRESENTATIVES. DELEGATES ARE THE DULY-QUALIFIED MEMBERS OF THE CLUBS. FORM 990, PART VI, SECTION A, LINE 7B VOTING RIGHTS AND DECISION APPROVAL BY MEMBERS: DULY-QUALIFIED DELEGATES TO THE ANNUAL CONVENTION HAVE THE RIGHT TO VOTE ON THE AMENDMENT TO THE ORGANIZATION'S GOVERNING DOCUMENTS (BYLAWS). ALL BYLAW AMENDMENTS AND DECISIONS OF THE BOARD OF REPRESENTATIVES ARE SUBJECT TO APPROVAL BY THE PARENT ORGANIZATION BOARD OF TRUSTEES -KIWANIS INTERNATIONAL.

FORM 990, PART VI, SECTION B, LINE 11B PROCESS TO REVIEW FORM 990:

THE TAX RETURN IS COMPILED BY THE CONTROLLER, COMPLETED BY OUR INDEPENDENT TAX ADVISOR, AND IS REVIEWED BY THE CFO, YOUTH PROGRAMS EXECUTIVE OFFICER, CKI MANAGER, AND KIWANIS INTERNATIONAL EXECUTIVE DIRECTOR BEFORE IT IS FINALIZED AND FILED WITH THE IRS. THE BOARD OF REPRESENTATIVES RECEIVES AN EMAIL OF THE FINAL FORM 990 AT THE TIME IT IS BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

CIRCLE K INTERNATIONAL BOARD REPRESENTATIVES ARE COLLEGE STUDENTS AND ARE NOT REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT WITH THE ORGANIZATION. ALL ACTIVITIES OF THE ORGANIZATION ARE GOVERNED AND APPROVED BY THE KIWANIS INTERNATIONAL BOARD OF TRUSTEES (THE PARENT ORGANIZATION). KIWANIS BOARD OF TRUSTEES MUST SIGN AND SUBMIT ANNUALLY A CONFLICT OF INTEREST STATEMENT. THUS THE KIWANIS CONFLICT OF INTEREST

Page 2

POLICY GOVERNS THE CIRCLE K ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15A REVIEW OF CEO OR TOP MANAGEMENT OFFICIAL COMPENSATION: A SALARY BAND FOR THE POSITION IS CREATED THAT REFLECTS COMPENSATION BASED UPON LEVEL OF DUTIES, RESPONSIBILITIES, EXPERIENTIAL REQUIREMENTS, AND SPECIFIC TRAINING OR SKILLS ALONG WITH A COMPARISON TO EQUIVALENT POSITIONS TAKING INTO ACCOUNT THE DEMOGRAPHICS OF THE LOCATION OF THE POSITION. THE LAST COMPENSATION DATA REVIEW WAS PERFORMED IN MAY 2019 BY AN INDEPENDENT CONTRACTOR AND COORDINATED BY DIRECTOR OF OPERATIONS (HUMAN RESOURCES). RESULTS OF THE STUDY WERE DELIVERED IN FEBRUARY 2020.

FORM 990, PART VI, SECTION B, LINE 15B

REVIEW OF OTHER OFFICER OR KEY EMPLOYEES COMPENSATION:

ALL POSITIONS HAVE A CORRESPONDING SALARY BAND DETERMINED SIMILARLY. THE KIWANIS INTERNATIONAL EXECUTIVE DIRECTOR DETERMINES THE SALARY OF ALL EMPLOYEES BASED ON SIMILAR CRITERIA. THE REVIEW IS PERFORMED ANNUALLY WITH THE LAST ONE PERFORMED IN MAY 2019 AND CONDUCTED BY INDEPENDENT CONTRACTORS AND THE DIRECTOR OF OPERATIONS (HUMAN RESOURCES). RESULTS OF THE STUDY WERE DELIVERED IN FEBRUARY 2020.

FORM 990, PART VI, SECTION C, LINE 19 GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC: CIRCLE K INTERNATIONAL'S GOVERNING DOCUMENTS (BYLAWS) AND FINANCIAL STATEMENTS (ANNUAL REPORT) ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AT WWW.CIRCLEK.ORG OR THE KIWANIS INTERNATIONAL WEBSITE AT WWW.KIWANIS.ORG.

