# FORV/S 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. 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.

**FORVIS** TAX506 9-11

<sup>&</sup>lt;sup>1</sup> 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 that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the 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 FORVIS advisor if you have questions about these rules.

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**Public Disclosure Rules** 

## **Return of Organization Exempt From Income Tax**

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

A F	or th	e 2020	calendar year, or tax year beginning $10/01$ , 2020, an	nd ending	_	09/3	0 <b>, 20</b> 23	L
			C Name of organization		D Employer ide	ntification	number	
<b>B</b> c	heck if a	pplicable:	KIWANIS INTERNATIONAL, INC.		36-132	7510		
	Addre	ess	Doing business as		1			
	1	change		oom/suite	E Telephone nu	mber		
	†	return	3636 WOODVIEW TRACE		(317) 87	5 - 875	5	
	+	return/	City or town, state or province, country, and ZIP or foreign postal code		(31, ) 0,			
	termi Amer		INDIANAPOLIS, IN 46268		<b>G</b> Gross receipts	2 •	34 31	5,746.
	returr Applie	n cation	F Name and address of principal officer: STAN D. SODERSTROM		H(a) Is this a gro			
	pendi		3636 WOODVIEW TRACE, INDIANAPOLIS, IN 46268		subordinates	s?	$\vdash$	$\vdash$
	-				H(b) Are all subord			
		empt st	33.(3)(3)	527	-	ttach a list. S		
			WWW.KIWANIS.ORG	Ι.	H(c) Group exem	<u> </u>	<u> </u>	0026
			nization: X Corporation Trust Association Other	L Year of forma	tion: 1915 <b>M</b>	State of le	gal domicil	e: IN
Pa	rt I		immary					
	1		y describe the organization's mission or most significant activities: KIDS NE			IS A		
Governance			BAL ORGANIZATION DEDICATED TO IMPROVING THE WOR	LD ONE CHI	LLD AND			
naı		ONE	COMMUNITY AT A TIME.					
Ver	2		k this box 🕨 🔛 if the organization discontinued its operations or disposed of			S.		
õ	3		per of voting members of the governing body (Part VI, line 1a)			3		19.
ο S	4	Numb	per of independent voting members of the governing body (Part VI, line 1b)			4		19.
itie	5	Total	number of individuals employed in calendar year 2020 (Part V, line 2a)			5		118.
Activities &	6	Total	number of volunteers (estimate if necessary)			6	17:	3,150.
Ă	7a		unrelated business revenue from Part VIII, column (C), line 12			7a	15'	7,440.
	b	Net u	nrelated business taxable income from Form 990-T, Part I, line 11			7b		0.
					Prior Year		Current	Year
a)	8	Contri	ibutions and grants (Part VIII, line 1h)		9,403,72	5.	8,55	5,532.
Revenue	9		am service revenue (Part VIII, line 2g)		4,580,27	4.	4,98	3,620.
eve	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		1,085,57	3.	5,15	9,555.
~	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		854,91	.5.	67	4,050.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,924,48	7.	19,37	2,757.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		395,67	<sup>7</sup> 0.	47	1,458.
	14		its paid to or for members (Part IX, column (A), line 4)			0.		0.
s	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,348,11	.8.	8,90	1,530.
Expenses	16 a		ssional fundraising fees (Part IX, column (A), line 11e)			0.		0.
ed			fundraising expenses (Part IX, column (D), line 25) ▶ 0.					
Û	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,982,35	3.	7,08	4,281.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16,726,14	1.	16,45	7,269.
	19		nue less expenses. Subtract line 18 from line 12		-801,65	4.	2,91	5,488.
or					nning of Current	/ear	End of Y	'ear
ets	20	Total	assets (Part X, line 16)		34,647,29	6.	39,06	7,168.
Ass I Ba	21		liabilities (Part X, line 26)		5,385,72	0.	6,68	8,331.
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21 from line 20		29,261,57			8,837.
	rt II		gnature Block					
Und	ler pe	nalties o	of perjury, I declare that I have examined this return, including accompanying schedules	and statements,	and to the best o	f my know	ledge and	belief, it is
true	, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any k	nowledge.			
					08/1	5/2022	2	
Sig		5	Signature of officer		Date			
Her	e		ROBERT W. BRODERICK CFO					
		Ī	Type or print name and title					
			Type preparer's name Preparer's signature	Date	Check	if PTIN		
Paid			OLE B FISHBACK	08/15/202		J "'	012794	175
	arer		FORVIS, LLP	1 327 202	Firm's EIN $\triangleright$ 4			
Use	Only		That is a second of the second	46204		317-38		)
May	the		iscuss this return with the preparer shown above? (see instructions).				X Yes	No
_			Reduction Act Notice, see the separate instructions.	<u> </u>		<u> </u>		<b>90</b> (2020)

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Pa			rvice Accomplishments ins a response or note to any line in this	s Part III	Т.
1	Briefly describe the ATTACHMENT	organization's m			
3	prior Form 990 or 9 If "Yes," describe th Did the organizati	990-EZ? ese new services on cease condu	acting, or make significant changes	in how it conducts, any progr	Yes X No
4	If "Yes," describe th Describe the organ expenses. Section	ese changes on S nization's progra 501(c)(3) and 5	Schedule O.  m service accomplishments for each O1(c)(4) organizations are required to ny, for each program service reported.	of its three largest program se	rvices, as measured by
4a	(Code:ATTACHMENT		3,752,390. including grants of \$	101,960. ) (Revenue \$	139,000.
4b	(Code:ATTACHMENT		1,071,483. including grants of \$	) (Revenue \$	321,095)
4c	(Code:	) (Expenses \$	438,067. including grants of \$	368 302 ) (Revenue \$	38,766. )
	ATTACHMENT		130,007. morading grante or \$\psi\$	γ(κοιοπασ ψ	30,700
	Other program serv (Expenses \$ 5, Total program serv	247,474. includi	n Schedule O.) ATTACHMENT ng grants of \$ 1,196. ) (Rev 10,509,414.		

