

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.

9 Form

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

		t of the Tre venue Serv		Do not enter social security numbers on this form Go to www.irs.gov/Form990 for instructions and	•		Open to Public Inspection							
				ar year, or tax year beginning $10/01$, 2019, ar			09/3							
				of organization		D Employer ident		-						
В	Check if	applicable:	KIW	ANIS INTERNATIONAL, INC.		36-1327	510							
	Add char		Doing	business as		1								
		ne change	Numb	er and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone num	ber							
	Initia	al return	363	(317) 875	-875	5								
		al return/ ninated	City o	or town, state or province, country, and ZIP or foreign postal code										
		ended	IND	IANAPOLIS, IN 46268	G Gross receipts	\$	27,5	508,5	14.					
		lication	F Name	and address of principal officer: STAN D. SODERSTROM		H(a) Is this a group subordinates?	return for	· 🗌 '	Yes X	No				
			363	H(b) Are all subordin	ates included	?	Yes	No						
I	Tax-e	exempt sta	If "No," atta	ch a list. (s	ee instruc	tions)								
J	Webs	site: 🕨	WWW.K	IWANIS.ORG	• •	H(c) Group exempt	ion numbe	r 🕨	002	5				
к	Form	of organ	ization:	X Corporation Trust Association Other ►	L Year of forma	ation: 1915 M S	tate of le	gal dom	icile:	IN				
P	art I		mmary											
	1	Briefly	describ	e the organization's mission or most significant activities: KIDS NE	ED KIWANIS	S; KIWANIS	IS A							
e				AL ORGANIZATION DEDICATED TO IMPROVING THE WORLD ONE CHILD AND										
Governance		ONE COMMUNITY AT A TIME.												
ver	2	Check	this box	If the organization discontinued its operations or disposed of the organization of the organization of the organization discontinued its operations or disposed of the organization of	of more than 259	% of its net assets.								
9	3	Numb	er of vot	ing members of the governing body (Part VI, line 1a)			3			19.				
Activities &	4	Numb	er of ind	ependent voting members of the governing body (Part VI, line 1b)			4			17.				
itie	5	Total r	number	of individuals employed in calendar year 2019 (Part V, line 2a)			5			27.				
ctiv	6	Total r	number	of volunteers (estimate if necessary)			6		83,75					
Ā	7 a	a Total u	unrelate	d business revenue from Part VIII, column (C), line 12			7a	2	31,17	/1.				
	k	Net ur	related	business taxable income from Form 990-T, line 39	<u></u>		7b							
						Prior Year			nt Year					
<u>e</u>	8	Contri	butions	and grants (Part VIII, line 1h)	9,901,075			03,7						
Revenue	9	Progra	am servi	ce revenue (Part VIII, line 2g)	5,475,917. 4,			80,2						
Sev	10	Invest	ment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		2,957,363			85,5					
Ľ.	11	Other	revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,023,837	7.	8	54,9	15.				

đ	8	Contributions and grants (Part VIII, line 1h)	9,901,075.	9,403,725.
ňué	9	Program service revenue (Part VIII, line 2g)	5,475,917.	4,580,274.
Reve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,085,573.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		854,915.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,924,487.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	434,264.	395,670.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,305,609.	9,348,118.
nse		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,683,484.	6,982,353.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,423,357.	16,726,141.
	19	Revenue less expenses. Subtract line 18 from line 12	-65,165.	-801,654.
s or ces			Beginning of Current Year	End of Year
Assets d Balanc	20	Total assets (Part X, line 16)	35,135,841.	34,647,296.
dB	21	Total liabilities (Part X, line 26)	7,119,755.	5,385,720.
Pun	22	Net assets or fund balances. Subtract line 21 from line 20	28,016,086.	29,261,576.

Signature Block Part II

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

<u>.</u>							08	/16/	2021		
Sign		Signature of office	ər				Date				
Here		ROBERT W.	BRODERICK		CFO						
		Type or print nam	e and title								
	Pri	nt/Type preparer's r	name	Preparer's signature		Date	Check	if	PTIN		
Paid	NI	COLE B FIS	HBACK	Nicole B. 1	Fishback	08/16/202	P01279475				
Preparer Use Only		m's name ►BKI			Firm's EIN ▶ 44-0160260						
Use only	Firr	m's address ▶201	1 N. ILLINOI	S STREET INDIANA	APOLIS, IN 4	46204	Phone no.	317	7.383.4	1000	
May the IRS discuss this return with the preparer shown above? (see instructions)											
For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)											

_	rm 990 (2019)	Page 2
Pa	Cart III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	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	
-	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	
	services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca the total expenses, and revenue, if any, for each program service reported.	
4a	a (Code:) (Expenses \$4,115,826. including grants of \$) (Revenue \$	50.)
	ATTACHMENT 2	
4b	b (Code:) (Expenses \$including grants of \$) (Revenue \$including grants of \$)),734.)
	ATTACHMENT 3	
4c	c (Code:) (Expenses \$ 404,159. including grants of \$ 395,670.) (Revenue \$)
	ATTACHMENT 4	,
1~	d Other program services (Describe on Schedule O.) ATTACHMENT 5	
+u	(Expenses \$ 5,034,963. including grants of \$) (Revenue \$ 5,677,725.)	
1e	e Total program service expenses ► 10,166,388.	
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Form 990 (2019)

Part	IV 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		Х
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
0	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
		9		х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		21
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		Х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
11				
_	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	110	х	
L	complete Schedule D, Part VI	11a	21	
ŭ	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11b		х
•	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			21
L	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ا م		TIC		11
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	114		х
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	21
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	TTe	X	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		Х
10.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		А
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10		Х
	Schedule D, Parts XI and XII	12a		Λ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		v	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Λ	
D	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	4.41-	Х	
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5	Х	
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Λ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			37
	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			37
	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? <i>If "Yes," complete Schedule H</i>	20a		X
	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		37	
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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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		res	NO
22	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			
_0	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	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	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			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
Ŭ	"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		Х
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	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	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			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
	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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Form 990 (2019)

Page 5

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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
Ň	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
30	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	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	•		
Ψa	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 \blacktriangleright <u>ATTACHMENT</u> 6			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50	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		X
	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			
Ua	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ju		
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	•		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	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			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		
а	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.			
D	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			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 9	90 (2019) KIWANIS INTERNATIONAL, INC. 36-132	510	F	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Sect	ion A. Governing Body and Management	<u></u> .		Λ
0000			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
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		x
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		x
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 make any significant changes to its governing documents since the proof form soo was meet to the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization become aware during the year of a significant diversion of the organization sectors assessed in the organization bave members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70	x	
	one or more members of the governing body?	7a	Λ	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	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		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
b		12b	Х	
с	rise to conflicts?		x	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		
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	
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	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		
Secti	on 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-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)	(Sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f inter	est p	oolicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record WILLIAM W. PARKER 3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268 317-875-8755	s 🕨		
JSA 9E1042	2.000	Form	990	(2019)

Page 7

Part VII	Compensation	ot	Officers,	Directors,	I rustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co										
	Check if Schedule	• O (contains a r	esponse or n	ote to any line	e in this	s Part VII				X

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.

*(***_**)

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

				(0	C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average (do not check more than one						one	Reportable	Reportable	Estimated amount
	hours					is both		compensation	compensation	of other
	per week (list any					tor/trustee)		from the organization	from related organizations	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	irec	itutio	Per	emp	loye	ner			related organizations
	organizations	lor tr	onal		oloye	ë on				
	below dotted line)	Jste	trus		e	Ipen				
		Ø	tee			Highest compensated employee				
						<u>a</u>				
(1)STAN D. SODERSTROM	33.00									
EXECUTIVE DIRECTOR	7.00			X				228,905.	48,556.	28,844.
(2) ROBERT W. BRODERICK	40.00									
CHIEF FINANCIAL OFFICER	0.			Х				220,113.	0.	25,849.
(3) JEFFREY E. OATESS	40.00									
CHIEF OPERATING OFFICER	0.			Х				203,388.	0.	23,680.
(4) BENJAMIN F. HENDRICKS III	40.00									
CHIEF COMMUNICATIONS OFFICER	0.			Х				145,040.	0.	22,846.
(5) WILLIAM W. PARKER	40.00									
CONTROLLER	0.					Х		135,682.	0.	21,471.
(6) PAMELA F. NORMAN	40.00									
SR. DIRECTOR-CORP RELATIONS	0.					Х		123,930.	0.	22,001.
(7) JACK BROCKLEY	40.00									
PUBLISHER	0.					Х		120,810.	0.	19,877.
(8) MICHAEL W. DOWNS	40.00									
DIRECTOR MEETINGS & CONVENTION	0.					Х		115,065.	0.	22,047.
(9) FRANKLIN D. MCDONALD	40.00									
IT MANAGER	0.					Х		109,851.	0.	20,438.
(10) ^{ARTHUR} N. RILEY	7.00									
PRESIDENT-ELECT	1.00	X		Х				19,067.	0.	0.
(11) JAMES M. ROCHFORD	7.00									
IMM PAST PRESIDENT	1.00	X		Х				10,352.	0.	0.
(12) PETER J. MANCUSO	7.00									
VICE PRESIDENT	1.00	Х		Х				5,920.	0.	0.
(13) GEORGE R. DELISLE	7.00									
TRUSTEE	1.00	X						2,654.	0.	0.
(14) CHARLES GUGLIUZZA	7.00									
TRUSTEE	1.00	X						2,195.	0.	0.

JSA

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations	box, office	unles er and	Pos heck ss pe	ition more rson lirect	e than c is both or/trust employ	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	-			and related organizations
5) RONALD E. SMITH	7.00									
TRUSTEE	1.00	Х						2,101.	0.	
6) KATRINA BARANKO TRUSTEE	7.00	x						1,604.	0.	
7) GARY COOPER TRUSTEE	7.00	x						1,367.	0.	
8) DAVID HURRELBRINK	7.00									
TRUSTEE	1.00	Х						821	0.	
9) ELIO GAROZZO	7.00									
TRUSTEE	1.00	х						0	0.	
0) TONY GUNN	7.00									
TRUSTEE	1.00	Х						0	0.	
1) CHIAN CHU-CHING	7.00									
TRUSTEE	1.00	Х						0	0.	
2) ERNEST SCHMID	7.00									
TRUSTEE	1.00	Х						0	0.	
3) GREG BEARD	7.00									
TRUSTEE	1.00	Х						0	0.	
4) GUNNSTEINN BJORNSSON	7.00									
TRUSTEE	1.00	Х						0	0.	
5) SAM SEKHON	7.00									
TRUSTEE	1.00	Х						0	0.	
1b Sub-total								1,448,865.	48,556.	207,053
c Total from continuation sheets to Part VII,	Section A		• •	• •	• •		•	0.	0.	C
d Total (add lines 1b and 1c)	-			• •				1,448,865.	48,556.	207,053
2 Total number of individuals (including but no reportable compensation from the organizati	t limited to t		liste				o re	ceived more than	\$100,000 of	
										Yes No

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person



Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 7		
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 6		
		000

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nploy	yee	es, a	Ind H	igł	nest Compensat	ed Emplo	yees (c	ontinue	d)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unless er and	s per a di	ition more rson i irecto	than or s both a	an :e)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d	am ((F) timated tount of other pensatio	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)		(W-2/1099-MISC)		om the anizatio d related anizatior	b
26) DANIEL VIGNERON PRESIDENT	7.00	x		x				0		0.			0
27) RICHARD G. OLMSTEAD, JR.	7.00												
TRUSTEE 28) CATHY SZYMANSKI	1.00	X		_				0	-	0.			C
TRUSTEE	1.00	x						0		0.			0
29) FLORENCIO C. LAT (DECEASED) IMM PAST PRESIDENT	7.00 1.00	x		x				0		0.			C
	+	-											
		-											
		-											
		-											
		-											
 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not 	ection A	· · ·	· · ·	• •	· · ·			Ceived more than	\$100,000	0.			0.
reportable compensation from the organization		14) WIIO			\$100,000				
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Yes	No X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	50,00)0?	lf	"Yes,	" (complete Schedu	ıle J for	such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	n fi	rom	any	unr	related organizati	on or indiv	idual	5		X
Section B. Independent Contractors	, -				-								
 Complete this table for your five highest com compensation from the organization. Report of year. 													
(A) Name and business add	dress							(B) Description of se	ervices	С	(C) compens	ation	
2 Total number of independent contractors (ir more than \$100,000 in compensation from th				ited	l to	those	e li	sted above) who	received				

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Form 990 (2019)

Part VIII Statement of Revenue

KIWANIS INTERNATIONAL, INC.