 Schedule O (Form 990 or 990-EZ) 2019
 Employer identification number

 Name of the organization
 01-0772160

THE CONFLICT OF INTEREST POLICY IS AVAILABLE AT THE MAIN OFFICE UPON REQUEST.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO DEVELOP COLLEGE AND UNIVERSITY STUDENTS INTO RESPONSIBLE CITIZENS AND LEADERS WITH A LIFELONG COMMITMENT TO SERVING THE CHILDREN OF THE WORLD. THE ORGANIZATION PROVIDES ITS MEMBERS WITH EDUCATIONAL MATERIALS AND OPPORTUNITIES TO HELP THEM ENHANCE AND IMPROVE THEIR LEADERSHIP AND COMMUNITY SERVICE SKILLS.

ATTACHMENT 2

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

LEADERSHIP EDUCATION AND DEVELOPMENT - A MAJOR FOCUS OF CIRCLE K (CKI) IS LEADERSHIP EDUCATION AND DEVELOPMENT FOR COLLEGE-AGED ADULTS. THROUGH THE MANY EFFORTS OF STAFF, THE TRAINING MEETINGS, AND THE EDUCATIONAL MATERIALS PRODUCED, COLLEGE-AGED ADULTS ARE PROVIDED AN OPPORTUNITY TO LEARN LIFE-LONG SERVICE LEADERSHIP SKILLS. MEMBERS OF CKI LEARN SUCH SKILLS BY PARTICIPATING IN LEADERSHIP WORKSHOPS AND SEMINARS, PERFORMING COMMUNITY SERVICE ACTIVITIES THROUGH THEIR LOCAL CKI CLUB, LEADING THE ORGANIZATION ON A MEMBER-ELECTED BOARD, WORKING AS OFFICERS AND MEMBERS OF THEIR LOCAL CKI CLUBS, WORKING WITH OTHER ADULTS IN SPONSORING KIWANIS CLUBS, AND RECEIVING LEADERSHIP AND SERVICE MATERIALS PROVIDED BY THE INTERNATIONAL ORGANIZATION. MANY MATERIALS AND EDUCATION MEETINGS HELP TO WALK STUDENTS THROUGH THE STEPS OF SERVICE LEADERSHIP IN ORDER TO ENVISION, ENLIST, EMBODY, EMPOWER, EVALUATE, AND ENCOURAGE. STUDENTS LEARN THAT TRUE LEADERSHIP IS

PAGE 30

Schedule O (Form 990 or 990-EZ) 2019	Pa
Name of the organization	Employer identification number
CIRCLE K INTERNATIONAL, INC.	01-0772160

ATTACHMENT 2 (CONT'D)

BASED ON SERVANT LEADERSHIP, WHICH REQUIRES LEADERS TO PUT THE NEEDS OF OTHERS FIRST, AND TO REALIZE THAT NO MATTER WHETHER OR NOT YOU HAVE A TITLE, THERE IS ALWAYS A NEED FOR SERVICE TO ONE ANOTHER AND TO THE WORLD. MANY CKI PROGRAMS TAKE MEMBERS OF CKI THROUGH ACTIVITIES AND SERVICE PROJECTS TOGETHER - GAINING HANDS-ON EXPERIENCE WITH OTHER SERVICE-MINDED ADULTS. IN ADDITION, MATERIALS PROVIDED ARE DESIGNED TO ASSIST ITS MEMBER IN CLUB ADMINISTRATION, GROWTH, AND DEVELOPMENT - THUS ENHANCING THEIR LEADERSHIP SKILLS.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