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Par	t 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			3.5
	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)	١		
_	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,	5	Х	
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
O	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</i> "Yes," <i>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,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		Х	
	complete Schedule D, Part VI	11a		
K	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
,	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		- 21
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1.0		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
k	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
K	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX. column (A), line 12 If "Yes." complete Schedule I. Parts I and II	21	Х	
	ANDIGADO ANYGORIGOR DE CALLA, COMUNICIAL BOGOLLO ESCUENDIGIA ACUACIDA E CALA LABOLT			

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Part	Checklist of Required Schedules (continued)		V	NI -
22	Did the averagization report more than CE 000 of greats or other assistance to as for democitic individuals an		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
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		X
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			v
00	persons? If "Yes," complete Schedule L, Part III	27		X
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? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	
Dord	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	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 118			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country ▶ <u>ATTACHMENT</u> 6			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	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		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	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		X
	If "Yes," complete Form 4720, Schedule O.			

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KIWANIS INTERNATIONAL, INC. 36-1327510 Page 6 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		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 become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	ion 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	X	
b	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	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		3.5	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	401-	Х	
	rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	425	Х	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14		
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?			
_		15a	Х	
a b	The organization's CEO, Executive Director, or top management official	15b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
·ou	with a taxable entity during the year?	16a		X
b				
	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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ IN,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	tion 5	01(c)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so how) the organization made its governing documents, conflict of	f inte	est r	olicy

### S

19 and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ PATTY BURKE 3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268 20

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JSA

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

#### 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.

	below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)STAN D. SODERSTROM	33.00									
EXECUTIVE DIRECTOR	7.00			Х				212,688.	45,116.	29,569.
(2) ROBERT W. BRODERICK	40.00									
CHIEF FINANCIAL OFFICER	0.			Х				184,478.	0.	25,999.
(3) JEFFREY E. OATESS	40.00									
CHIEF OPERATING OFFICER	0.			Χ				175,221.	0.	24,108.
(4)DAVID KRESS	40.00									
GENERAL LEGAL COUNSEL	0.					Х		153,033.	0.	24,741.
(5) BENJAMIN F. HENDRICKS III	40.00									
CHIEF COMMUNICATIONS OFFICER	0.			Χ				141,200.	0.	24,268.
(6) PAMELA NORMAN (BEG 9/1/2020)	20.00									
CHIEF PHILANTHROPY OFFICER	20.00			X				107,813.	21,562.	23,715.
(7)WILLIAM W. PARKER	40.00									
CONTROLLER	0.					Х		129,574.	0.	22,803.
(8) MICHAEL W. DOWNS	40.00								_	
DIRECTOR MEETINGS & CONVENTION	0.					X		108,694.	0.	22,693.
(9) MICHELLE STUDY-CAMPBELL	16.00							40.505	62.000	00.000
KYP EXECUTIVE DIRECTOR	24.00					X		42,626.	63,939.	22,883.
(10) ANGELA EVANS	40.00							104 506	0	02.445
SR DR. OF STRATEGIC INITIATIVE	0.					X		104,726.	0.	23,445.
(11) ARTHUR N. RILEY	7.00	37		3.7				2 510	0	0
PRESIDENT (12) PETER J. MANCUSO	7.00	X		X				3,518.	0.	0.
PRESIDENT-ELECT	1.00	Х		Х				1,700.	0.	0.
(13) BERT WEST III	7.00	Λ						1,700.	· · ·	<u></u>
VICE PRESIDENT	1.00	Х		Х				1,700.	0.	0.
(14) DANIEL VIGNERON	7.00	21		-22				1,,00.	0.	<u> </u>
IMMEDIATE PAST PRESIDENT	1.00	Х		Х				0.	0.	0.

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(A)	(B)	ĺ		(0				hest Compensat (D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	ition more	e than or/trust e is or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	stimated mount of other appensation om the ganization d relate anization	f on on d
5) WILFREDO G AGUILAR	7.00					ےة						
TRUSTEE	1.00	Х						0	0.			
6) KATRINA BARANKO	7.00											
TRUSTEE	1.00	Х						0	0.			
7) GUNNSTEINN BJÖRNSSON	7.00											
TRUSTEE	1.00	Х						0	0.			
8) GARY W COOPER	7.00											
TRUSTEE	1.00	Х						0	0.			
9) KIP CRAIN	7.00											
TRUSTEE	1.00	Х						0	0.			
0) GEORGE R. DELISLE	7.00											_
TRUSTEE	1.00	Х						0	0.			
1) CHUCK FLETCHER	7.00											_
TRUSTEE	1.00	Х						0	0.			
2) MICHEL FONGUE	7.00											
TRUSTEE	1.00	Х						0	0.			
3) BUHEITA FUJIWARA	7.00											
TRUSTEE	1.00	Х						0	0.			
4) ELIO GAROZZO	7.00	21						0	· ·			
TRUSTEE	1.00	X						0	0.			
5) DAVID HURRELBRINK	7.00	21						0	0.			_
TRUSTEE	1.00	X						0	0.			
	1.00	21						1,366,971.	130,617.		244,	22
b Sub-total	0							0.	0.	•	ZII,	
c Total from continuation sheets to Part VII,	-							1,366,971.			244,	
d Total (add lines 1b and 1c)							<u> </u>			•	244,	
2 Total number of individuals (including but no reportable compensation from the organization)		nose 12		a ar	OOV	e) wno	э ге	ceived more than	\$100,000 01			
reportable compensation from the organization											V	
											Yes	١
B Did the organization list any former of												2
employee on line 1a? If "Yes," complete School										3		
For any individual listed on line 1a, is the organization and related organizations	greater than	\$15	50,0	00?	If	"Yes	5,"	complete Schedu	le J for such			
individual										4	X	
5 Did any person listed on line 1a receive												
for services rendered to the organization? If	"Yes," comple	te Sch	nedu	ıle J	for	such	per	son		5		Σ
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 listed above) who received more than \$100,000 in compensation from the organization ► 6