		Check if Schedule O co	ontains a respon	se or note to ar	ny line in this Part V	/		
			i		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		9,403,725.				
٥Ĕ	с	Fundraising events						
ifts ır A	d	Related organizations						
nila G	е	Government grants (contribu						
Sin	f	All other contributions, gifts,						
er		and similar amounts not include	-					
Sth	g	Noncash contributions inclu	ded in					
d C		lines 1a-1f		6				
aŭ	h	Total. Add lines 1a-1f			9,403,725.			
				Business Code				
e	2a	LIABILITY INSURANCE FEES		524298	2,031,917.	2,031,917.		
Program Service Revenue	b	MANAGEMENT FEES		541610	1,620,996.	1,620,996.		
Se	c	MAGAZINE SUBSCRIPTION		511120	901,771.	901,771.		
am eve	с - А	CONVENTION FEES		561000	750.	750.		
- Br	u o	OTHER PROGRAM FEES		561000	24,840.	24,840.		
Pr	f	All other program service rev	/enue					
	g	Total. Add lines 2a-2f			4,580,274.			
	3	Investment income (inclue						
	-	other similar amounts).	•		430,065.		16,855.	413,210.
	4	Income from investment of			0.			
	5	Royalties	•	•	0.			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a	12,000.					
	b	Less: rental expenses 6b						
	с	Rental income or (loss) 6c	12,000.					
	d	Net rental income or (loss) .			12,000.			12,000.
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a	11,759,299.					
e	b	Less: cost or other basis						
Revenue		and sales expenses 7b	11,103,791.					
evi	с	Gain or (loss) 7c	655,508.					
_	d	Net gain or (loss)			655,508.			655,508.
Other	8a	Gross income from f	undraising					
õ		events (not including \$	ũ					
		of contributions reported						
		1c). See Part IV, line 18		0.				
	b	Less: direct expenses		0.				
	с	Net income or (loss) from fu		. >	0.			
	9a	Gross income from	gaming					
		activities. See Part IV, line 19)	0.				
	b	Less: direct expenses	9b	0.				
	с	Net income or (loss) from g	aming activities.	<u></u>	0.			
	10a	Gross sales of invent	ory, less					
		returns and allowances		1,065,034.				
	b	Less: cost of goods sold		480,236.				
	c	Net income or (loss) from sa		<u></u>	584,798.	584,798.		
s				Business Code				
Miscellaneous Revenue	11a	ADVERTISING		541800	4,523.		4,523.	
lan	b	SPONSORSHIP INCOME		541800	253,594.	43,801.	209,793.	
cel ev	с							ļ
Alis, R	d	All other revenue						L
2	е	Total. Add lines 11a-11d	<u></u>	<u></u>	258,117.			
164	12	Total revenue. See instruction	ons	<u></u>	15,924,487.	5,208,873.	231,171.	1,080,718.

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must	· · · · · ·		•	. ,
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	395,670.	395,670.		
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	871,428.		871,428.	
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	6,195,492.	3,632,360.	2,563,132.	
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	251,180.	131,202.	119,978.	
9 Other employee benefits	1,501,954.	703,640.	798,314.	
0 Payroll taxes	528,064.	289,929.	238,135.	
1 Fees for services (nonemployees):				
a Management	0.			
	43,279.	12,100.	31,179.	
b Legal	124,817.	16,520.	108,297.	
c Accounting	0.	10,520.		
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	127,426.		127,426.	
f Investment management fees	127,420.		12/,420.	
g Other. (If line 11g amount exceeds 10% of line 25, column	027 107	C10 010	010 014	
(A) amount, list line 11g expenses on Schedule O.)	837,127.	618,213.	218,914.	
2 Advertising and promotion	655,228.	641,351.	13,877.	
3 Office expenses	284,465.	141,087.	143,378.	
4 Information technology	1,190,642.	1,043,016.	147,626.	
5 Royalties	0.			
6 Occupancy	230,036.	31,010.	199,026.	
7 Travel	586,434.	337,165.	249,269.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	254,497.	80,085.	174,412.	
0 Interest	17,222.		17,222.	
1 Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	460,824.		460,824.	
3 Insurance	1,447,014.	1,385,032.	61,982.	
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.)				
aMEMBERSHIP MATERIALS & LIT	221,858.	216,178.	5,680.	
· · · · · · · · · · · · · · · · · · ·	95,900.	69,412.	26,488.	
bGROWTH AWARDS & RECOGNITION				
CBAD DEBT EXPENSE	7,865.	7,816.	49.	
d ^{MISCELLANEOUS EXPENSE}	397,719.	414,602.	-16,883.	
e All other expenses	16 506 5 5	10.100.000		
5 Total functional expenses. Add lines 1 through 24e	16,726,141.	10,166,388.	6,559,753.	
6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if				
fundraising solicitation. Check here F if if	0			

0.

following SOP 98-2 (ASC 958-720)

49690

	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	0.	1	
2	Savings and temporary cash investments.	1,564,442.	2	2,230,110
3	Pledges and grants receivable, net	0.	3	
4	Accounts receivable, net.	402,793.	4	752,99
5	Loans and other receivables from 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.	5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	
7	Notes and loans receivable, net	0.	7	
7 8	Inventories for sale or use	580,083.	8	527,64
9	Prepaid expenses and deferred charges	579,388.	9	785,00
-	Land, buildings, and equipment: cost or other		-	
	basis. Complete Part VI of Schedule D 10a 11,988,263.			
b	Less: accumulated depreciation	3,861,051.	10c	3,740,730
11	Investments - publicly traded securities.	26,266,853.	11	26,610,80
12	Investments - other securities. See Part IV, line 11.	0.	12	-,,
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	1,881,231.	14	
16	Total assets. Add lines 1 through 15 (must equal line 33)	35,135,841.	16	34,647,296
	Accounts payable and accrued expenses	4,603,954.	17	2,529,029
17 18		0.	18	2,527,022
10	Grants payable	0.	19	
	Deferred revenue	0.	20	
20 21	Tax-exempt bond liabilities. Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	20	
	Loans and other payables to any current or former officer, director,	0.	21	
22				
	trustee, key employee, creator or founder, substantial contributor, or 35%	0.		
22	controlled entity or family member of any of these persons	0.	~~	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
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	0 E1E 001		2 DEC CO
		2,515,801.	25	2,856,692
26	Total liabilities. Add lines 17 through 25.	7,119,755.	26	5,385,720
	Organizations that follow FASB ASC 958, check here ► X			
0-	and complete lines 27, 28, 32, and 33.	20 010 000		
27	Net assets without donor restrictions	28,016,086.	27	29,261,576
28	Net assets with donor restrictions	0.	28	
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	
32	Total net assets or fund balances	28,016,086.	32	29,261,576
		, , • •		, . = , = , .

Form 99	0 (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		15,9	24,4	187.
2	Total expenses (must equal Part IX, column (A), line 25)	2		16,7		
3	Revenue less expenses. Subtract line 2 from line 1	3				554.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	:)86.
5	Net unrealized gains (losses) on investments	5		2,0	47,1	44.
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		29,2	61,5	576.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					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," ex	plain	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 com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
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 audit	ed o	na			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accountation	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	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	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits .		3b	000	

	rtment of the Treasury nal Revenue Service	Comp	Go to www.irs.gov/Form990 for			Inspection
		red "Yes,"	on Form 990, Part IV, line 3, or Form	990-EZ, Part V, line	46 (Political Campaign Activi	
٠	Section 501(c)(3) orga	anizations:	Complete Parts I-A and B. Do not comp	lete Part I-C.		
•	Section 501(c) (other	than secti	on 501(c)(3)) organizations: Complete I	Parts I-A and C below.	Do not complete Part I-B.	
	Section 527 organizat					
			on Form 990, Part IV, line 4, or Form			
			that have filed Form 5768 (election un		•	•
	()()		that have NOT filed Form 5768 (election form 990, Part IV, line 5 (Proxy	,		•
	(see separate instruct			Tax) (see separate	Instructions) or Form 990-	EZ, Part V, line 35C (Prox)
-		•	anizations: Complete Part III.			
Nam	e of organization				Employer ide	ntification number
KIW	ANIS INTERNAT	IONAL,	INC.		36-132	7510
Par	rt I-A Complete	e if the c	organization is exempt under	section 501(c) or	is a section 527 orga	nization.
1	Provide a descripti	ion of the	organization's direct and indirect p	olitical campaign a	activities in Part IV. (see ir	nstructions for
	definition of "politic	cal campa	aign activities")		· ·	
2		•	xpenditures (see instructions)		▶ \$	
3			campaign activities (see instruction			
			organization is exempt under s			
1		of any exc	cise tax incurred by the organizatio	n under section 49	55. ▶\$	
2			cise tax incurred by organization m			
3			a section 4955 tax, did it file Form			
4a			· · · · · · · · · · · · · · · · · · ·			
	If "Yes," describe in					••
			organization is exempt under	section 501(c), e	except section 501(c)(3	s).
1			xpended by the filing organization			
2			ng organization's funds contributed			
			ies			
3			enditures. Add lines 1 and 2. Ent			
4			e Form 1120-POL for this year?			
5			and employer identification numb ts. For each organization listed, en			
			tributions received that were prom			
			nd or a political action committee (
	(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(0)				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)				-		
(3)						
(4)						
_]		
(5)						
(6)						
For F	Paperwork Reduction	Act Notic	e, see the Instructions for Form 990 o	r 990-EZ.	Schedul	e C (Form 990 or 990-EZ) 2019

Political Campaign and Lobbying Activities

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

Attach to Form 990 or Form 990-EZ.

Complete if the organization is described below.

SCHEDULE C

(Form 990 or 990-EZ)

OMB No. 1545-0047

2019

Open to Public

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
	longs to an affiliated group (and list in Part IV eand share of excess lobbying expenditures).	ach affiliated group meml	ber'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) d 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	i% 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
	I-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

Sche	KIWANIS INTERNATIONAL, INC.		50 I.	827510		Page 3
	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT	۲ filed	Form 5	768		aye
	(election under section 501(h)).					
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a))	(k)	
	cription of the lobbying activity.	Yes	No	Amo	ount	
1	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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
с	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Ра	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(5),	or sect	ion		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from			? 3		Х
Ра	rt 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" (OR (b)	Part III	A, line	3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	nts o	f			
	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year.		2b			
с	Total		<u>2c</u>			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	s	. 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					
	and political expenditure next year?		. 4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	rt IV Supplemental Information					
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	d grou	p list); Pa	art II-A, I	ines 1	and
2 18						

Page 4

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

2

OMB No. 1545-0047

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Department o	f the Treasury		Attach to Form 990.				Open to Public
nternal Rever		Go to www.irs.gov	/Form990 for instructions a	nd the latest info			Inspection
ame of the o	-					oloyer identifica	
		IONAL, INC.		<u> </u>		36-13275	10
Part I	-	tions Maintaining Donor Adv			or Acco	ounts.	
	Complete	if the organization answered					
			(a) Donor advised	funds	(b) Funds and	other accounts
Total	number at er	nd of year					
	-	f contributions to (during year)					
	-	f grants from (during year)					
		t end of year					
5 Did tl	ne organizati	on inform all donors and donor	advisors in writing that	the assets hele	d in dor	nor advised	
	-	nization's property, subject to the	-	-			Yes No
	-	on inform all grantees, donors, a					
•		purposes and not for the bene			•	· ·	
		issible private benefit?					Yes No
Part II		tion Easements.					
		if the organization answered					
Purpo	. ,	servation easements held by the	· · ·	¬ · · • ′			
		n of land for public use (for example	e, recreation or education)				portant land area
		f natural habitat		Preservation	n of a ce	ertified histo	ric structure
		n of open space					
		through 2d if the organization h	eld a qualified conservation	on contribution	in the fo		
		ast day of the tax year.				Held at the	End of the Tax Year
		onservation easements			2a		
	-	ricted by conservation easements			2b		
		vation easements on a certified			2c		
		vation easements included in (d					
		sted in the National Register			2d		
		vation easements modified, tra	nsferred, released, exting	uished, or terr	minated	by the orga	anization during th
		where property subject to conse			ation b		
		ation have a written policy reg					\square , \square ,
		preement of the conservation ea					
Staff	and volunteer	hours devoted to monitoring, insp	ecting, handling of violation	is, and enforcin	g conser	vation easem	ients during the yea
▶			den bereitten steletetetete				and a standard the same
	Int of expense	es incurred in monitoring, inspec	ting, handling of violations	, and enforcing	conserv	ation easem	ients during the yea
▶\$_					1		
		vation easement reported on line 2					
		(4)(B)(ii)? be how the organization reports					└── Yes └── N
		d include, if applicable, the text of			•		
		ounting for conservation easeme	-		iciai siai		
Part III		tions Maintaining Collections		sures or Oth	er Simi	lar Assets	
i ai t ili		if the organization answered					
- 16 4h -	•						
of ar	t, historical t	elected, as permitted under FA reasures, or other similar asse Part XIII the text of the footnote	ts held for public exhibit	tion, educatior	n, or res	search in fu	rtherance sheet work
art, h provid	istorical treas de the followi	elected, as permitted under Fasures, or other similar assets he ng amounts relating to these iter	ld for public exhibition, e ms:	ducation, or re	search i	in furtherand	ce of public servic
		ded on Form 990, Part VIII, line 1				▶\$	
		d in Form 990, Part X					
		n received or held works of a					
	-	required to be reported under F					
a Reve	nue included	on Form 990, Part VIII, line 1					
b Asset	s included in	Form 990. Part X				▶\$	