INTERNATIONAL CONVENTION - THE ANNUAL CKI CONVENTION TAKES PLACE IN VARIOUS LOCATIONS FROM YEAR-TO-YEAR. IT BRINGS TOGETHER MORE THAN 300 YOUNG ADULTS FROM ALL OVER THE GLOBE TO LEARN SERVICE AND SOCIAL SKILLS FROM OTHER MEMBERS. IT ALLOWS THE MEMBERS AN OPPORTUNITY TO MEET PEOPLE FROM OTHER CITIES, STATES, AND COUNTRIES WITHIN THE CKI ORGANIZATION, TO CELEBRATE THEIR ACCOMPLISHMENTS FROM THE PAST YEAR AND TO FOCUS ON THE FUTURE SERVICE GOALS OF THE ORGANIZATION. WORKSHOPS AND OTHER TRAINING SESSIONS ARE CONDUCTED TO TRAIN THE MEMBERS ON SERVICE LEADERSHIP OPPORTUNITIES. IN ADDITION, THE LEADERSHIP OF THE ORGANIZATION (BOARD OF REPRESENTATIVES) IS ELECTED DURING THIS ANNUAL MEETING AND LEGISLATIVE SESSIONS TAKE PLACE TO ENSURE THE ORGANIZATION'S BYLAWS ARE IN TUNE WITH TODAY'S COLLEGIATE ORGANIZATION. A MAJOR ACTIVITY

Schedule O (Form 990 or 990-EZ) 2019	F
Name of the organization	Employer identification number
CIRCLE K INTERNATIONAL, INC.	01-0772160

ATTACHMENT 3 (CONT'D)

Page 2

DURING THE ANNUAL INTERNATIONAL CONVENTION IS THE LARGE SCALE SERVICE PROJECT. THIS PROJECT ALLOWS PARTICIPANTS AN OPPORTUNITY TO ENGAGE IN ACTUAL HANDS-ON SERVICE PROJECTS IN THE CITY WHERE THE ANNUAL CONVENTION IS HOSTED. THE EVENT PROMOTES THE ORGANIZATION AND ALLOWS THE STUDENTS TO GIVE BACK NEARLY 3,800 HOURS OF COMMUNITY SERVICE TO THE LOCAL COMMUNITY AND TO GAIN VALUABLE SERVICE LEADERSHIP SKILLS. NOTE: DUE TO THE PANDEMIC, NO CIRCLE K CONVENTION WAS HELD IN 2019-20.

OMB No. 1545-0047

Open to Public

Inspection

9

2

Employer identification number

01-0772160

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

CIRCLE K INTERNATIONAL, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

		-		-	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(3)					
(4)					
(5)					
(6)					

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 cont	g) 512(b)(13) rolled tity?
							Yes	No
(1) KIWANIS INTERNATIONAL	36-1327510							
3636 WOODVIEW TRACE	INDIANAPOLIS, IN 46268	COMMUNITY SER	IN	501(C)(4)		N/A		
(2) KIWANIS CHILDREN'S FUND	36-6072039							
3636 WOODVIEW TRACE	INDIANAPOLIS, IN 46268	FUNDRAISING	IN	501(C)(3)	7	KIWANIS INTL		Х
(3) KIWANIS YOUTH PROGRAMS	36-6072042							
3636 WOODVIEW TRACE	INDIANAPOLIS, IN 46268	YOUTH EDUCATI	IN	501(C)(3)	7	KIWANIS INTL		Х
(4)								
(5)								
(6)								
(7)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ther?	(k) Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(controll entity
(1)							Yes No
(2)							
(3)							
(4)							
(5)							
<u>(6)</u>							

Schedule R (Form 990) 2019

CIRCLE	Κ	INTERNATIONAL,	INC.
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Schedule R (Form 990) 2019

Part V	Transactions With Related Organizations. Complete if the organization answere	ed "Yes" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Note: (omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				'	Yes	No
	ring the tax year, did the organization engage in any of the following transactions with one or	5					
	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
	t, grant, or capital contribution to related organization(s)				1b		X
	t, grant, or capital contribution from related organization(s).			· · · · · -	1c	Х	
	ans or loan guarantees to or for related organization(s)			· · · · · ⊢	1d		
e Lo	ans or loan guarantees by related organization(s)			•••••	1e		X
f Di	vidends from related organization(s)				1f		Х
g Sa	le of assets to related organization(s)				1g		X
h Ρι	rchase of assets from related organization(s)				1h		X
i Ex	change of assets with related organization(s)				1i		X
j Le	ase of facilities, equipment, or other assets to related organization(s).			· · · · ·	1j	_	X
k Le	ase of facilities, equipment, or other assets from related organization(s)				1k		Х
I Pe	rformance of services or membership or fundraising solicitations for related organization(s)				11		Х
mΡe	rformance of services or membership or fundraising solicitations by related organization(s).				1m		Х
n Sh	aring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
o Sh	aring of paid employees with related organization(s)			· · · · ·	10	Х	
p Re	imbursement paid to related organization(s) for expenses.				1p	х	
	imbursement paid by related organization(s) for expenses				1q		Х
4	······································						
r Ot	ner transfer of cash or property to related organization(s)				1r		Х
s Ot	ner transfer of cash or property from related organization(s).				1s	Х	
2 If t	he answer to any of the above is "Yes," see the instructions for information on who must com	plete this line, including cove	ered relationships and trans	action thres	holds		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of amoun			ŗg
(1) K	WANIS INTERNATIONAL	С	294,562.	CASH			
(2) K	WANIS CHILDREN'S FUND	C	10,000.	CASH			
(3) K	WANIS INTERNATIONAL	N, O	144,996.	FMV			
(4) K	WANIS INTERNATIONAL	Р	308,451.	CASH			
(5) K	WANIS INTERNATIONAL	S	203,026.	CASH			
(6)							
JSA			Sc	hedule R (Fo	orm 9	90) 2	2019