Part VII Section A. Officers, Directors, Tru		y En	plo			and F	ug		ed Emplo	yees (c	ontinue		
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	/da.	4 1		ition	. 46		Reportable	Reportable compensation from related			timated	
	hours per week (list any	,				e than o		compensation				ount of other	í
	hours for	1				or/truste		from the	organiza			pensati	on
	related	Inc or	sul	皇	e e	Hic	Fo	organization	(W-2/1099			om the	
	organizations	livid	Institutional	Officer	Key employee	hes	Former	(W-2/1099-MISC)		,	•	anizatio	
	below dotted line)	ual	tion		nplo	st cc	_					d related	
	ilite)	Individual trustee or director	al tn		yee	m p					orga	ınizatior	15
		tee	trustee			Highest compensated employee							
			Ф			ated							
26) MICHAEL MULHAUL	7.00									_			
TRUSTEE	1.00	X						0		0.			- (
27) SAM SEKHON	7.00												
TRUSTEE	1.00	X						0		0.			(
28) RONALD E. SMITH	7.00												
TRUSTEE	1.00	X						0		0.			
29) CATHY M. SZYMANSKI	7.00												
TRUSTEE	1.00	X						0		0.			
1b Sub-total							<b></b>	0.		0.			0
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$						
d Total (add lines 1b and 1c)							$\blacktriangleright$						
2 Total number of individuals (including but not	limited to t	hose	liste	d al	bov	e) who	re	ceived more than	\$100,000	of			
reportable compensation from the organizatio	n ▶	12	2										
												Yes	No
3 Did the organization list any former office	er, directo	r, or	tru	ıste	e,	kev e	mp	olovee, or highes	t compen	sated			
employee on line 1a? If "Yes," complete Sched											3		Х
4 For any individual listed on line 1a, is the	eum of ran	ortah	مام د	nm	nar	eation	ופר	nd other company	eation fron	n the			
organization and related organizations gro													
individual											4	Х	
5 Did any person listed on line 1a receive or													
for services rendered to the organization? If "Y											5		Х
Section B. Independent Contractors	, , <u>,</u>						,						
1 Complete this table for your five highest com	pensated in	ndepe	ende	ent o	con	tracto	rs t	hat received more	than \$10	0,000 o	f		
compensation from the organization. Report of year.													
(A)							_	(B)			(C)		

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  $\blacktriangleright$ 

### Part VIII Statement of Revenue

Par	t VIII						
		Check if Schedule O contains a respon	nse or note to an	y line in this Part \ (A) Total revenue	/III (B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					function revenue	business revenue	from tax under sections 512-514
ıts	1a	Federated campaigns 1a					
and Other Similar Amounts	b	Membership dues 1b	8,555,532.				
Ę,	С	Fundraising events 1c					
ä	d	Related organizations 1d					
]≝	е	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants,					
ē		and similar amounts not included above . 1f					
ਰ	g	Noncash contributions included in					
힏		lines 1a-1f 1g	\$				
ਰ (	h	Total. Add lines 1a-1f	▶	8,555,532.			
			Business Code				
Revenue	2a	LIABILITY INSURANCE FEES	524298	1,920,120.	1,920,120.		
<u>.</u>	b	MANAGEMENT FEES	541610	1,701,288.	1,701,288.		
등 (	С	MAGAZINE SUBSCRIPTION	511120	851,568.	851,568.		
ě	d	CONVENTION FEES	561000	233,454.	233,454.		
ממן	е	AMPLIFY	561000	139,000.	139,000.		
:	f	All other program service revenue		138,190.	138,190.		
	g	Total. Add lines 2a-2f	▶	4,983,620.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶ ↓	468,785.		-2,585.	471,370
	4	Income from investment of tax-exempt bond	I proceeds . ►	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)	<u> </u>	12,000.			12,000
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b> 19,105,059.					
<u>ه</u>	b	Less: cost or other basis					
venue		and sales expenses <b>7b</b> 14,414,289.					
	С	Gain or (loss) 7c 4,690,770.					
ב ב	d	Net gain or (loss)		4,690,770.			4,690,770
Other Re	8a	Gross income from fundraising					
Õ		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses 8b	0.				
	C	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	L		0.				
		Less: direct expenses		0.			
				0.			
	10a	Gross sales of inventory, less returns and allowances	996,364.				
	L						
	b	Less: cost of goods sold  Net income or (loss) from sales of inventory		467,664.	467,664.		
$\dashv$		The state of the s	Business Code	107,001.	137,001.		
	44.	ADVERTISING	541800	776.		776.	
nue	11a	SPONSORSHIP INCOME	541800	193,610.	34,361.	159,249.	
ě	b	2. SHORDHII INCOPIE	311000	173,010.	54,501.	133,243.	
Revenue	C	All other revenue					
<u>i</u>	a	All other revenue		194,386.			
		Total Add lines 11a-11d			E 40F C4F	157 440	E 174 140
SΔ	12	Total revenue. See instructions		19,372,757.	5,485,645.	157,440.	5,174,140