Schedule D (Form 990) 2019

. .		INTERNATIONAL,	LINC.		30-13	527510	•
-	lule D (Form 990) 2019					/	Page 2
Pa	rt III Organizations Maintaining Colle					•	,
3	Using the organization's acquisition, acces	ssion, and other recor	ds, check any of	the follow	ing that make sig	gnificant us	se of its
	collection items (check all that apply):	.	٦				
а	Public exhibition	d	Loan or excha	• • •			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's	s collections and expla	ain how they furt	her the org	anization's exem	pt purpose	e in Part
	XIII.						
5	During the year, did the organization solicit	or receive donations of	of art, historical tre	easures, or o	other similar		
	assets to be sold to raise funds rather than	to be maintained as pa	art of the organiza	tion's collec	tion?	Yes	No
Pa	rt IV Escrow and Custodial Arranger						
	Complete if the organization and	swered "Yes" on For	m 990, Part IV, I	line 9, or re	eported an amou	unt on For	m
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custo	dian or other intermed	liary for contributi	ons or other	assets not		
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in Part XI	III and complete the fo	llowing table:				
		I.	Γ		Amour	nt	
с	Beginning balance		-	1c			
	Additions during the year			1d			
	Distributions during the year			1e			
f	Ending balance		-	1f			
-	Did the organization include an amount on				account liability?	Yes	No
	If "Yes," explain the arrangement in Part XI						
	rt V Endowment Funds.						
Гa	Complete if the organization and	swered "Yes" on For	m 990 Part IV	line 10			
		Irrent year (b) Price		years back	(d) Three years back	(e) Four y	ears back
_				jouro suon			
	Beginning of year balance						
	Contributions						
С	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cu	urrent year end balanc	e (line 1g, column	(a)) held as:			
а	Board designated or quasi-endowment ►_	%					
b	Permanent endowment %						
С	Term endowment ▶%						
	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%.					
3a	Are there endowment funds not in the poss	session of the organiza	ation that are held	l and admin	istered for the		
	organization by:					Y	es No
	(i) Unrelated organizations					3a(i)	
	(ii) Related organizations					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organ	izations listed as require	ed on Schedule R	?		3b	
4	Describe in Part XIII the intended uses of the		wment funds.				
Ра	rt VI Land, Buildings, and Equipment			line 11e C		ort V line	10
	Complete if the organization an	(a) Cost or other basis	(b) Cost or other bas			(d) Book valu	
		(investment)	(other)	depre	eciation	. ,	
1a	Land		711,62				1,623.
b	Buildings		4,331,05		35,607.		5,450.
С	Leasehold improvements		1,940,18		07,839.		2,345.
d	Equipment		5,005,39	9. 4,0	04,087.	1,00	1,312.
	Other						
	I. Add lines 1a through 1e. (Column (d) mus		X, column (B), line	e 10c.)		3,74	0,730.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes FUNDS HELD FOR KIWANIS YOUTH (2) (3) PROGRAMS, INC. 2,856,691 (4)(5) (6)(7)(8) (9) 2,856,691. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 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

Schedu	le D (Form 990) 2019		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	18,324,441.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	2,527,380.
3	Subtract line 2e from line 1	3	15,797,061.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 127, 426.		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	127,426.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	15,924,487.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	17,078,951.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
_			
a			
a b	Donated services and use of facilities	-	
b	Donated services and use of facilities 2a Prior year adjustments 2b		
b c	Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c		
b c d	Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII.)2d480,236	2e	480,236.
b c d e	Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII.)2dAdd lines 2a through 2d2d	2e 3	480,236. 16,598,715.
b c d e 3	Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII.)2dAdd lines 2a through 2d2dSubtract line 2e from line 12		
b c d e 3 4	Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 2 Amounts included on Form 990, Part IX, line 25, but not on line 1: 107, 426		
b c d e 3 4 a	Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII.)2dAdd lines 2a through 2d2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b		
b c d e 3 4 a b	Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII.)2dAdd lines 2a through 2d2dSubtract line 2e from line 12dAmounts included on Form 990, Part IX, line 25, but not on line 1:127, 426.Other (Describe in Part XIII.)4a127, 426.Other (Describe in Part XIII.)4b		
b c d e 3 4 a b	Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII.)2dAdd lines 2a through 2d2dSubtract line 2e from line 12dInvestment expenses not included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)Add lines 4a and 4b	3	16,598,715.
b c d e 3 4 a b c 5	Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII.)2dAdd lines 2a through 2d2dSubtract line 2e from line 12dAmounts included on Form 990, Part IX, line 25, but not on line 1:127, 426.Other (Describe in Part XIII.)4a127, 426.Other (Describe in Part XIII.)4b	3 4c	16,598,715.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

SCHEDULE D, PART X, LINE 2

Part XIII Supplemental Information (continued)

ASC 740 DISCLOSURE:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI & XII, LINE 2D RECONCILIATION OF REVENUES AND EXPENSES PER AFS: COST OF GOODS SOLD: \$ 480,236

SCHEDULE F	Image: mail of the Treasury In Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Image: mail of the Treasury In Revenue Service Open Inspection of the organization Employer identification in Service Employer identification in Service	OMB No. 1545-0047	
(Form 990)		2019	
Department of the Treasury Internal Revenue Service	· · · · · · · · · · · · · · · · · · ·		Open to Public Inspection
Name of the organization		Employer ider	ntification number
KIWANIS INTERNAT	IONAL, INC.	36-132	27510
		organizati	on answered "Yes" on
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. 201 Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Open to Pointspection Name of the organization Employer identification number 36-1327510			

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA AND THE CARIBB	0.	0.	INVESTMENTS		1,936,469.
(2)	CENTRAL AMERICA AND THE CARIBB	0.	0.	PROGRAM SERVICES	CLUB GROWTH EFFORTS	1,250.
(3)	EUROPE (INCLUDING ICELAND AND	1.	5.	PROGRAM SERVICES	MAINTAINING OFFICES	697,740.
(4)	SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	GROWTH-ADMIN	25,536.
(5)	SOUTH AMERICA	0.	0.	PROGRAM SERVICES	GROWTH-ADMIN	52,880.
(6)	EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	GROWTH-ADMIN	166,988.
(7)						
(8)						
(9)						
<u>(10)</u>						
<u>(11)</u>						
<u>(12)</u>						
<u>(13)</u>						
<u>(14)</u>						
<u>(15)</u>						
<u>(16)</u>						
<u>(17)</u>						
3a b	Subtotal Total from continuation sheets to Part I	1.	5.			2,880,863.
	Totals (add lines 3a and 3b) aperwork Reduction Act Notice, see	1. the Instruction	5. s for Form 990.		Schedul	2,880,863. e F (Form 990) 2019

Part II	t II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
	Part IV, line 15, for any re	ecipient who receiv	ved more than \$5,000. F	Part II can be o	duplicated if additi	onal space is	needed.	1	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by t	er total number of recipient orga ne IRS, or for which the grantee er total number of other organiz	or counsel has prov	ided a section 501(c)(3) ec	uivalency lette	er	-	▶		

Schedule F (Form 990) 2019

Page **2**

Page 3

Schedule F (Form 990) 2019

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
0)							
11)							
2)							
3)							
4)							
5)							
16)							
7)							

Schedule F (Form 990) 2019

JSA

Schedu	ule F (Form 990) 2019			Page	4
Part	V Foreign Forms			-	_
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes	No No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X	Yes	No No	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>		Yes	X No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		Yes	X No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		Yes	X No	

Schedule F (Form 990) 2019

Page 5

Schedule F (Form 990) 2019

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE OF THE U.S.: KIWANIS INTERNATIONAL MAY ON OCCASION PROVIDE GRANTS TO KIWANIS CLUBS AND DISTRICTS FOR SPECIAL CHARITABLE PROJECTS. THE KIWANIS INTERNATIONAL FOUNDATION, A RELATED ORGANIZATION TO KIWANIS, USUALLY PROVIDES THE GRANT MONEY TO CLUBS AND DISTRICTS.

KIWANIS DOES PROVIDE FUNDING TO THE KIWANIS CLUBS AND DISTRICTS IN ASIA, EUROPE AND SOUTH AMERICA. SUCH SUPPORT IS NOT FOR CHARITABLE ACTIVITIES BUT IS FOR GROWTH AND EDUCATION SUPPORT FOR THE ORGANIZATION. IN ADDITION, A SMALL PORTION OF THE FUNDS EARNED BY KIWANIS INTERNATIONAL VIA CORPORATE RELATIONS CONTRACTS IS GRANTED TO KIWANIS CHILDREN'S FUND (USUALLY LESS THAN \$5,000).

SCHEDULE I				Assistance t			ŀ	OMB No. 1545-0047
(Form 990)			•	ndividuals in				2019
	Com	plete if the or	-	wered "Yes" on F ttach to Form 990		, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go		/Form990 for the I		L		Inspection
Name of the organization			io minino.gov			•	Employer identit	
KIWANIS INTERNA	ATIONAL, INC.						36-132	7510
Part I General I	nformation on Grants an	d Assistanc	e					
1 Does the organiz	zation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grant	ts or assistance, a	and
	eria used to award the grant							X Yes No
2 Describe in Part	IV the organization's proceed	dures for mor	itoring the use	of grant funds in the	e United States.			
Part II Grants ar	nd Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered	"Yes" on Form 990,
Part IV, li	ne 21, for any recipient t	hat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is I	needed.	
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistant	
(1) CIRCLE K INTERNAT	IONAL							
3636 WOODVIEW TRA	CE INDIANAPOLIS, IN 46268	01-0772160	501(C)(4)	294,562.				GENERAL SUPPORT
_(2)		_						
(3)		_						
(4)		_						
(5)		_						
(6)		_						
(7)		_						
(8)		_						
(9)		_						
(10)		_						
(11)		_						
(12)		_						
	per of section 501(c)(3) and	•	•					▶1.
	per of other organizations lis on Act Notice, see the Instruct			<u></u>		<u></u>		▶ ⊥ . Schedule I (Form 990) (2019)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients , cash grant non-cash assistance FMV, appraisal, other) 1 2 3 4 5 6 7 Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional Part IV information. SCHEDULE I, PART I, LINE 2 PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S.: KIWANIS INTERNATIONAL, KIWANIS YOUTH PROGRAMS, INC., AND CIRCLE K INTERNATIONAL ARE RELATED ORGANIZATIONS. THE ACTIVITIES, FINANCIAL RECORDS, AND MINUTES OF EACH ORGANIZATION'S BOARD MEETINGS ARE COMMUNICATED AND MADE AVAILABLE TO THE MANAGEMENT AND BOARD OF BOTH ORGANIZATIONS. AS A RESULT, KIWANIS INTERNATIONAL IS AWARE OF THE USE OF THE FUNDS THAT ARE GRANTED TO KIWANIS YOUTH PROGRAMS, INC., CIRCLE K INTERNATIONAL, AND KIWANIS CHILDREN'S FUND. KIWANIS INTERNATIONAL MAY ON OCCASION PROVIDE GRANTS TO KIWANIS CLUBS AND DISTRICT FOR SPECIAL

Schedule I (Form 990) (2019)

Part III

1

2

3

4

5

6

Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other)

7						
Part IV	Supplemental Information. Provide the	information re	equired in Part I,	line 2, Part III, c	column (b); and any c	other additional
	information.					