Page 3

Page 4

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(0) Primary activity	(state or foreign in country) unr		from tax under organizations?		(f) (g) Share of Share of total income end-of-year assets		(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		ownership	
		sections 512-514)	Yes	No			Yes	No	, ,	Yes	No		
												<u> </u>	
	Primary activity	(state or foreign country)	(state or foreign country) income (related, urrelated, excluded from tax under sections 512-514)	(state or foreign country) income (related, unrelated, from tax under sections 512-514) sec organiz Yes	(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) Soft(c)(3) organizations? Yes Image: Soft of the section of the	(state or foreign country) income (related, excluded from tax under sections 512-514) Section 501(c)(3) organizations? Yes No	(state or foreign country) income (related excluded from tax under sections 512-514) section 501(0)(3) organizations? total income end-of-year assets	(state or foreign country) income (related, recluded from tax under sections 512-514) sections ?? Yes No alloc	Income (related, country) income (related, from tax under sections 512-514) section of the section	Image: section solution of toreign country income (related, exclude science sections solution) income (related, exclude science solution) inco	Image: country income (related, soluted rore) income (related, soluted rore) fortal income (solution) fortal income (solution) income (Image: state or foreign country) income (related, excluded, excluded, from tax under sections 512-514) income (related, excluded, exc	

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

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 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification nu	Imbe	er (TIN)	
print	CIRCLE K INTERNATIONAL, INC.			01-077216	0		
File by the	Number, street, and room or suite no. If a P.O. bo	x. see instruc	ctions.		-		
due date for filing your	3636 WOODVIEW TRACE	,					
return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.				
instructions.	INDIANAPOLIS, IN 46268	5 5 5	,				
Enter the R	eturn Code for the return that this application	is for (file	a separate application fo	or each return)	••		01
Application		Return	Application				Return
Is For		Code	Is For				Code
Form 990 o	990 or Form 990-EZ 01 Form 990-T (corporation)						
Form 990-B	L	02	Form 1041-A				08
Form 4720	(individual)	03	Form 4720 (other tha	n individual)			09
Form 990-P	F	04	Form 5227				10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T	990-T (trust other than above) 06 Form 8870						
 If the org If this is f for the whole	The No. \blacktriangleright 317 875-8755 anization does not have an office or place of a Group Return, enter the organization's for the group, check this box \blacktriangleright . It is names and TINs of all members the extension	business in ur digit Gro f it is for pa	oup Exemption Number (GEN) 4264			nis is
	est an automatic 6-month extension of time u		08/16 202	1, to file the exempt	orc	anizati	ion return
	organization named above. The extension is			<u>, to mo the exempt</u>	. 019	janizati	on rotain
► X ► X	calendar year 20 or tax year beginning 10/0 ax year entered in line 1 is for less than 12 m Change in accounting period	0 <u>1</u> , 20 <u>19</u>			-	<u>20</u> .	
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720), or 6069, enter the	tentative tax, less any			
	undable credits. See instructions.		•	. ,	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
estima	ted tax payments made. Include any prior yea	ar overpayn	nent allowed as a credit		3b	\$	0.
	ce due. Subtract line 3b from line 3a. Include		ent with this form, if re-	quired, by using EFTPS			0.
(Electronic Federal Tax Payment System). See instructions. 3c \$							