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#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX									
Do			(B)		(D)				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service	(C) Management and	Fundraising				
			expenses	general expenses	expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	401,870.	401,870.						
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	69,588.	69,588.						
4	Benefits paid to or for members	0.							
5	Compensation of current officers, directors, trustees, and key employees	970,382.		970,382.					
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	5,738,642.	3,339,621.	2,399,021.					
	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	247,590.	128,148.	119,442.					
9	Other employee benefits	1,471,695.	708,303.	763,392.					
10	Payroll taxes	473,221.	243,033.	230,188.					
11	Fees for services (nonemployees):								
а	Management	0.							
	Legal	93,124.	65,915.	27,209.					
С	Accounting	113,185.	15,968.	97,217.					
d	Lobbying	0.							
	Professional fundraising services. See Part IV, line 17.	0.							
f	Investment management fees	142,128.		142,128.					
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)	830,435.	717,272.	113,163.					
12	Advertising and promotion	544,171.	530,886.	13,285.					
13	Office expenses	216,098.	105,226.	110,872.					
14	Information technology	1,072,855.	967,403.	105,452.					
15	Royalties	0.							
16	Occupancy	160,578.	18.	160,560.					
17	Travel	278,747.	116,713.	162,034.					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0.	600 101						
19	Conferences, conventions, and meetings	682,949.	632,191.	50,758.					
20	Interest	9,931.		9,931.					
21	Payments to affiliates	0.		200 044					
22	Depreciation, depletion, and amortization	399,244.	1 561 050	399,244.					
23	Insurance	1,617,211.	1,561,850.	55,361.					
24	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.)	225 500	226 024	0 575					
-	MEMBERSHIP MATERIALS & LIT	235,509.	226,934.	8,575.					
	GROWTH AWARDS & RECOGNITION OTHER EXPENSES	17,696. 670,420.	8,055. 670,420.	9,641.					
•		0/0,420.	0/0,420.						
d									
	All other expenses	16,457,269.	10,509,414.	5,947,855.					
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	10,10,1000	10,300,111.	3,71,000.					
	organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) if	0.							
_	Tollowing 501 30-2 (A50 350-720)	0.			- 000 (ana)				

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### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	2,230,116.	2	1,500,691.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	752,995.	4	1,012,748.
	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	0.
	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	0.
ξ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	527,641.	8	431,012.
As	9	Prepaid expenses and deferred charges	785,009.	9	713,045.
		Land, buildings, and equipment: cost or other	<u>-</u>		
	···u	basis. Complete Part VI of Schedule D 10a 11,991,171.			
	h	Less: accumulated depreciation	3,740,730.	100	3,460,054.
	11	Investments - publicly traded securities	26,610,805.	11	31,949,618.
	12	Investments - other securities. See Part IV, line 11.	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16		34,647,296.	16	39,067,168.
	17	Total assets. Add lines 1 through 15 (must equal line 33)	2,529,029.	17	3,417,905.
		Accounts payable and accrued expenses	0.	18	0.
	18	Grants payable	0.	19	0.
	19	Deferred revenue	0.	20	0.
	20 21	Tax-exempt bond liabilities	0.	21	0.
		Escrow or custodial account liability. Complete Part IV of Schedule D	<u> </u>	21	0.
Liabilities	22	Loans and other payables to any current or former officer, director,			
oi ii		trustee, key employee, creator or founder, substantial contributor, or 35%	0.		0.
Lial		controlled entity or family member of any of these persons	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	2,856,691.		3,270,426.
	00	of Schedule D	5,385,720.		6,688,331.
_	26	Total liabilities. Add lines 17 through 25	3,303,720.	26	0,000,331.
Ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	29,261,576.	0.7	32,378,837.
Bal	27 28	the state of the s	0.	27	0.
<u>Б</u>	20	Net assets with donor restrictions.	0.	28	0.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
o c	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds.		31	
	32	Total net assets or fund balances	29,261,576.	32	32,378,837.
Net	33	Total liabilities and net assets/fund balances	34,647,296.	33	39,067,168.
_			- , ,		Form <b>990</b> (2020)

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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		19,3	72,7	57.
2	Total expenses (must equal Part IX, column (A), line 25)	2		16,4		
3	Revenue less expenses. Subtract line 2 from line 1	3			15,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		29,2		
5	Net unrealized gains (losses) on investments	5		2	01,7	
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		32,3	78,8	37.
Part	<u> </u>					
	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: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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 aud	ited o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			37
	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 und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

•	Section 501(c)(3) organizations	that have filed Form 5768 (election un	ider section 501(h)): Co	mplete Part II-A. Do not com	iplete Part II-B.
•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (election	on under section 501(h)	): Complete Part II-B. Do no	t complete Part II-A.
	e organization answered "Yes," (See separate instructions), the	on Form 990, Part IV, line 5 (Proxy n	Tax) (See separate in	nstructions) or Form 990-l	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Nam	e of organization			Employer ide	ntification number
KIW	ANIS INTERNATIONAL,			36-132	
Pai	rt I-A Complete if the c	organization is exempt under	section 501(c) or i	is a section 527 orgai	nization.
1	Provide a description of the	organization's direct and indirect p	oolitical campaign ac	ctivities in Part IV. (See in	nstructions for
	definition of "political campa	ign activities")			
2	Political campaign activity ex	xpenditures (See instructions)		▶ \$	
3		campaign activities (See instructio			
Par		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5,,,,,, ▶\$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under section	on 4955 ▶ \$	
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	).
1		xpended by the filing organization			
2	Enter the amount of the filin	g organization's funds contributed	to other organization	ons for section	
3	Total exempt function expe	enditures. Add lines 1 and 2. Ent	er here and on For	rm 1120-POL,	
	Did the filing expeniention file	Corm 4420 DOL for this year?		▶३	Yes No
4 5	Enter the names addresses	e Form 1120-POL for this year? and employer identification numb	er (FIN) of all section	on 527 political organiz	Yes No
•		s. For each organization listed, en			
		ributions received that were prom			
	as a separate segregated fur	nd or a political action committee (	PAC). If additional sp	ace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly
				,	delivered to a separate political organization. If none, enter -0
(1)					
(2)					
` ,					
(3)					
(-,					
(4)					
			1		
(5)					
. ,			1		
(6)					
/			1		