CHARITABLE PROJECTS. THIS PAST YEAR, NO CHARITABLE GRANTS WERE GIVEN TO

KIWANIS CLUBS OR DISTRICTS. THE KIWANIS CHILDREN'S FUND, A RELATED

ORGANIZATION TO KIWANIS, USUALLY PROVIDES THE GRANT MONEY TO CLUBS AND

DISTRICTS. KIWANIS DOES PROVIDE FUNDING TO THE KIWANIS CLUBS AND

DISTRICTS IN ASIA, EUROPE AND SOUTH AMERICA. SUCH SUPPORT IS NOT FOR

CHARITABLE ACTIVITIES BUT IS FOR GROWTH AND EDUCATION SUPPORT FOR THE

ORGANIZATION.

Schedule I (Form 990) (2019)

SCH	EDULE J	Compens	sation Information		OMB No.	1545-0	047
(For	m 990)	For certain Officers, Direc	ctors, Trustees, Key Employees, and Highest		എന	19	
			າpensated Employees n answered "Yes" on Form 990, Part IV, line 2				
	nent of the Treasury	A <	Attach to Form 990. 90 for instructions and the latest information.		Open to		
	Revenue Service of the organization			Employer identificati		ectio r	Λ
	5	JATIONAL, INC.		36-132751			
Part		s Regarding Compensation					
						Yes	No
1a			vided any of the following to or for a pers provide any relevant information regarding		n		
	X First-cla	ss or charter travel	Housing allowance or residence for	personal use			
		or companions	Payments for business use of person	nal residence			
	X Tax inde	mnification and gross-up payments	Health or social club dues or initiation	on fees			
	X Discretion	onary spending account	Personal services (such as maid, cha	auffeur, chef)			
b	or reimburse	ment or provision of all of the exp	e organization follow a written policy re benses described above? If "No," com	plete Part III to	b	x	
2	Did the orac	prization require substantiation prior	to reimbursing or allowing expenses	incurred by a	1b		
2	0	· · · · ·	/Executive Director, regarding the items				
		· · · ·			2	x	
3			n used to establish the compensation of				
Ū	organization's	CEO/Executive Director. Check all that	t apply. Do not check any boxes for metho CEO/Executive Director, but explain in Pa	ds used by a			
	X Comper	sation committee	X Written employment contract				
	Indepen	dent compensation consultant	X Compensation survey or study				
	Form 99	0 of other organizations	X Approval by the board or compensa	tion committee			
4	organization of	or a related organization:	Part VII, Section A, line 1a, with respect to	-			
а			yment?		4a		Х
b	-		ntal nonqualified retirement plan?		4b		X
С	•		sed compensation arrangement?		4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and pro	ovide the applicable amounts for each it	em in Part III.			
E	-	501(c)(3), 501(c)(4), and 501(c)(29) org	ganizations must complete lines 5-9. on A, line 1a, did the organization pa				
5	•	contingent on the revenues of:	on A, line 1a, did the organization pa	y of accrue an	y		
а					5a		Х
b	Any related of	ganization?			5b		Х
		e 5a or 5b, describe in Part III.					
6		listed on Form 990, Part VII, Section contingent on the net earnings of:	on A, line 1a, did the organization pa	y or accrue an	y		
а					6a		Х
b					6b		Х
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization prov				x
8	Were any am	ounts reported on Form 990, Part VII, p	escribe in Part III. Daid or accrued pursuant to a contract the	at was subject			- 22
	to the initial	contract exception described in R	Regulations section 53.4958-4(a)(3)? If	"Yes," describ	e		
							Х
9			ow the rebuttable presumption proced				
	Regulations s	ection 53.4958-6(c)?	<u></u>		9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
STAN D. SODERSTROM	(i)	201,775.	0.	27,130.	9,156.	14,640.	252,701.	
1 EXECUTIVE DIRECTOR	(ii)	42,801.	0.	5,755.	1,942.	3,106.	53,604.	
JEFFREY E. OATESS	(i)	185,113.	3,000.	15,275.	8,136.	15,544.	227,068.	
2 CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
ROBERT W. BRODERICK	(i)	195,401.	0.	24,712.	8,805.	17,044.	245,962.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
BENJAMIN F. HENDRICKS	- (i)	143,040.	0.	2,000.	5,802.	17,044.	167,886.	
$\mathbf{A}^{\text{CHIEF}}$ communications officer	(ii)	0.	0.	0.	0.	0.	0.	
WILLIAM W. PARKER	(i)	123,944.	0.	11,738.	5,427.	16,044.	157,153.	
5 ^{CONTROLLER}	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Page 3

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A

OTHER BENEFITS:

(1) THE KIWANIS BOARD OF TRUSTEES MEMBERS (INCLUDING THE EXECUTIVE

DIRECTOR) ARE REIMBURSED FOR TRAVEL EXPENSES ON TRIPS PERFORMED TO

COMPLETE THE DUTIES OF THE OFFICE. THESE AMOUNTS ARE NOT CONSIDERED

TAXABLE INCOME AND ARE NOT REPORTED TO THE IRS.

(2) AIR TRAVEL FOR SPOUSES IS PAID FOR BY KIWANIS FOR SPOUSES TO ATTEND

THE INTERNATIONAL CONVENTION AND VARIOUS ASSIGNED DISTRICT EVENTS. SUCH

PAYMENTS ARE CONSIDERED TAXABLE INCOME TO THE TRUSTEE AND IS REPORTED ON FORM 1099-MISC TO THE IRS.

(3) BOARD OFFICERS AND TRUSTEES RECEIVE A DISCRETIONARY SPENDING ACCOUNT OF BETWEEN \$350 AND \$15,000 DURING THE YEAR DEPENDING UPON THEIR OFFICE. ALL PAYMENTS NOT SUBSTANTIATED OR DIRECTLY RELATED TO THE PERFORMANCE OF THEIR DUTIES ARE TAXABLE AND REPORTED ON FORM 1099-MISC TO THE IRS.

(4) TRUSTEES/OFFICERS RECEIVE (IF REQUESTED) A STIPEND TO COMPENSATE THEM FOR THEIR INCOME TAXES THAT COULD BE INCURRED ON THE AMOUNTS RECEIVED IN ITEMS (2) AND (3) ABOVE. SUCH AMOUNTS ARE CONSIDERED TAXABLE INCOME AND

ARE REPORTED ON FORM 1099-MISC TO THE IRS.

(5) THE PRESIDENT OF KIWANIS INTERNATIONAL AND COMPANION MAY FLY BUSINESS

9E1505 1.000

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Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

CLASS ON OCCASION ON FLIGHTS LONGER THAN 7 HOURS. SUCH TRAVEL IS NOT

CONSIDERED TAXABLE INCOME, HOWEVER, IF THE BUSINESS CLASS AIRFARE IS PAID

FOR A SPOUSE, IT IS REPORTED AS TAXABLE INCOME.

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.
 Inspection

 Name of the organization
 Employer identification number 36-1327510

FORM 990, PART III, LINE 4D

KIWANIS MAGAZINE (PUBLICATIONS) - PUBLISHED EIGHT (8) TIMES PER YEAR, THIS IS THE PRIMARY EDUCATION TOOL USED BY KIWANIS INTERNATIONAL TO EDUCATE ITS MEMBERS ON THE VALUE OF COMMUNITY SERVICE. ALL MEMBERS IN THE U.S. AND CANADA ARE REQUIRED TO SUBSCRIBE TO THE MAGAZINE AT \$8 ANNUALLY. THE MAGAZINE CONTAINS ARTICLES ON COMMUNITY SERVICE, INTERNATIONAL GOODWILL, FUNDRAISING, LEADERSHIP DEVELOPMENT, YOUTH PROTECTION, YOUTH LEADERSHIP, AND A VARIETY OF OTHER TOPICS THAT ENCOURAGE MEMBERS ON THE BENEFITS OF PERFORMING COMMUNITY SERVICE FOR THEIR LOCAL COMMUNITIES AND THE WORLD.

LIABILITY AND DIRECTORS AND OFFICERS INSURANCE - A SERVICE THAT KIWANIS PROVIDES TO MEMBERS AND CLUBS IS THE GENERAL LIABILITY INSURANCE PROGRAM AND THE DIRECTORS AND OFFICERS INSURANCE PROGRAM. THIS INSURANCE PROTECTS MEMBERS AND CLUBS FROM LIABILITY THAT MAY ARISE FROM THE MANY ACTIVITIES AND PROJECTS THAT A KIWANIS CLUBS PERFORMS DURING A YEAR, INCLUDING ACTS INVOLVING THE CLUB BOARD OF DIRECTORS. THE PRIMARY PURPOSE OF A KIWANIS CLUB IS FOR ITS MEMBERS TO PERFORM COMMUNITY SERVICE AND TO OPERATE AS A LOCAL SERVICE CLUB FOR THEIR COMMUNITY AND HAVING THIS INSURANCE PROTECTION, ALLOWS CLUBS TO ENGAGE IN PROJECTS THAT HELP THEIR COMMUNITIES.

KIWANIS MERCHANDISE (RETAIL OPERATIONS) - KIWANIS INTERNATIONAL PROVIDES MEMBERS AND CLUBS WITH MATERIALS AND MERCHANDISE THAT ARE FREE OR

Schedule O (Form 990 or 990-EZ) 2019	Page 2	2
Name of the organization	Employer identification number	_
KIWANIS INTERNATIONAL, INC.	36-1327510	

AVAILABLE FOR PURCHASE. THIS MATERIAL/MERCHANDISE IS DESIGNED TO ASSIST MEMBERS TO CARRY ON THE ACTIVITIES OF THE CLUB AND TO PROMOTE THE ORGANIZATION DURING SUCH CLUB ACTIVITIES AND PROJECTS. IT IS VERY IMPORTANT FOR A CLUB TO HAVE THE NEEDED MATERIALS AND MERCHANDISE TO OPERATE EFFECTIVELY FOR THE GOOD OF THE COMMUNITY AND TO PROMOTE THE GOOD WORKS OF THE LOCAL CLUB.

FORM 990, PART VI, SECTION A, LINE 6 CLASSES OF MEMBERSHIP:

THERE IS ONE CLASS OF MEMBERSHIP: REGULAR ACTIVE MEMBERS. REGULAR ACTIVE MEMBERS THAT ARE FROM KIWANIS CLUBS IN GOOD STANDING ARE ALLOWED TO REGISTER AS QUALIFIED DELEGATES TO THE KIWANIS INTERNATIONAL CONVENTION AND PARTICIPATE IN THE ELECTION OF THE BOARD OF TRUSTEES. EACH KIWANIS CLUB IN GOOD STANDING IS ALLOWED TO HAVE TWO DELEGATES AT THE CONVENTION. THERE ARE OTHER MEMBERS (BECAUSE OF THEIR CURRENT OR PAST ELECTED STATUS AT THE DISTRICT LEVEL) THAT ARE ALLOWED TO BE DELEGATES AT LARGE AND ALSO VOTE FOR THE BOARD OF TRUSTEES AND ANY BYLAWS AMENDMENTS. IF AN ANNUAL CONVENTION IS NOT HELD PER THE DIRECTION OF THE BOARD OF TRUSTEES, THE BYLAWS ALLOW FOR AN INTERNATIONAL COUNCIL EVENT TO OCCUR THAT PROVIDES THE GUIDELINES FOR ELECTION OF OFFICERS AND TRUSTEES AND ADOPTION OF BYLAWS AMENDMENTS.

FORM 990, PART VI, SECTION A, LINE 7A VOTING RIGHTS AND DECISION APPROVAL BY MEMBERS: REGULAR ACTIVE MEMBERS THAT ARE FROM KIWANIS CLUBS IN GOOD STANDING ARE ALLOWED TO REGISTER AS QUALIFIED DELEGATES TO THE KIWANIS INTERNATIONAL

Schedule O (Form 990 or 990-EZ) 2019			Page 2
Name of the organization		Employer identification number	
KIWANIS INTERNATIONAL,	INC.	36-1327510	

CONVENTION AND PARTICIPATE IN THE VOTE TO CHANGE TO ORGANIZATION'S GOVERNING DOCUMENTS (BYLAWS). EACH KIWANIS CLUB IN GOOD STANDING IS ALLOWED TO HAVE TWO DELEGATES AT THE CONVENTION. THERE ARE OTHER MEMBERS (BECAUSE OF THEIR CURRENT OR PAST ELECTED STATUS AT THE DISTRICT LEVEL) THAT ARE ALLOWED TO BE DELEGATES AT LARGE AND ALSO PARTICIPATE IN ANY VOTE TO CHANGE THE GOVERNING DOCUMENTS. IF AN ANNUAL CONVENTION IS NOT HELD PER THE DIRECTION OF THE BOARD OF TRUSTEES, THE BYLAWS ALLOW FOR AN INTERNATIONAL COUNCIL EVENT TO OCCUR THAT PROVIDES THE GUIDELINES FOR ELECTION OF OFFICERS AND TRUSTEES AND ADOPTION OF BYLAWS AMENDMENTS.