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Form	990-T	Ex	empt Organization		siness Income der section 6033(rn	OMB No. 1545-0047
		For cale	ndar year 2019 or other tax year begin				2020.	<i>୭</i> ଲ10
Depart	ment of the Treasury		► Go to www.irs.gov/Form990					
Interna	I Revenue Service	► Do	not enter SSN numbers on this form a	s it ma	ay be made public if your org	anization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization (Check bo	ox if nai	me changed and see instruction	าร.)		over identification number ovees' trust, see instructions.)
	empt under section	Duint	CIRCLE K INTERNATION					
X	501(C)(4)	Print or	Number, street, and room or suite no. If	faP.O	. box, see instructions.			772160
	408(e) 220(e)	Туре	3636 WOODVIEW TRACE					ated business activity code structions.)
	408A 530(a)		City or town, state or province, country	/ and 2	7IP or foreign postal code			
C Boo	bk value of all assets		INDIANAPOLIS, IN 462					
at e	end of year	F Gro	up exemption number (See instructi	ons.)	•			
	271,110.		ck organization type 🕨 X 501	,		c) trust	401(a)	trust Other trust
H Er	nter the number of		nization's unrelated trades or busines		· · · · · · · · · · · · · · · · · · ·			(or first) unrelated
tra	ade or business her	re ▶ _ <u>A'</u>	ГСН 1		If only one,	complete Parts I	-V. If mor	e than one, describe the
fir	st in the blank spa	ice at the	end of the previous sentence, con	nplete	Parts I and II, complete a S	Schedule M for ea	ch additio	nal
_	ade or business, th							
I D	uring the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-subsidiary	controlled group?		► Yes X No
			identifying number of the parent cor	porati			7 075	0755
-			LLIAM W PARKER			ne number > 31		
			or Business Income		(A) Income	(B) Exper	ises	(C) Net
	Gross receipts or		c Balance ►	4.				
b 2	Less returns and allowa	-	ule A, line 7)	1c 2				
2			2 from line 1c	2				
4a			ttach Schedule D)	4a				
b			Part II, line 17) (attach Form 4797)	4b				
c	• • • •		rusts	4c				
5			r an S corporation (attach statement)	5				
6	Rent income (Sch	edule C)		6				
7			come (Schedule E)	7				
8	Interest, annuities, roya	alties, and re	ents from a controlled organization (Schedule F)	8				
9			1(c)(7), (9), or (17) organization (Schedule G)	9				
10			ncome (Schedule I)	10				
11	Advertising incom	ne (Scheo	lule J)	11				
12			tions; attach schedule)	12	0			
13			ough 12	13	0.			
Par			Taken Elsewhere (See instr ne unrelated business incom		ons for limitations on (deductions.) (Deducti	ons must be directly
14			directors, and trustees (Schedule K)	,			14	
15								
16								
17								
18			(see instructions)					
19								
20			4562)					
21	Less depreciation	l claimed	on Schedule A and elsewhere on re	eturn	21a		21b	
22								
23			compensation plans					
24			5					
25			Schedule I)					
26			chedule J)					
27 20			chedule)					
28 29			s 14 through 27 le income before net operating					
29 30			g loss arising in tax years beginnin					
30 31		•	e income. Subtract line 30 from line	•		, <u>-</u>		+
_			lotice, see instructions.	_~ .	<u> </u>	<u></u>	. !	Form 990-T (2019)