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

Schedule C (Form 990 or 990-EZ) 2020

Pa	art II-A	Complete if the org	janization	is exem	pt under section	501(c)(3) and	filed Form 5768 (ele	ction under	
Α	Check ▶				affiliated group (and excess lobbying expe		ch affiliated group mem	iber's name,	
В	Check ▶	if the filing organiz	ation check	ed box A	and "limited contro	l" provisions app	y.		
		Limits (The term "expendit	on Lobbyin ures" mean			)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals	
k c c	<ul> <li>1a Total lobbying expenditures to influence public opinion (grassroots lobbying)</li> <li>b Total lobbying expenditures to influence a legislative body (direct lobbying)</li> <li>c Total lobbying expenditures (add lines 1a and 1b)</li> <li>d Other exempt purpose expenditures</li> <li>e Total exempt purpose expenditures (add lines 1c and 1d)</li> <li>f Lobbying nontaxable amount. Enter the amount from the following table in both columns.</li> </ul>								
	If the am	ount on line 1e, column (a	) or (b) is: Th	e lobbying	g nontaxable amount	is:			
	Not over	\$500,000	20	% of the a	mount on line 1e.				
	Over \$50	0,000 but not over \$1,000	),000 \$1	00,000 plu	is 15% of the excess	over \$500,000.			
		000,000 but not over \$1,5			is 10% of the excess				
		500,000 but not over \$17,			is 5% of the excess of	ver \$1,500,000.			
_	•	0,000,000 ots nontaxable amount		,000,000.					
i j	h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?								
			Lobbyir	ng Expen	ditures During 4-Yo	ear Averaging Per	iod		
		ar year (or fiscal year peginning in)	<b>(a)</b> 20	17	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) Total	
2a	Lobbying	g nontaxable amount							
_ k		g ceiling amount of line 2a, column (e))							
_	: Total lob	obying expenditures							
_	<b>I</b> Grassro	ots nontaxable amount							
_		ots ceiling amount of line 2d, column (e))							
f	Grassro	ots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2020

Page 3 Schedule C (Form 990 or 990-EZ) 2020

Par	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	l For	m 576	8		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)			
	ription of the lobbying activity.	Yes	No		Amou	ınt	
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:						
a b	Volunteers?						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
e f	Publications, or published or broadcast statements?						
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						
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	c)(5).	or s	ection	<u> </u>		
	501(c)(6).	<b>-</b> )( <b>-</b> )	, 0. 0	001.01	•		
						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	37
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				3		Х
rai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" C					. is	
	answered "Yes."		,				
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amous political expenses for which the section 527(f) tax was paid).	nts o	of				
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible logand political expenditure next year?	bbyin	g	4			
5	Taxable amount of lobbying and political expenditures (See instructions)			5			
Par							
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	grou	ıp list	); Part 	II-A, lir	nes 1	and

Schedule C (Form 990 or 990-EZ) 2020 Page 4

Part IV **Supplemental Information** (continued)

#### SCHEDULE 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number KIWANIS INTERNATIONAL, INC. 36-1327510 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . C Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2020

▶ \$

Schedule D (Form 990) 2020 Page **2** 

Pa	rt III Organizations Maintaini	ing Collections of	Art, Histo	rical Treas	ures, or	Other Similar	Assets (c	ontinuea	1 age <u>2</u>
3	Using the organization's acquisition								
	collection items (check all that app	ly):							
а	Public exhibition		d	Loan or e	xchange	program			
b	Scholarly research		e	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collection	s and expla	ain how they	y further	the organization	's exempt	purpose	in Part
	XIII.								
5	During the year, did the organization	on solicit or receive	donations of	f art, historic	al treasu	res, or other simil	lar		
	assets to be sold to raise funds rath	ner than to be maint	tained as pa	irt of the orga	anization	's collection?	[	Yes	No
Pa	rt IV Escrow and Custodial A	rrangements.							
	Complete if the organiza	ation answered "Y	es" on For	m 990, Part	t IV, line	9, or reported a	ın amoun	t on For	m
	990, Part X, line 21.								
1 a	Is the organization an agent, trus							_	
	included on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	llowing table:					
							Amount		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance							1	
2a	Did the organization include an am	•	•	•			, _	Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Check h	nere if the e	xplanation ha	s been pi	ovided on Part XII	<u> </u>		
Pa	rt V Endowment Funds.	ation anawarad "V	oo" on For	m 000 Dor	+ I\/   lino	10			
	Complete if the organiza		1		c) Two year				
		(a) Current year	(b) Pric	r year (	i wo year	s back (d) Three y	rears back	(e) Four ye	ears dack
1 a	Beginning of year balance						$\longrightarrow$		
b	Contributions								
С	Net investment earnings, gains,								
	and losses						$\longrightarrow$		
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage		end balanc	e (line 1g, col	lumn (a))	held as:			
a b	Board designated or quasi-endown Permanent endowment ▶	%							
C	Term endowment								
C	The percentages on lines 2a, 2b, a	- ' -	100%						
3 a	Are there endowment funds not in	· · · · · · · · · · · · · · · · · · ·		ation that are	held an	d administered for	· the		
Ju	organization by:	the possession of t	ine organize	tion that are	ricia ari	a administered for	uic	Ye	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended u	•							
	rt VI Land, Buildings, and Equ Complete if the organize					_			
	Complete if the organiz	ation answered "Y	es" on Fo						
	Description of property		or other basis stment)	(b) Cost or other		(c) Accumulated depreciation	(d)	Book value	9
1a	Land	,	,	,	,623.			711	L,623.
b	Buildings			4,331	,057.	3,451,504.		879	9,553.
С	Leasehold improvements			1,940	,184.	956,117.		984	1,067.
d	Equipment			5,008	,307.	4,123,496.		884	1,811.
е	Other								
	I. Add lines 1a through 1e. (Column		m 990. Part	X. column (F	3). line 10	)c.)		3,460	0,054.