FORM 990, PART VI, SECTION A, LINE 7B KIWANIS BYLAWS CAN BE AMENDED BY A 2/3 OR MAJORITY VOTE OF THE HOUSE OF DELEGATES (CERTIFIED MEMBERS ELIGIBLE TO VOTE) AT THE ANNUAL KIWANIS INTERNATIONAL CONVENTION.

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

THE ORGANIZATION ENGAGES AN OUTSIDE ACCOUNTING FIRM TO PREPARE ITS FORM 990. ONCE THE FORM 990 IS PREPARED BY THE ACCOUNTING FIRM AND REVIEWED BY MANAGEMENT (EXECUTIVE DIRECTOR, COO, CFO AND CONTROLLER), THE FINAL FORM IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS VIA EMAIL AT THE TIME THE TAX RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C MONITORING AND ENFORCEMENT OF COMPLIANCE WITH C.O.I. POLICY: THE BOARD OF TRUSTEE ACTIVITIES AND BOARD MEETINGS DURING THE YEAR ARE

Schedule O (Form 990 or 990-EZ) 2019		Page 2
Name of the organization	Employer identification number	
KIWANIS INTERNATIONAL, INC.	36-1327510	

REVIEWED AND MONITORED BY THE CHIEF OPERATING OFFICER AND THE EXECUTIVE DIRECTOR OF KIWANIS INTERNATIONAL. ALL BOARD OF TRUSTEE MEMBERS ARE REQUIRED TO SIGN A FORM ANNUALLY INDICATING THAT THEY ARE IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. DOCUMENTS ARE MAINTAINED IN THE HUMAN RESOURCE OFFICE. ALL BOARD MEMBERS ARE REQUIRED TO READ THE POLICY AND DISCLOSE CONFLICTS OF INTEREST. IF A CONFLICT DOES ARISE, A BOARD MEMBER WILL ABSTAIN FROM DISCUSSION AND VOTING ON SUCH AGENDA ITEMS THAT THEY HAVE CONFLICTS WITH. DISCIPLINARY ACTIONS MAY OCCUR AS NEEDED.

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

PROCESS TO REVIEW PRESIDENT, OFFICER, AND KEY EMPLOYEE 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 EOUIVALENT POSITIONS TAKING INTO ACCOUNT THE DEMOGRAPHICS OF THE LOCATION OF THE POSITION. THE BOARD OF TRUSTEES DETERMINES THE COMPENSATION BASED ON HOW THE INDIVIDUAL MEETS THE CRITERIA OF THE POSITION AND ON THE LEVEL OF PERFORMANCE OF THE DUTIES AND RESULTS ACHIEVED. ALL POSITIONS HAVE A CORRESPONDING SALARY BAND DETERMINED SIMILARLY TO THE EXECUTIVE DIRECTOR BAND. THE EXECUTIVE DIRECTOR'S SALARY IS ALSO DISCUSSED IN AN EXECUTIVE SESSION OF THE BOARD MEETING. THE EXECUTIVE DIRECTOR DETERMINES THE SALARY OF ALL OTHER OFFICERS OR KEY EMPLOYEES BASED ON SIMILAR CRITERIA. THE MOST RECENT COMPENSATION REVIEW WAS COMPLETED IN MAY 2019 BY INDEPENDENT FIRMS AND COORDINATED BY THE DIRECTOR OF OPERATIONS (HUMAN RESOURCES). THE RESULTS FOR THE MAY 2019 COMPENSATION REVIEW WAS DELIVERED TO KI IN JANUARY 2020.

Schedule O (Form 990 or 990-EZ) 2019	Page
Name of the organization	Employer identification number
KIWANIS INTERNATIONAL, INC.	36-1327510
FORM 990, PART VI, SECTION C, LINE 19	
GOVERNING DOCUMENTS, C.O.I. POLICY, AND FINANCIAL STATEMENTS:	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE	
WEBSITE. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.	TACHMENT 1
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	
KIWANIS IS A GLOBAL ORGANIZATION OF VOLUNTEERS DEDICATED TO	
IMPROVING THE WORLD ONE CHILD AND ONE COMMUNITY AT A TIME. THE	
ORGANIZATION COORDINATES EVENTS AND PROVIDES SERVICES TO CLUBS	
AROUND THE WORLD, WHICH IN TURN SPONSOR AND ADDRESS CHILD-FOCUSED	
CAUSES. KIWANIS INTERNATIONAL ALSO PROVIDES EDUCATION SERVICES TO	
OUR MEMBERS BY PROVIDING SEVERAL MAGAZINES REGARDING CURRENT EVENTS	
AND EDUCATIONAL ACTIVITIES AND MATERIALS TO ENCOURAGE SERVICE TO	
THE LOCAL COMMUNITIES AND TO THE WORLD. THE ORGANIZATION SERVES	
MORE THAN 485,000 ADULT AND YOUTH MEMBERS IN ITS FAMILY OF	
ORGANIZATIONS AROUND THE WORLD. KIWANIS HAS A BRAND CAMPAIGN	

ENTITLED KIDS NEED KIWANIS.

ATTACHMENT 2

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

LEADERSHIP EDUCATION/DEVELOPMENT AND COMMUNICATION - KIDS NEED KIWANIS; FOR MORE THAN 100 YEARS KIWANIS HAS BEEN BUILDING AND DEVELOPING LEADERS AT ALL LEVELS AND ALL AROUND THE WORLD. KIWANIS OFFERS A UNIQUE BRAND OF LEADERSHIP THROUGH SERVICE TO OTHERS. A MAJOR FOCUS FOR KIWANIS IS THE DEVELOPMENT OF LEADERSHIP EDUCATIONAL MATERIALS FOR THEIR CLUB, DIVISION, DISTRICT, AND INTERNATIONAL OFFICERS. IT IS IMPORTANT TO EDUCATE CLUB OFFICERS

Schedule O (Form 990 or 990-EZ) 2019

Schedule O (Form 990 or 990-EZ) 2019		Page 2
Name of the organization	Employer identification number	
KIWANIS INTERNATIONAL, INC.	36-1327510	

ATTACHMENT 2 (CONT'D)

HOW TO LEAD AND OPERATE A CLUB, TO EDUCATE LIEUTENANT GOVERNORS HOW TO LEAD A DIVISION, TO EDUCATE DISTRICT OFFICERS ON HOW TO LEAD AND OPERATE A DISTRICT, AND TO EDUCATE THE BOARD OF TRUSTEES HOW TO LEAD THE INTERNATIONAL ORGANIZATION. WITH EFFECTIVE LEADERSHIP AT ALL LEVELS, THE MISSION AND FUNCTION OF KIWANIS CLUBS AND KIWANIS INTERNATIONAL, SERVING THE CHILDREN OF THE WORLD AND IN OUR COMMUNITIES, CAN BE CARRIED OUT EFFECTIVELY.

ATTACHMENT 3

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

KIWANIS MEETINGS & INTERNATIONAL CONVENTION - THE ANNUAL KIWANIS INTERNATIONAL CONVENTION IS HELD IN VARIOUS COUNTRIES AND LOCATIONS FROM YEAR-TO-YEAR, IN WHICH IT BRINGS TOGETHER UP TO 5,000 KIWANIS MEMBERS AND GUESTS FROM AROUND THE WORLD. IT IS THE SINGLE LARGEST GLOBAL GATHERING OF KIWANIS MEMBERS, REPRESENTING MORE THAN 70 COUNTRIES. WORKSHOPS, EDUCATIONAL SESSIONS, DYNAMIC EDUCATIONAL SPEAKERS, MOTIVATIONAL EVENTS AND CONDUCTING THE BUSINESS OF THE ORGANIZATION ARE THE MAIN FOCUS OF THE EVENT. NOTE: DUE TO THE PANDEMIC THE KIWANIS INTERNATIONAL CONVENTION WAS NOT HELD IN 2020. IT WAS REPLACED BY A SMALLER EVENT CALLED TO INTERNATIONAL COUNCIL MEETING. THIS MET THE BYLAWS REQUIREMENT TO CARRY ON THE BUSINESS OF THE ORGANIZATION (ELECT BOARD OF TRUSTEES AND AMEND BYLAWS).

Schedule O (F		
Name of the o		
KIWANIS	INTERNATIONAL,	INC.

Employer identification number 36-1327510

Page 2

ATTACHMENT 4

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

SERVICE LEADERSHIP PROGRAMS - FOR MORE THAN 90 YEARS KIWANIS HAS BEEN BUILDING AND DEVELOPING LEADERS AT ALL LEVELS, OFFERING A UNIQUE BRAND OF LEADERSHIP THROUGH SERVICE TO OTHERS. KIWANIS SPONSORS VARIOUS PROGRAMS FOR YOUTH, YOUNG ADULTS, AND ADULTS WITH LIVING DISABILITIES, THAT CAN CHANGE LIVES. THROUGH KIWANIS SERVICE LEADERSHIP PROGRAMS, YOUTH AND ADULT MEMBERS CAN EARN SCHOLARSHIPS, LEARN WITH FRIENDS AND HELP THEIR COMMUNITIES AND THE WORLD. PROGRAMS SUCH AS K-KIDS, TERRIFIC KIDS, BRINGING UP GRADES, BUILDERS CLUB, KIWANIS YOUTH PROGRAMS, INC., KEY CLUB, KEY LEADER, CIRCLE K, AND AKTION CLUB ARE PROGRAMS SPONSORED BY KIWANIS AND IT IS THROUGH THESE PROGRAMS THAT THE YOUTH PARTICIPANTS ARE EMPOWERED TO MAKE SUCH AN IMPACT. BY INVESTING TIME IN THESE PROGRAMS, KIWANIS MEMBERS AND OTHERS SOW THE SEEDS OF SERVICE. A LARGE PART OF WHAT KIWANIS DOES IS TO SPONSOR THESE YOUTH AND YOUNG ADULT ORGANIZATIONS TO PERFORM COMMUNITY SERVICE ACTIVITIES JUST LIKE KIWANIS CLUBS DO. KIWANIS IS STILL VERY INSTRUMENTAL IN SPONSORING ALL OF OUR YOUTH PROGRAMS; HOWEVER, THE DAY-TO-DAY OPERATIONS OF THE PROGRAMS FOR BUILDERS CLUBS, K-KIDS, AND KEY LEADER ARE NOW MANAGED UNDER KIWANIS YOUTH PROGRAMS, INC.

		ATTACHMENT 5	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVI	CES		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
OTHER PROGRAM SERVICES - PLEASE SEE SCHEDULE O		5,034,963.	5,677,725.

Schedule O (Form 990 or 990-EZ) 2019

Schedule O (Form 990 or 990-EZ) 2019			Page 2
lame of the organization		Employer identification	number
IWANIS INTERNATIONAL, INC.		36-1327510	
		ATTACHMENT 5	(CONT'D)
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERV	ICES		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
TOTALS		5,034,963.	5,677,72
		ATTACHMENT 6	
FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES	:		
BELGIUM			
COLOMBIA			
CANADA			
FRANCE			
NDIA			
PHILIPPINES			

	ATTACHME	NT 7
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MIDLAND PAPER COMPANY 1140 PAYSPHERE CIRCLE CHICAGO, IL 60674	PUBLISHING-PAPER	103,612.
FINELINE PRINTING GROUP 8081 ZIONSVILLE ROAD INDIANAPOLIS, IN 46268	PUBLISHING-PRINTING	208,538.
TOUCHSTONE MDSE GROUP 7200 INDUSTRIAL ROW MASON, OH 45040	MERCHANDISE WHSE	606,941.
ORDER FULFILLMENT GROUP PO BOX 78474 INDIANAPOLIS, IN 46268	MDSE FULFILLMENT	265,493.
SHC DIRECT, LLC 1815 S. MEYERS RD, STE 300	CONSULTING	117,035.