CIRCLE K INTERNATIONAL, 01-0772160 INC Form 990-T (2019) Page 2 Part III Total Unrelated Business Taxable Income 32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 32 33 Amounts paid for disallowed fringes 33 34 Charitable contributions (see instructions for limitation rules) 34 35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 0. 34 from the sum of lines 32 and 33 35 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 36 37 37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 1,000. 38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 38 39 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, 0. enter the smaller of zero or line 37 39 Part IV Tax Computation Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 40 40 41 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041) 41 42 Proxy tax. See instructions 42 Alternative minimum tax (trusts only) 43 43 44 Tax on Noncompliant Facility Income. See instructions 44 45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 45 Part V Tax and Payments **46 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a 46b b Other credits (see instructions) General business credit. Attach Form 3800 (see instructions) 46c С 46d d Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 46a through 46d е 46e 47 Subtract line 46e from line 45 47 48 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 48 0. Total tax. Add lines 47 and 48 (see instructions) 49 49 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3. 50 50 51a Payments: A 2018 overpayment credited to 2019 51a 2019 estimated tax payments 51b b Tax deposited with Form 8868..... 51c С Foreign organizations: Tax paid or withheld at source (see instructions) 51d d е Backup withholding (see instructions) 51e f Credit for small employer health insurance premiums (attach Form 8941) 51f Other credits, adjustments, and payments: Form 2439 g Form 4136 Other Total > 510 52 52 Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached 53 53 54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 54 55 **Overpayment.** If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 55 56 Enter the amount of line 55 you want: Credited to 2020 estimated tax 56 Refunded Statements Regarding Certain Activities and Other Information (see instructions) Part VI No At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority Yes 57 over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Х here 🕨 Х 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. 59 Enter the amount of tax-exempt interest received or accrued during the tax year **>** \$ 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 taxpayer) is based on all information of which preparer has any knowledge. Sign the IRS discuss this return May CFO Here with the preparer shown below Signature of officer Title (see instructions)? X No Date Yes Print/Type preparer's name Preparer's signature Date PTIN Check lif Paid 07/06/2021 NICOLE B FISHBACK P01279475 self-employed Preparer 44-0160260 ▶ BKD, T.T.P Firm's name Firm's EIN 🕨 Use Only Firm's address ► 201 N. ILLINOIS STREET, INDIANAPOLIS, IN 46204 Phone no. 317.383.4000 JSA 9X2741 1.000 Form 990-T (2019)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation >

Form 990-T (2019)

JSA				
9X2742 1.000 3293DF	D310	5/11/2021	10:40:48	AM

Total dividends-received deductions included in column 8

1 Inventory at beginning of	year 1		6	Inventory	at end of yea	ar	6	
2 Purchases	2		7			ld. Subtract line		
3 Cost of labor	3			6 from lir	ne 5. Enter	here and in Par	t	
4a Additional section 263A c	osts			I, line 2			. 7	
(attach schedule)	4a		8	Do the	rules of	section 263A (with respect	to Yes N
b Other costs (attach schedu	ule) 4b				•	or acquired for	, ,	
5 Total. Add lines 1 through				to the orga	anization?		<u></u>	X
Schedule C - Rent Incom	e (From Real P	roperty a	nd Personal	Property	Leased V	Vith Real Prope	erty)	
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ved or accrue	ed			-		
(a) From personal property (if the for personal property is more than 50%)	han 10% but not	percenta	rom real and pers age of rent for pe r if the rent is bas	rsonal property	exceeds		directly connecte 2(a) and 2(b) (atta	
(1)								
(2)								
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of c	columns 2(a) and 2((b) Total deduct		
here and on page 1, Part I, line 6	() (,				Enter here and of Part I, line 6, colu		
Schedule E - Unrelated D	. ,		e instructions)				
			2. Gross inco	,	3. 🗆	Deductions directly c		allocable to
1. Description of de	bt-financed property		allocable to de	bt-financed	(a) Straigh	debt-finar nt line depreciation	nced property	r deductions
			prope	erty		ch schedule)		schedule)
(1)								
(2)								
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	5. Average adjust of or allocal debt-financed (attach sche	ble to property	6. Colu 4 divid by colu	bed		income reportable n 2 x column 6)	(column 6 x	le deductions total of columns and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
<u></u>					Enter her Part I, lin	e and on page 1, ne 7, column (A).	Enter here Part I, line	and on page 1, 7, column (B).

►

Form **990-T** (2019)

01-0772160

Page 3

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CIRCLE K INTERNATIONAL, INC.