Part VII	Investments - Other Securities.	red "Yes" on Form 990	Page , , Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financi	al derivatives		
(2) Closely	held equity interests		
(3) Other _			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	(I)		
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Complete if the organization answer		, 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
(4)		_	Cost of olid-ol-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>	
Part IX	Other Assets.		
	Complete if the organization answer	red "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)	was the second second Ferral 2000 Best V and the	D) line 45 )	
Part X	umn (b) must equal Form 990, Part X, col. (l Other Liabilities.	3) IIIIe 15.)	
Part A		red "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.		cription of liability	(b) Book value
	ral income taxes	onpuon or nability	(b) Book value
	OS HELD FOR KIWANIS YOUTH		
	RAMS, INC.		3,270,426
(4)			3,2,0,120
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 2	25.)	3,270,426
,	or uncertain tax positions. In Part XIII, provide	,	

Page 4 Schedule D (Form 990) 2020

Part	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	19,961,103.
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.)		720 474
е	Add lines 2a through 2d	2e 3	730,474.
3	Subtract line 2e from line 1	3	17,230,027.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)	-	
C	Add lines 4a and 4b	4c	142,128.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	19,372,757.
Part	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_	16,843,841.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	-	
d	Other (Describe in Lat Alli.)	20	528,700.
е	Add lines 2a through 2d	2e 3	16,315,141.
3	Subtract line 2e from line 1		10,010,111.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b 4a 142,128.		
a b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	142,128.
_ 5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).	5	16,457,269.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
		ialion	•
SEE	PAGE 5		

#### Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

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:

\$528,700

#### **SCHEDULE F** (Form 990)

#### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

KIW.	ANIS INTERNATIONAL, INC	Ξ.			36-13275	10
Par	General Information o Form 990, Part IV, line 14th		Outside the	United States. Compl	ete if the organization a	inswered "Yes" or
1	For grantmakers. Does the org	ganization mai	ntain records	to substantiate the amou	unt of its grants and	
	other assistance, the grantees'	eligibility for t	he grants or	assistance, and the selec	ction criteria used to	
	award the grants or assistance?				[	Yes No
	For grantmakers. Describe in I outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants and	d other assistance
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace 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)	EUROPE	1	5.	DDOGDAM GEDVIGEG	MAINTAINING OFFICES	721,078.
(1)	EUROPE	1.	5.	PROGRAM SERVICES	MAINTAINING OFFICES	/21,0/8.
(2)	SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	GROWTH-ADMIN	866.
(3)	SOUTH AMERICA	0.	0.	PROGRAM SERVICES	GROWTH-ADMIN	61,324.
(4)	EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	GROWTH-ADMIN	93,679.
(5)	CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		2,025,946.
(6)	NORTH AMERICA	0.	0.	PROGRAM SERVICES	GROWTH-ADMIN	900.
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b		1.	5.			2,903,793.
D	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	1.	5.			2,903,793.

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

Schedule F (Form 990) 2020 Page 2

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, othe
(1)			EAST ASIA/PACIFIC	GROWTH	27,000.	WIRE TRANS.			
(2)			SOUTH ASIA	GROWTH	27,500.	WIRE TRANS.			
(3)			EAST ASIA/PACIFIC	GROWTH	10,084.	WIRE TRANS.			
(4)			EAST ASIA/PACIFIC	GROWTH	5,004.	WIRE TRANS.			
(5)									
(6)									
(7)									
(8)									
(9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									
	er total number of recipient or	ganizations listed al	nove that are recognize	d as charities by	the foreign country	recognized a	es a tav	1	

Schedule F (Form 990) 2020

### Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of (f) Amount of (h) Method of (g) Description valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) \_(4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16) (17) (18)

Schedule F (Form 990) 2020
Part IV Foreign Forms

rarı	roreign 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
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
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," 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)		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) 2020 Page **5** 

## Part V Supplem

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.

### **SCHEDULE I** (Form 990)

### **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

**Open to Public** Inspection

Name of the organization	Employer identificati	Employer identification number					
KIWANIS INTERNATIONAL, INC.						36-132751	.0
Part I General Information on Grants an	d Assistanc	e				1	
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proces</li> </ol>	ts or assistand	e?					X Yes No
Part IV, line 21, for any recipient to		_					es" on Form 990,
(a) Name and address of organization or government	<b>(b)</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 assistance	(h) Purpose of grant or assistance
(1) CIRCLE K INTERNATIONAL							
3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268	01-0772160	501(C)(4)	368,302.				GENERAL SUPPORT
_(2)							
_(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul> <li>Enter total number of section 501(c)(3) and</li> <li>Enter total number of other organizations lis</li> </ul>	-	-					1.

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

Schedule I (Form 990) (2020)

Part III 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 recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
3					
4					
5					
3					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional 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) (2020)

# Part III 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 recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
_3					
_4					
_ 5					
_ 6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any 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 J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KIWANIS INTERNATIONAL, INC.

Employer identification number

36-1327510

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	X Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
-	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
'	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020 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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(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)	212,688.	0.	0.	8,508.	15,886.	237,082.	
1 EXECUTIVE DIRECTOR	(ii)	45,116.	0.	0.	1,805.	3,370.	50,291.	
ROBERT W. BRODERICK	(i)	182,478.	0.	2,000.	7,379.	18,620.	210,477.	
2CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.				
JEFFREY E. OATESS	(i)	175,221.	0.	0.	7,009.	17,099.	199,329.	
3 <sup>CHIEF</sup> OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
DAVID KRESS	(i)	151,033.	0.	2,000.	6,121.	18,620.	177,774.	
4 GENERAL LEGAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	
BENJAMIN F. HENDRICKS I	(i)	139,200.	0.	2,000.	5,648.	18,620.	165,468.	
5 <sup>CHIEF</sup> COMMUNICATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
WILLIAM W. PARKER	(i)	129,574.	0.	0.	5,183.	17,620.	152,377.	
6 <sup>CONTROLLER</sup>	(ii)	0.	0.	0.				
PAMELA NORMAN (BEG 9/1/	(i)	106,146.	0.	1,667.	4,246.	15,517.	127,576.	0.
7 <sup>CHIEF</sup> PHILANTHROPY OFFICER	(ii)	21,229.	0.	333.	849.	3,103.	25,514.	0.
	(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) 2020 Page 3

#### Part | 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

Schedule J (Form 990) 2020 Page 3

#### Part | 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.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 36-1327510

KIWANIS INTERNATIONAL, INC.