Schedule O (Form 990 or 990-EZ) 2019

Schedule O (Form 990 or 990-EZ) 2019	Page 2
Name of the organization	Employer identification number
KIWANIS INTERNATIONAL, INC.	36-1327510

ATTACHMENT 7 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

OAKBROOK TERRACE, IL 60181

OMB No. 1545-0047

Open to Public

Inspection

9

2

Employer identification number

36-1327510

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

KIWANIS 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)					
(2)					
(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 YOUTH PROGRAMS 36-6072042							
3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268	YOUTH EDU	IN	501(C)(3)	7	KIWANIS INTL	X	
(2) CIRCLE K INTERNATIONAL 01-0772160							
3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268	YOUTH EDU	IN	501(C)(4)	N/A	KIWANIS INTL	X	
(3) KIWANIS CHILDREN'S FUND 36-6072039							
3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268	FUNDRAISING	IN	501(C)(3)	7	KIWANIS INTL	X	
(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 tner?	(k) Percentage ownership
		country)					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)	(d) Direct controlling entity	(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)(13) controlled entity?
(1)								Yes No
(2)								
(3)								
(4)								
(5)								
<u>(6)</u>								

Schedule R (Form 990) 2019

KIWANIS INTERNATIONAL, INC.

Schedule R (Form 990) 2019

Par	Transactions With Related Organizations. Complete if the organization answered "Y	es" on Form 990, Par	t IV, line 34, 35b, or 36.				
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	ted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s).				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s).				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
							37
	Reimbursement paid to related organization(s) for expenses.					37	X
q	Reimbursement paid by related organization(s) for expenses		• • • • • • • • • • • • • • • •		1q	Х	
						v	
r	Other transfer of cash or property to related organization(s)		• • • • • • • • • • • • • • •		1r	X	X
<u> </u>	Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including source	rad ralationahing and trans	action through	1s		
	(a)	(b)	(c)		(d)	5.	
	Name of related organization	Transaction type (a-s)	Amount involved	Method			ıg
(1)	KIWANIS YOUTH PROGRAMS	R	2,185,336.	CASH			
(2)	CIRCLE K INTERNATIONAL	R	203,026.	CASH			
(3)	KIWANIS CHILDREN'S FUND	R	490,301.	CASH			
(3)			10,001.	011011			
(4)	CIRCLE K INTERNATIONAL	В	294,562.	CASH			
(5)	KIWANIS CHILDREN'S FUND	N, O	891,996.	CASH			
(6)	KIWANIS YOUTH PROGRAMS	N, O	584,004.	CASH			
JSA			Sci	hedule R (I	Form	990)	2019

36-1327510

KIWANIS INTERNATIONAL, INC.

Schedule R (Form 990) 2019

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedu	e		Yes
During the tax year, did the organization engage in any of the following	transactions with one or more related organ	izations listed in Parts II-IV?	
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a cont			1a
Gift, grant, or capital contribution to related organization(s)			1b
Gift, grant, or capital contribution from related organization(s)			1c
Loans or loan guarantees to or for related organization(s)			
Loans or loan guarantees by related organization(s)			1e
Dividends from related organization(s)			
Sale of assets to related organization(s)			
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s).			<u>1j</u>
Lease of facilities, equipment, or other assets from related organization(s)		
Performance of services or membership or fundraising solicitations for			
${\bf h}$ Performance of services or membership or fundraising solicitations by			
Sharing of facilities, equipment, mailing lists, or other assets with relate			
Sharing of paid employees with related organization(s)	•••••		10
Reimbursement naid to related organization(s) for expenses			10
Reimbursement paid to related organization(s) for expenses.			
Reimbursement paid by related organization(s) for expenses			1q
Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s)			
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)	· · · · · · · · · · · · · · · · · · ·	Iding covered relationships and tracits (c)	
Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for infor	mation on who must complete this line, inclu (b) Transac	Iding covered relationships and tracits (c)	1q 1r 1s ansaction thresholds. (d) Method of determining
Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for infor (a)	mation on who must complete this line, inclu (b) Transac	Iding covered relationships and tracits (c)	1q 1r 1s ansaction thresholds. (d) Method of determin amount involved
Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for infor (a) Name of related organization	mation on who must complete this line, inclu (b) Transac type (a	Iding covered relationships and tracition (c) Hesi	1q 1r 1r 1s ansaction thresholds. (d) Method of determin amount involved 5. CASH
Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for infor (a) Name of related organization CIRCLE K INTERNATIONAL	mation on who must complete this line, inclu (b) Transac type (a N, O	ttion Horis Amount involved 144,996	1q 1r 1s ansaction thresholds. (d) Method of determin amount involved 6. CASH
Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for infor (a) Name of related organization CIRCLE K INTERNATIONAL KIWANIS YOUTH PROGRAMS CIRCLE K INTERNATIONAL	mation on who must complete this line, inclu (b) Transac type (a N, O Q Q	Iding covered relationships and traction tion (c) Amount involved 144,996 2,063,800 308,451	1q 1r 1s ansaction thresholds. (d) Method of determin amount involved 6. CASH 0. CASH
Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for infor (a) Name of related organization CIRCLE K INTERNATIONAL KIWANIS YOUTH PROGRAMS	mation on who must complete this line, inclu (b) Transac type (a N, O Q	Iding covered relationships and traction trion Amount involved 144,996 2,063,800	1q 1r 1s ansaction thresholds. (d) Method of determin amount involved 6. CASH 0. CASH
Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for infor (a) Name of related organization CIRCLE K INTERNATIONAL KIWANIS YOUTH PROGRAMS CIRCLE K INTERNATIONAL	mation on who must complete this line, inclu (b) Transac type (a N, O Q Q	Iding covered relationships and traction tion (c) Amount involved 144,996 2,063,800 308,451	1q 1r 1s ansaction thresholds. (d) Method of determin amount involved 6. CASH 0. CASH
Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for infor (a) Name of related organization CIRCLE K INTERNATIONAL KIWANIS YOUTH PROGRAMS CIRCLE K INTERNATIONAL	mation on who must complete this line, inclu (b) Transac type (a N, O Q Q	Iding covered relationships and traction tion (c) Amount involved 144,996 2,063,800 308,451	1q 1r 1s ansaction thresholds. (d) Method of determin amount involved 6. CASH 0. CASH

36-1327510

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.

(a) Name, address, and EIN of entity	country)		(d) (e) Predominant income (related, unrelated, excluded from tax under		section total income 501(c)(3) ganizations?		(g) Share of end-of-year assets	(h) Disproportionate allocations?		ionate ms? Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		ownership
			sections 512-514)	Yes	No			Yes	No	(,	Yes	No	
(1)													
(2)													
(3)													
(4)													
5)													
6)													
(7)													
(8)													
(9)													
0)													
1)													
2)													
3)													
4)													
5)													
6)													

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

 Part VII
 Supplemental Information

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

Schedule R (Form 990) 2019

(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.

	Name of exempt organization or other filer, see in	Taxpayer identification nu	umbe	er (TIN)				
Type or print	KIWANIS INTERNATIONAL, INC.			36-132751	0			
• File by the	Number, street, and room or suite no. If a P.O. bo	x. see instru	ctions	50 152751	0			
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	0						
Enter the R	eturn Code for the return that this application	is for (file	a separate application fo	or each return)	• •		01	
Application	1	Return	Application				Return	
Is For		Code	Is For				Code	
Form 990 c	n 990 or Form 990-EZ 01 Form 990-T (corporation)						07	
Form 990-E	m 990-BL 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 990-1	(sec. 401(a) or 408(a) trust)	05 Form 6069					11	
Form 990-1	(trust other than above)	06	Form 8870				12	
 If the org If this is for the who	The No. \blacktriangleright <u>317 875-8755</u> anization does not have an office or place of for a Group Return, enter the organization's fo le group, check this box \blacktriangleright . If the names and TINs of all members the extension	business ir ur digit Gro f it is for pa	a the United States, cheo pup Exemption Number (art of the group, check t	GEN) 0026	••		his is	
	est an automatic 6-month extension of time u			$21_{}$, to file the exempt	t orc	aniza	tion return	
	organization named above. The extension is			,		,		
2 If the	calendar year 20 or tax year beginning 10/0 tax year entered in line 1 is for less than 12 m Change in accounting period					<u>20</u> .		
	application is for Forms 990-BL, 990-PF, 9	90-T. 4720), or 6069, enter the	tentative tax less any				
	fundable credits. See instructions.			ternative tany loop uny	3a	\$	0.	
	application is for Forms 990-PF, 990-T,	4720. 0	r 6069, enter anv re	fundable credits and		-		
	ated tax payments made. Include any prior yea				3b	\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS								
(Elect	(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	cempt Organization (and proxy tax		siness Income ⁻ der section 6033(e		'n	OMB No. 1545-0047
		For cale	ndar year 2019 or other tax year begin		•		<u>20</u> .	201 9
Depar	ment of the Treasury		► Go to www.irs.gov/Form990	T for i	nstructions and the latest	information.		
Interna	I Revenue Service	► Do	not enter SSN numbers on this form a	is it ma	ay be made public if your orga	nization is a 501(c		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 instructions	s.)		yer identification number yees' trust, see instructions.)
	empt under section		KIWANIS INTERNATION					
X	501(C)(4)	Print or	Number, street, and room or suite no. I	faP.O	. box, see instructions.			327510
	408(e) 220(e)	Туре						ated business activity code structions.)
	408A 530(a)		3636 WOODVIEW PLACE	ا معما 7	7ID as fascing postal and			
	529(a) ok value of all assets		City or town, state or province, country INDIANAPOLIS, IN 462		LIP or foreign postal code		54180	10
	end of year	F Gro	up exemption number (See instructi				JIIO	
	34,647,296.		eck organization type \blacktriangleright X 501	,		trust	401(a)	trust Other trust
			inization's unrelated trades or busines					(or first) unrelated
			/ERTISING/CORPORATE RE					e than one, describe the
			end of the previous sentence, cor			•		
tra	ade or business, the	en comple	ete Parts III-V.					
I D	uring the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-subsidiary o	controlled group?		▶ Yes X No
lf	"Yes," enter the na	ame and	identifying number of the parent cor	poration				
_			ILLIAM W. PARKER		Telephon	e number 🕨 31	7-875-	8755
Par	t Unrelated	Trade of	or Business Income		(A) Income	(B) Expen	ses	(C) Net
1a	Gross receipts or s	sales						
b	Less returns and allowa	-	c Balance					
2			ule A, line 7)	2				
3			2 from line 1c	3				
4a b			ttach Schedule D) Part II, line 17) (attach Form 4797)	4a 4b				
c			rusts	40 4c				
5			r an S corporation (attach statement)	5				
6				6				
7			come (Schedule E)	7				
8	Interest, annuities, roya	alties, and re	ents from a controlled organization (Schedule F)	8				
9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9				
10			ncome (Schedule I)	10	209,793.		,060.	
11			dule J)	11	4,523.	72	2,703.	-68,180.
12			tions; attach schedule)	12				
13			ough 12	13	214,316.		,763.	-68,180.
Par			Taken Elsewhere (See instr ne unrelated business incom		ons for limitations on d	eductions.) (I	Jeductio	ons must be directly
14			directors, and trustees (Schedule K)					
15								
16								
17								
18			(see instructions)					
19 20			4562)				19	
20			on Schedule A and elsewhere on re				21b	
22								
23			compensation plans					
24			S					
25			Schedule I)					
26			chedule J)					
27	Other deductions	(attach s	schedule)			ATCH 1	27	900.
28			es 14 through 27					900.
29			le income before net operating					-69,080.
30		•	g loss arising in tax years beginnin	•		, <u>-</u>		<u> </u>
31 For F	Unrelated busines Paperwork Reduct	ss taxabl	e income. Subtract line 30 from line Notice, see instructions.	29 .			31	-69,080. Form 990-T (2019)