01-0772160 Page **4**

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)											
		Exe	mpt Co	ontrolled Org	ganizatio	ons					
1. Name of controlled organization	2. Employer identification numb			ated income nstructions)		of specified	included	f column 4 t in the contr ion's gross ir	olling	6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income	8. Net unrelated in (loss) (see instruct			Total of specifie		includ	rt of column ed in the co ation's gross	ntrolling		L Deductions directly inected with income in column 10	
(1)											
(2)											
(3)											
(4)											
Totals	ncome of a Sec	tion 501	(c)(7),	(9), or (17) Orga	Enter Part I	columns 5 a here and on , line 8, colu , line 8, colu	page 1, mn (A).	Ent	Id columns 6 and 11. er here and on page 1, rt I, line 8, column (B).	
1. Description of income	2. Amount of	income		3. Deductions directly connected (attach schedule) 4. Set-asides (attach schedule)				5. Total deductions and set-asides (col. 3 plus col. 4)			
(1)											
(2)											
(3)											
(4)											
	Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).				
Totals											
Schedule I-Exploited Exc	empt Activity In	come, Ot	her Th	an Adverti	sing Ir	ncome (s	see instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expendirect connecte producti unrela business i	tly d with on of ted	4. Net incon from unrelat or business 2 minus col If a gain, co cols. 5 thro	ed tradé (column umn 3). ompute	from ac is not u	s income tivity that inrelated is income	6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, I line 10, c	Part I,			1		1		Enter here and on page 1, Part II, line 25.	
Schedule J-Advertising I	ncome (see instru	uctions)									
Part I Income From Per			Consol	idated Bas	sis						
		<u>ou on u (</u>									
1. Name of periodical	2. Gross advertising income	3. Dire advertising		4. Advert gain or (los 2 minus co a gain, col cols. 5 thro	s) (col. bl. 3). If mpute		culation ome	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))											

Part II Income From Per 2 through 7 on a			rate Basis (For e	each periodica	l listed in Part II	, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio		irectors, and Tr	ustees (see instr	uctions)		
1. Name		2.	Title	3. Percent of time devoted to business	 Compensatio unrelated 	
(1)				%		
(2)				%		
(3)				%		
(4)				%		

Total. Enter here and on page 1, Part II, line 14

ATTACHMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATIONS FOR REPORTING UNRELATED BUSINESS INCOME. (Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions. Taxpayer identification newspace of the second secon						
print	CIRCLE K INTERNATIONAL, INC.			01-077216	0		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box 3636 WOODVIEW TRACE	, see instru	ctions.				
return. See instructions.	City, town or post office, state, and ZIP code. For a INDIANAPOLIS, IN 46268	a foreign ad	ldress, see instructions.				
Enter the R	Return Code for the return that this application i	s for (file	a separate application fo	or each return)	••		07
Application	n	Return	Application		Return		
Is For		Code	Is For				Code
Form 990 o	Form 990 or Form 990-EZ 01 Form 990-T (corporation)						07
Form 990-E	Form 990-BL 02 Form 1041-A						
Form 4720) (individual)	03	Form 4720 (other tha	n individual)			09
Form 990-F	PF	04	Form 5227				10
Form 990-	rm 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11
Form 990-T (trust other than above) 06 Form 8870							12
 If the org If this is for the who a list with the dist with the dist	ne No. $317 \ 875-8755$ ganization does not have an office or place of b for a Group Return, enter the organization's fou ble group, check this box \mathbf{P} . If he names and TINs of all members the extension test an automatic 6-month extension of time un e organization named above. The extension is the calendar year 20 or tax year beginning 10/0 tax year optered in line 1 is for less than 12 mo	usiness ir r digit Gro it is for pa on is for. til for the org	bup Exemption Number (art of the group, check t 08/16, 20 ganization's return for:	GEN) 4264 his box▶[21_, to file the exemp 09/30_,	t org	If ti and at janizat	his is tach
	tax year entered in line 1 is for less than 12 mc Change in accounting period						
	application is for Forms 990-BL, 990-PF, 99 fundable credits. See instructions.	0-1, 4720	0, or 6069, enter the	tentative tax, less any	3a	\$	0.
	s application is for Forms 990-PF, 990-T,						
	ated tax payments made. Include any prior year				3b	\$	0.
	ice due. Subtract line 3b from line 3a. Include y		ent with this form, if re-	quired, by using EFTPS			
(Electronic Federal Tax Payment System). See instructions. 3c \$							0.
Caution: If y	ou are going to make an electronic funds withdrawal	(direct deb	it) with this Form 8868, se	e Form 8453-EO and Form	n 887	79-EO f	or payment

instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)