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

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

Employer identification number

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

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 FEBRUARY 2021 BY INDEPENDENT FIRMS AND COORDINATED BY THE DIRECTOR OF OPERATIONS (HUMAN RESOURCES). THE RESULTS FOR THE FEBRUARY 2021 COMPENSATION REVIEW WAS DELIVERED TO KI IN JULY 2021.

Name of the organization KIWANIS INTERNATIONAL, INC.

Employer identification number 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.

ATTACHMENT 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 335,000 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

Name of the organization KIWANIS INTERNATIONAL, INC.

Employer identification number 36-1327510

ATTACHMENT 2 (CONT'D)

ON HOW TO LEAD AND OPERATE A CLUB, TO EDUCATE LIEUTENANT GOVERNORS
ON HOW TO LEAD A DIVISION, TO EDUCATE DISTRICT OFFICERS ON HOW TO
LEAD AND OPERATE A DISTRICT, AND TO EDUCATE THE BOARD OF TRUSTEES
ON 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 AND 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 2021. 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).

Name of the organization KIWANIS INTERNATIONAL, INC.

Employer identification number 36-1327510

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 SERVICES

DESCRIPTION GRANTS

EXPENSES

REVENUE

OTHER PROGRAM SERVICES - PLEASE SEE SCHEDULE O

1,196.

5,247,474.

5,515,484.

Schedule O (Form 990 or 990-EZ) 2020 Page 2

Name of the organization Employer identification number KIWANIS INTERNATIONAL, INC. 36-1327510 ATTACHMENT 5 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION GRANTS EXPENSES REVENUE

> TOTALS 1,196. 5,247,474. 5,515,484.

> > ATTACHMENT 6

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

BELGIUM

CANADA

INDIA

PHILIPPINES

FRANCE

ATTACHMENT 7

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
THE CENTER FOR LEADERSHIP EXCELLENCE 15349 MERRITT PASS NOBLESVILLE, IN 46062	CONSULTING	155,500.
FINELINE PRINTING GROUP 8081 ZIONSVILLE ROAD INDIANAPOLIS, IN 46268	PUBLISHING-PRINTING	151,969.
THE ORDER FULFILLMENT GROUP PO BOX 78474 INDIANAPOLIS, IN 46268	MDSE FULFILLMENT	141,969.
MIDLAND PAPER COMPANY 1140 PAYSPHERE CIRCLE CHICAGO, IL 60674	PUBLISHING-PRINTING	141,428.
TOUCHSTONE MERCHANDISE GROUP 7200 INDUSTRIAL ROW MASON, OH 45040	CONSULTING	423,437.

#### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

KIWANIS INTERNATIONAL, INC.

Employer identification number 36-1327510

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

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 Prin		(b) (c) Primary activity Legal domicile (state or foreign country)		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?
							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) 2020

JSA

Schedule R (Form 990) 2020

Part I	Identification of Relate because it had one or	ted Organizations more related org	s Taxable anization	e as a Partnersl as treated as a p	hip. Complete if the artnership during th	e organization a e tax year.	nswered "Yes"	on l	Form	n 990, Part IV,	line	34,					
	(a) Name, address, and EIN of related organization	<b>(b)</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	(h) Disproportionate allocations?		Disproportionate		Disproportionate		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(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? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2020 Page 3

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

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 listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	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		X
a	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s).	1h		X
i	Exchange of assets with related organization(s)	1i		X
	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
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
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	
	Sharing of paid employees with related organization(s)	10	Х	
_				
р	Reimbursement paid to related organization(s) for expenses	1р		Х
-			Х	
-1	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
r	Other transfer of cash or property to related organization(s)	1r	Х	
s	Other transfer of cash or property from related organization(s)			Х
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three		s.	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CIRCLE K INTERNATIONAL	В	368,302.	CASH
(2) KIWANIS CHILDREN'S FUND	N,O	915,300.	CASH
(3) CIRCLE K INTERNATIONAL	N,O	207,000.	CASH
(4) KIWANIS YOUTH PROGRAMS	N,O	578,988.	CASH
(5) KIWANIS CHILDREN'S FUND	Q	2,854,629.	CASH
(6) CIRCLE K INTERNATIONAL	Q	522,552.	CASH

Page 3 Schedule R (Form 990) 2020

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: 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 listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	_ 1a		
	Gift, grant, or capital contribution to related organization(s)			
	Gift, grant, or capital contribution from related organization(s)			
	Loans or loan guarantees to or for related organization(s)			
е	Loans or loan guarantees by related organization(s)	_ 1e		
f	Dividends from related organization(s)	_ 1f		
g	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	- 1		
i	Exchange of assets with related organization(s)	1i		
i	Lease of facilities, equipment, or other assets to related organization(s)			
•	, , , , , , , , , , , , , , , , , , , ,			
k	Lease of facilities, equipment, or other assets from related organization(s)	. 1k		
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	Performance of services or membership or fundraising solicitations by related organization(s)			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
	Sharing of paid employees with related organization(s)			
		-		
g	Reimbursement paid to related organization(s) for expenses	. 1p		
	Reimbursement paid by related organization(s) for expenses			
•				
r	Other transfer of cash or property to related organization(s)	_ 1r		
s	Other transfer of cash or property from related organization(s).	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction the	resholo	ls.	
	(a) (b) (c)	(d)		
	Name of related organization Transaction Amount involved Meth	od of det	erminir	na

amount involved type (a-s) KIWANIS YOUTH PROGRAMS Q 1,906,115. CASH KIWANIS CHILDREN'S FUND R 251,337. CASH CIRCLE K INTERNATIONAL R 208,974. CASH 1,371,350. KIWANIS YOUTH PROGRAMS R CASH (5)