orm 9	90-T (2019) KIWANIS INTERNATIONAL, INC.	36-1327510	Page
Part			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	nstructions)	32	16,85
	Amounts paid for disallowed fringes	33	
	Charitable contributions (see instructions for limitation rules)	34	
	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
	34 from the sum of lines 32 and 33	35	16,85
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	nstructions)ATCH .2		16,85
	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	1 0 0
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,00
	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	39	
Part		40	
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
	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	
	Proxy tax. See instructions	42	
	Alternative minimum tax (trusts only)	43	
	Tax on Noncompliant Facility Income. See instructions	44	
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
Part			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
	Other credits (see instructions).		
	General business credit. Attach Form 3800 (see instructions)		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
		46e	
		47	
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
	Total tax. Add lines 47 and 48 (see instructions)	49	
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
	Payments: A 2018 overpayment credited to 2019		
	2019 estimated tax payments		
С	Tax deposited with Form 8868. 51c		
	Foreign organizations: Tax paid or withheld at source (see instructions)		
е	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ► 51g		
2	Total payments. Add lines 51a through 51g	52	
3	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
4	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
5	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
6	Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded Refunded	56	
Part	VI Statements Regarding Certain Activities and Other Information (see instructions)	
7	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other authority	Yes N
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	y have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	oreign country	
	here SEE ATTACHED		Х
8	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	n trust?	Х
	f "Yes," see instructions for other forms the organization may have to file.		
	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
		st of my knowledge a	nd belief,
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	, 0	
9	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	· =	this set
9 Sign	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	the IRS discuss	
9 Sign	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 08/16/2021 CFO	· =	wn belo
9 Bign Iere	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 08/16/2021 CFO May with (see Signature of officer Date Title Date	the IRS discuss the preparer sho instructions)? X Yes	wn belo
9 Sign Iere Paid	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 08/16/2021 CFO May with (see Signature of officer Date Title May with (see Print/Type preparer's name Preparer's signature Date Date CFO NICOLE B FISHBACK Print/Type preparer's name Date Check (self-em)	the IRS discuss the preparer sho instructions)? X Yes if PTIN	own belo B N
9 Sign lere raid	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 08/16/2021 CFO May with (see Signature of officer Date Title CFO Print/Type preparer's name Preparer's signature Date Check (self-end) NICOLE B FISHBACK BKD, LLP Eirm's name Eirm's name Eirm's name	the IRS discuss the preparer sho instructions)? X Yes if PTIN poloyed P0127	own bela N 79475
9 Sign lere raid	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 08/16/2021 CFO Signature of officer Date Title Date Print/Type preparer's name NICOLE B FISHBACK Firm's name ► BKD, LLP Firm's I	the IRS discuss the preparer sho instructions)? X Yes if PTIN poloyed P0127	9475

2580DF D310 7/2/2021 3:34:49 PM

Form 990-T (2019)							Page 3		
Schedule A - Cost of Ge	oods Sold. Er	iter method	l of invento	ry valuation					
1 Inventory at beginning of y	/ear 1			6 Inventory	at end of yea	ar	6		
2 Purchases	2					ld. Subtract line			
3 Cost of labor	3			6 from li	ne 5. Enter	here and in Part			
4a Additional section 263A co	osts			I, line 2			7		
(attach schedule)	4a					section 263A (v			
b Other costs (attach schedu				property	produced	or acquired fo	r resale) apply		
5 Total. Add lines 1 through						· · · · · · · · · · ·			
Schedule C - Rent Income	e (From Real P	roperty a	nd Person	al Property	Leased V	Vith Real Prope	rty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent recei	ved or accrue	ed						
(a) From personal property (if the				personal property	(if the	3(a) Doductions of	lineatly connected with the income		
for personal property is more th				personal property		3(a) Deductions directly connected with the inc in columns 2(a) and 2(b) (attach schedule)			
more than 50%)	1	50% or	if the rent is b	based on profit or	income)				
(1)									
(2)									
(3)									
(4)									
Total		Total							
						(b) Total deduction			
(c) Total income. Add totals of c here and on page 1, Part I, line 6	()					Enter here and of Part I, line 6, colu			
Schedule E - Unrelated D									
Schedule L - Offelated D	ent-rinanceu i			/	3. [Deductions directly co	nnected with or allocable to		
1. Description of del	ot-financed property			ncome from or debt-financed			ced property		
				operty		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)		
(1)					(dita				
(1)									
(2)									
(3)									
(4) 4. Amount of average	5. Average adju	stod basis							
acquisition debt on or	of or alloca			Column	7. Gross	income reportable	8. Allocable deductions		
allocable to debt-financed property (attach schedule)	debt-financed (attach sche			livided olumn 5	(columi	n 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))		
			,						
$\frac{(1)}{(2)}$				%					
(2)				%					
(3)				%					
(4)				%	Ent 1		Fatashara a 1		
						e and on page 1, ne 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).		
						,			
Totals									
Total dividends-received deduct	tions included in co	olumn 8 💶				<u> </u>			

Form 990-T (2019)

49690

Form	990-T	(2019)
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KIWANIS INTERNATIONAL, INC.

36-1327510 Page **4**

Schedule F – Interest, Anr	nuities, Royalties	, and Ren	ts From Contro	olled O	rganizat	ions (se	e instructi	ions)		
		Exem	pt Controlled Or	ganizati	ons					
1. Name of controlled organization	2. Employer identification numbe		et unrelated income s) (see instructions)		of specified ents made	included	f column 4 ti in the contr ion's gross ir	olling	6. Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	izations									
7. Taxable Income	 Net unrelated inc (loss) (see instruction 		 Total of specifi payments made 		includ	rt of column ed in the co ation's gross	ntrolling		I. Deductions directly inected with income in column 10	
(1)										
(2)										
(3)										
(4)										
Totals Schedule G-Investment I					Enter I Part I	columns 5 a here and on , 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 i	•	3. Dedu directly co (attach sc	ctions nnected		4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)			, , , , , , , , , , , , , , , , , , ,	,					, ,	
(2)										
(3)										
(4)										
	Enter here and or Part I, line 9, col								Enter here and on page 1, Part I, line 9, column (B).	
Totals	•									
Schedule I-Exploited Ex	empt Activity Inc	ome, Oth	er Than Advert	ising Ir	ncome (s	see instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected production unrelate business ind	with n of sid	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.		5 Gross income		enses able to 1n 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1) ATCH 3										
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col. (A). 209, 793.	Enter here a page 1, Pa line 10, col 549,	art I, . (B).						Enter here and on page 1, Part II, line 25.	
Schedule J-Advertising										
Part I Income From Per			onsolidated Ba	sis						
									- -	
1. Name of periodical	2. Gross advertising income	3. Direct advertising	ct gain or (lo costs 2 minus c a gain, co	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		5. Circulation 6. Readership income costs				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))										

Form 990-T (2019)

(4)

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)KIWANIS MAGAZINE	4,523.	72,703.	-68,180.			
(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)	4,523.	72,703.				
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)	•	
1. Name		2. Title		3. Percent of time devoted to business	4. Compensatic unrelated	
(1)				%		
(2)				%		
(3)				%		

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

Form 990-T (2019)

%

SCHEE	DULE	Μ
(Form	990-1	Г)

Unrelated Business Taxable Income from an Unrelated Trade or Business

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning 10/01 , 2019, and ending 09/30 , 20 20

► Go to www.irs.gov/Form9907 for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

36-1327510

Name of the organization

Department of the Treasury

Internal Revenue Service

KIWANIS INTERNATIONAL, INC.

Unrelated Business Activity Code (see instructions) 523920

Describe the unrelated trade or business
ALTERNATIVE INVESTMENTS

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a b	Gross receipts or sales 4 , 075 . Less returns and allowances c Balance ►	1c	4,075.		
2	Cost of goods sold (Schedule A, line 7)	2	4 085		4.005
3	Gross profit. Subtract line 2 from line 1c	3	4,075.		4,075.
4a	Capital gain net income (attach Schedule D)	4a	13,225.		13,225.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) .	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	Total. Combine lines 3 through 12	13	17,300.		17,300.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)	27	445.
28	Total deductions. Add lines 14 through 27	28	445.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	16,855.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions).	30	
31	Unrelated business taxable income. Subtract line 30 from line 29	31	16,855.
For F	aperwork Reduction Act Notice, see instructions.	Sc	hedule M (Form 990-T) 2019

(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.

-	Name of exempt organization or other filer, see instructions. Taxpayer identification networks and the second seco			Taxpayer identification number (TIN)	
Type or					
print	KIWANIS INTERNATIONAL, INC.				
File by the due date for	Number, street, and room or suite no. If a P.O. b	ox, see instru	ctions.		
filing your	3636 WOODVIEW TRACE				
return. See		or a foreign ad	ldress, see instructions.		
	. INDIANAPOLIS, IN 46268				
Enter the	e Return Code for the return that this application	n is for (file	a separate application f	or each return)	07
Applicat	ion	Return	Application		Return
Is For		Code	Is For		Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporat	ion)	07
Form 99	0-BL	02	Form 1041-A		08
Form 47	20 (individual)	03	Form 4720 (other that	n individual)	09
Form 99	0-PF	04	Form 5227		10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 99	0-T (trust other than above)	06	Form 8870		12
	hone No. 🕨 317 875-8755		Fax No. 🕨		
 If this for the v 	organization does not have an office or place of is for a Group Return, enter the organization's for whole group, check this box	business ir bur digit Gro If it is for pa	n the United States, che oup Exemption Number	(GEN) 0026 . If ti	nis is
• If this for the v a list with	organization does not have an office or place of is for a Group Return, enter the organization's for whole group, check this box	business ir bur digit Gro If it is for pa sion is for.	n the United States, che bup Exemption Number art of the group, check t	GEN)0026 If the second sec	nis is tach
 If this for the v <u>a list with</u> 1 I res 	organization does not have an office or place of is for a Group Return, enter the organization's for whole group, check this box In the names and TINs of all members the extension	business ir bur digit Gro If it is for pa sion is for. until	the United States, che bup Exemption Number art of the group, check 08/16_, 20	(GEN) 0026 . If ti	nis is tach
 If this for the v a list with 1 I reform ▶ 	organization does not have an office or place of is for a Group Return, enter the organization's for whole group, check this box \blacktriangleright \Box . In the names and TINs of all members the extension equest an automatic 6-month extension of time of the organization named above. The extension i calendar year 20 or X tax year beginning 10 net tax year entered in line 1 is for less than 12 r	business ir bur digit Gro lf it is for pa sion is for. untils for the org	h the United States, che bup Exemption Number art of the group, check f 08/16, 20 ganization's return for:	[GEN) 0026 . If this box	nis is tach
 If this for the v a list with 1 I reform 2 If the second se	organization does not have an office or place of is for a Group Return, enter the organization's for whole group, check this box	business ir bur digit Gro lf it is for pa sion is for. until s for the org /01, 2019	h the United States, che bup Exemption Number art of the group, check f 08/16, 20 ganization's return for: 9, and ending ck reason: Initial r	[GEN) 0026 . If ti his box▶ and at 21_, to file the exempt organizat 09/30_, 20 20 eturn Final return	nis is tach
 If this for the value a list with 1 I reformed f	organization does not have an office or place of is for a Group Return, enter the organization's for whole group, check this box ▶	business ir bur digit Gro lf it is for pa sion is for. until s for the org /01, 2019	h the United States, che bup Exemption Number art of the group, check f 08/16, 20 ganization's return for: 9, and ending ck reason: Initial r	GEN) 0026 . If till this box▶ and at 21, to file the exempt organizat 09/30, 20 20 eturn Final return tentative tax, less any	nis is tach
 If this for the v a list with 1 I reform for 2 If the second s	organization does not have an office or place of is for a Group Return, enter the organization's for whole group, check this box $\qquad \qquad \qquad$	business ir bur digit Gro lf it is for pa sion is for. until s for the org /01 , 20 19 months, cheo 990-T, 4720	h the United States, che bup Exemption Number art of the group, check to <u>08/16</u> , 20 ganization's return for: <u>9</u> , and ending ck reason: Initial r 0, or 6069, enter the	(GEN) 0026 . If ti his box▶ and at 21_, to file the exempt organizat 09/30_, 20_20 eturn Final return tentative tax, less any 3a \$	nis is tach ion return
 If this for the v a list with 1 I reform for 2 If the second secon	organization does not have an office or place of is for a Group Return, enter the organization's for whole group, check this box $\qquad \qquad \qquad$	business ir bur digit Gro lf it is for pa sion is for. until s for the org /01 , 20 19 months, cher 990-T, 4720	h the United States, che bup Exemption Number art of the group, check f 08/16, 20 ganization's return for: 9, and ending ck reason: Initial r 0, or 6069, enter the r 6069, enter any re	GEN) 0026 . If the his box	nis is tach ion return
 If this for the v a list with 1 I reform for 2 If the set of the set of	organization does not have an office or place of is for a Group Return, enter the organization's for whole group, check this box	business ir bur digit Gro lf it is for pa sion is for. until s for the org /01, 20 19 months, chee 990-T, 4720 , 4720, o ar overpayr	h the United States, che bup Exemption Number art of the group, check f <u>08/16</u> , 20 ganization's return for: <u>9</u> , and ending ck reason: Initial r 0, or 6069, enter the r 6069, enter any re nent allowed as a credit	GEN) 0026 . If the his box	nis is tach ion return 0 .

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)

ATTACHMENT 1

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES

900.

PART II - LINE 27 - OTHER DEDUCTIONS 900.

KIWANIS INTERNATIONAL, INC. EIN: 361327510

LOSS YEAR ENDING	ORIGINAL LOSS	AMOUNT UTILIZED	LOSS AVAILABLE
9/30/2000	319,689	-	319,689
9/30/2001	226,720	-	546,409
9/30/2002	103,612	-	650,021
9/30/2003	-	-	650,021
9/30/2004	98,913	-	748,934
9/30/2005	85,873	-	834,807
9/30/2006	82,409	-	917,216
9/30/2007	60,057	-	977,273
9/30/2008	442	-	977,715
9/30/2009	16,096	-	993,811
9/30/2010	7,416	-	1,001,227
9/30/2011	-	(20,352)	980,875
9/30/2012	-	(17,723)	963,152
9/30/2013	117,478	-	1,080,630
9/30/2014	120,953	-	1,201,583
9/30/2015	107,590		1,309,173
9/30/2016	71,973		1,381,146
9/30/2017	32,838		1,413,984
9/30/2018	51,887		1,465,871
9/30/2019	,	-	1,465,871
9/30/2020		(16,855)	1,449,016

SCHEDULE SUPPORTING FORM 990-T, PART II, LINE 36 - NET OPERATING LOSS DEDUCTION

AVAILABLE NOL

1,449,016

ATTACHMENT 2-1

KIWANIS INTERNATIONAL, INC. EIN: 361327510 ADVERTISING/CORPORATE RELATIONS

SCHEDULE SUPPORTING FORM 990-T, PART II, LINE 31 - NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	AMOUNT UTILIZED		LOSS AVAILABLE
9/30/2019	64,379		-	64,379
9/30/2020	69,080		-	133,459
AVAILABLE NOL				133,459

36-1327510

SCHEDULE I - EX	XPLOITED EXEMPT	ACTIVITY	INCOME .	OTHER '	THAN	ADVERTISING	INCOME

					ATTACHMENT 3
		2.			
		GROSS	3.		
		UNRELATED	EXPENSES	4.	
1.		BUSINESS	DIRECTLY	NET INCOME	GF
EXPLOITED ACTIVITY	=	INCOME	CONNECTED	OR (LOSS)	FF
CORPORATE RELATIONS		209,793.	549,060.	-339,267.	
	COLUMN TOTALS	209,793.	549,060.		

5		
	б.	7.
5.	EXPENSES	EXCESS
GROSS INCOME	ATTRIBUTABLE	EXEMPT
FROM ACTIVITY	TO COL. 5	EXPENSES

EXPENSES

ATTACHMENT 4

445.

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

PORTFOLIO DEDUCTIONS

PART	II	_	LINE	27	_	OTHER	DEDUCTIONS	445.

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SCHEDULE D (Form 1120)

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC,

OMB No. 1545-0123

		20-REIT, 1120-RIC, 1120-S				2	(0) 19
	Revenue Service Go to www.irs.	gov/Form1120 for instruction	ons and the latest infor	mation.	F		
Name							tion number
-	NIS INTERNATIONAL, INC.				3	36-1327	
	e corporation dispose of any investment(s) in s," attach Form 8949 and see its instructions			-	► L	Yes	X No
Part				your gain or los	5.		
	See instructions for how to figure the amounts to enter on		·	(g) Adjustments	to gain	(h) Gain o	· (loss)
	the lines below.	(d) Proceeds	(e) Cost	or loss from For			olumn (e) from) and combine
	This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	8949, Part I, lin column (g)	e 2,		with column (g)
1a -	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). Howeve if you choose to report all these transactions on Form 8949 leave this line blank and go to line 1b	9.					
	Totals for all transactions reported on Form(s) 8949						
,	with Box A checked						
2	Totals for all transactions reported on Form(s) 8949						
	with Box B checked						
	Totals for all transactions reported on Form(s) 8949						
	with Box C checked		405.				-405
4	Short-term capital gain from installment sales from	n Form 6252, line 26 or 3	7		4		
-		(E 000.4			_		
5	Short-term capital gain or (loss) from like-kind exch	langes from Form 8824		• • • • • • • •	5		
6	Unused capital loss carryover (attach computation)				6	(
0		• • • • • • • • • • • • •			0	(
7	Net short-term capital gain or (loss). Combine lines	s 1a through 6 in column l	n		7		-405
Part			•••••				
	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments		(h) Gain o	. ,
	the lines below. This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from For 8949, Part II, lir column (g)	. ,	column (d	olumn (e) from) and combine with column (g)
, i	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). Howeve if you choose to report all these transactions on Form 8945 leave this line blank and go to line 8b	9,					
	Totals for all transactions reported on Form(s) 8949						
Ň	with Box D checked						
9 .	Totals for all transactions reported on Form(s) 8949						
	with Box E checked						
10	Totals for all transactions reported on Form(s) 8949						
	with Box F checked	13,630.					13,630
11	Enter gain from Form 4797, line 7 or 9				11		
12	Long-term capital gain from installment sales from	Form 6252 line 26 or 37			12		
12		1 0111 0232, 1116 20 01 37			12		
13	Long-term capital gain or (loss) from like-kind exch	anges from Form 8824			13		
14	Capital gain distributions (see instructions)				14		
	Net long-term capital gain or (loss). Combine lines	8a through 14 in column	h		15		13,630
Part	Summary of Parts I and II				_	1	
16	Enter excess of net short-term capital gain (line 7)	over net long-term capita	l loss (line 15)		16		12 005
							13,225
17	Net capital gain. Enter excess of net long-term ca	oital gain (line 15) over ne	et short-term capital lo	ss (line 7)	17		
17 18		pital gain (line 15) over ne 0, page 1, line 8, or the p	et short-term capital lo	ss (line 7)			13,225

Form 8949

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return	Social security number or taxpayer identification number
KIWANIS INTERNATIONAL, INC.	36-1327510

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an a enter a co	any, to gain or loss. amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
BREP EUROPE				405.			-405.
2 Totals. Add the amounts in columns							
negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C a	e is checked), lin	e 2 (if Box B		405.			-405.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.



Form 8949 (2019)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpaver identification no, not required if shown on other side	Social security number or taxnaver identification number	

KIWANIS INTERNATIONAL, INC.

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

36-1327510

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B Х

(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	Cost or other basis. See the Note below	If you enter an a enter a co	any, to gain or loss. amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
BREP EUROPE IV			13,630.				13,630.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and incluis checked), line	ude on your 9 (if Box E	13,630.				13,630.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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JSA

Form 8949 (2019)

Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

Department of the Treasury Internal Revenue Service	 Go to www.irs.gov/Form926 for i Attach to your income tax return f 			Attachme Sequence	
	Sferor Information (see instructions)		Identifying number (se)
	ANIS INTERNATIONAL, INC.)
 2 If the transferor a If the transfer was five or fewer dor b Did the transfer 	a specified 10%-owned foreign corporation that was a corporation, complete questions 2a throu as a section 361(a) or (b) transfer, was the tran nestic corporations? or remain in existence after the transfer? ntrolling shareholder(s) and their identifying num	gh 2d. sferor controlled (under sectio	on 368(c)) by	Yes Yes Yes	No No No
	Controlling shareholder	Ident	tifying number		
corporation?	was a member of an affiliated group filing me and employer identification number (EIN) of		·	Yes	No
N	ame of parent corporation	EIN of p	parent corporation		
d Have basis adju	stments under section 367(a)(4) been made?			Yes	No
complete question	was a partner in a partnership that was the ons 3a through 3d. Ind EIN of the transferor's partnership.	actual transferor (but is not	treated as such u	nder secti	on 367),
	Name of partnership	EIN	of partnership		
c Is the partner dis	bick up its pro rata share of gain on the transfer sposing of its entire interest in the partnership? sposing of an interest in a limited partnership			Yes Yes	No No
securities market	Provide the second s			Yes	No
4 Name of transfe	ree (foreign Corporation information (see in ree (foreign corporation) E ALTERNATIVE SOLUTION IV 3	· · · · ·	5a Identifying nu FOREIC		у
6 Address (includin			5b Reference ID r (see instructions)		
	STREET, 11TH FLOOR NEW YOR		0001728189		
7 Country code of	country of incorporation or organization (see in	structions)			
-	acterization (see instructions)				

Fo	r Paperwork F	Reduction Act No	otice, see sepa	rate instructions.	For	m 926 (Rev	·. 11-20	.018)
9	Is the trar	nsferee foreign	corporation a	a controlled foreign corporation?	Х	Yes	No	0
_	CAIMAN	TSTUNDS	EVEMB1	CORPORATION				

Form 926 (Rev. 11-20	,					Page 2
		ng Transfer of Property ((see instruc	ctions)		
Section A - Cas						
Type of property	(a) Date of transfer	(b) Description of property		(c) Irket value on of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	09/30/2020			140,000.		
lf "Yes," sl	•	ansferred? f Part III and go to Part IV. her than intangible prope			7(d))	X Yes No
Type of property	(a) Date of transfer	(b) Description of property		(c) Irket value on of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					Dasis	
Inventory						
Other property (not listed under another category)						
Property with built-in loss						
 Totals						
 11 Did the tr recognition 12a Were any foreign cou If "Yes," gr b Was the tr (including If "Yes," co c Immediate transferee If "Yes," co d Enter the tr 13 Did the transferee 	n agreement was fi assets of a foreign rporation? o to line 12b. ansferor a domest a branch that is a fo ontinue to line 12c. ly after the trans foreign corporation ontinue to line 12d. transferred loss am	stock or securities subject led? branch (including a branch ic corporation that transfer oreign disregarded entity) to If "No," skip lines 12c and fer, was the domestic co ? If "No," skip line 12d, and nount included in gross inco operty described in section uestions 14a through 15.	n that is a fo red substan o a specified 12d, and go orporation a go to line 13 ome as requ	reign disregarde tially all of the as 10%-owned for to line 13. U.S. sharehold	ed entity) transferre ssets of a foreign b eign corporation? der with respect t n 91 ► \$	A to a Yes No Yes No Yes No ranch
Section C - Inta	angible Property	Subject to Section 367(d)		1	1
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)

Form 926 (Rev. 11-2018)

Property described in sec. 367(d)(4)

Totals

~

14a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
_	reasonably anticipated to exceed 20 years?		No
b C	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		No
L	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) ► \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?		No
Supp	Iemental Part III Information Required To Be Reported (see instructions)		
Part	Additional Information Regarding Transfer of Property (see instructions)		
Part			
Part	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0 % (b) After 1.84 %		
16 17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0 % (b) After 1.84 % Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
16 17 18	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0 % (b) After 1.84 % Type of nonrecognition transaction (see instructions) ► IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following.	- -	V N.
16 17 18 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0 % (b) After 1.84 % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)	- Yes	X No
16 17 18 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0 % (b) After 1.84 % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)	Yes	X No
16 17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0 % (b) After 1.84 % Type of nonrecognition transaction (see instructions) ► IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d)	Yes Yes	X No X No
16 17 18 a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0 % (b) After 1.84 % Type of nonrecognition transaction (see instructions) ► IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes	X No X No X No
16 17 18 b c d 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0 % (b) After 1.84 % Type of nonrecognition transaction (see instructions) ► IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification?	Yes Yes Yes Yes	X No X No X No X No
16 17 18 a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0 % (b) After 1.84 % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions	Yes Yes Yes Yes	X No X No X No
16 17 18 b c d 19 20a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0 % (b) After 1.84 % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. If "Yes," complete lines 20b and 20c.	Yes Yes Yes Yes	X No X No X No X No
16 17 18 c d 19 20a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0 % (b) After 1.84 % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$	Yes Yes Yes Yes Yes	X No X No X No X No
16 17 18 b c d 19 20a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0 % (b) After 1.84 % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ 	Yes Yes Yes Yes Yes	X No X No X No X No
16 17 18 c d 19 20a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0 % (b) After 1.84 % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$	Yes Yes Yes Yes Yes	X No X No X No X No X No
16 17 18 c d 19 20 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0 % (b) After 1.84 % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes Yes Yes Yes Yes	X No X No X No X No X No

FEDERAL FOOTNOTES

FORM 990-T, PART VI, LINE 57

BELGIUM CANADA COLOMBIA FRANCE INDIA PHILLIPPINES