Schedule R (Form 990) 2020

## 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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	Are all sec 501 organiz	partners etion (c)(3) eations?	(f) Share of total income	(g) Share of end-of-year assets	Dispro	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) eral or aging ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(1 01111 1003)	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2020 Page 5

## Part VII Supplemental Information

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

Form **990-T** 

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

	For cale	indar year 2020 or other tax year beginning $\frac{10/01}{}$ , 2020, and ending $\frac{09/30}{}$ , 20	2 1	2M2N
Department of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.		<u> </u>
Internal Revenue Service	<b>▶</b> Do	onot enter SSN numbers on this form as it may be made public if your organization is a 501(c)	(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		Name of organization ( Check box if name changed and see instructions.)	D Empl	oyer identification number
address change		KIWANIS INTERNATIONAL, INC.	36-	1327510
<b>B</b> Exempt under section	Print			p exemption number astructions)
X 501( C )( 4 )	Type	3636 WOODVIEW PLACE	(	<b>-</b>
408(e) 220(e)	e)	City or town, state or province, country, and ZIP or foreign postal code		1
408A 530(a		111011111111111111111111111111111111111	F	Check box if an amended return.
529(a) 529A		k value of all assets at end of year \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
G Check organization				Applicable reinsurance entity
H Check if filing only		Claim credit from Form 8941 Claim a refund shown on Form 2		
		ation filing a consolidated return with a 501(c)(2) titleholding corporation		
		d Schedules A (Form 990-T)		
•		corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		▶ Yes X No
L The books are in ca		identifying number of the parent corporation ► PATTY BURKE Telephone number ► 317	1_075	_ 0755
L THE DOORS are in Ca	are or 🚩	ration bolice Point in the Point Point in the Point Po	075	0733
		3636 WOODVIEW TRACE		
		INDIANAPOLIS IN 46268		
Part I Total Uni		Business Taxable Income		
		ness taxable income computed from all unrelated trades or businesses (see		
		iness taxable income computed from an unrelated trades of businesses (see		
		see instructions for limitation rules)		
		taxable income before net operating losses. Subtract line 4 from line 3		0.
		ng loss. See instructions		
		ness taxable income before specific deduction and section 199A deduction		
		ally \$1,000, but see instructions for exceptions)	- 1	
		uction. See instructions		
		es 8 and 9		
		able income. Subtract line 10 from line 7. If line 10 is greater than line 7		
enter zero			. 11	0.
Part   Tax Con				
	_	corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	
		rates. See instructions for tax computation. Income tax on the amount or	n 🦳	
Part I, line 11 fro	ſ	Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See	instruction	s	▶ 3	
		structions	. 4	
		trusts only)	. 5	
		ility income. See instructions	. 6	
		6 to line 1 or 2, whichever applies	. 7	

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Page 2

Pai	t III	Tax and Payments				
1 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a				
b	Other of	redits (see instructions)				
С	Genera	business credit. Attach Form 3800 (see instructions) 1c				
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)				
е	Total c	edits. Add lines 1a through 1d	1e			
2	Subtrac	t line 1e from P <u>art II,</u> line 7 <u></u> <u></u>	2			
3	Other ta	xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866				
		Other (attach statement)	3			
4		x. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under				
	section	1294. Enter tax amount here	4			0.
5		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4				
6 a	Payme	its: A 2019 overpayment credited to 2020				
b	2020 e	stimated tax payments. Check if section 643(g) election applies   6b				
С	Tax dep	osited with Form 8868				
d	Foreigr	organizations: Tax paid or withheld at source (see instructions) 6d				
е	Backup	withholding (see instructions) 6e				
f	Credit f	or small employer health insurance premiums (attach Form 8941) 6f				
g		edits, adjustments, and payments: Form 2439				
	F	orm 4136 Other Total ▶ 6g	_			
7	-	ayments. Add lines 6a through 6g				
8		ed tax penalty (see instructions). Check if Form 2220 is attached	8			
9		a. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed				
10	-	yment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid				
11		e amount of line 10 you want: Credited to 2021 estimated tax				
	t IV	Statements Regarding Certain Activities and Other Information (see instruction			V	N.
1		time during the 2020 calendar year, did the organization have an interest in or a signature o		-	Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m				
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	roreign	country	х	
2		ATCH 1 the tax year, did the organization receive a distribution from, or was it the grantor of, or	transfora		21	
2	-	trust?				Х
		' see instructions for other forms the organization may have to file.				
3		the amount of tax-exempt interest received or accrued during the tax year				
-		organization change its method of accounting? (see instructions)				Х
		is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form		ıf "No"		
		in Part V		-		
Par		Supplemental Information				
		planation required by Part IV, line 4b. Also, provide any other additional information. See instructions.				
1100	do 1110 02	planation required by Fair 17, line 45. 7130, provide any other additional information. See instructions.				
		SUPPLEMENTAL INFORMATION ATTACHED				
	tr	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the lie, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	best of my	knowledge	and beli	ief, it is
Sig	n   📐		ay the IR	S discuss	this r	return
Her		OBERT W. BRODERICK 08/15/2022 CFO	ith the p	rep <u>arer</u> sh		
	S	•	ee instructions		s	No
Paic	ı	Print/Type preparer's name Preparer's signature Date Chec	ck lif	PTIN		
	ı Darer	1 100 11 1 1200 1 0 0 0 0 0 0	employed	P012		
	Only			44-016		
		Firm's address ▶ 201 N. ILLINOIS STREET, INDIANAPOLIS, IN 46204 Phor	ne no. 317			
JSA 0X274	1 1.000			Form 99	€0-T	(2020)

## SUPPLEMENTAL INFORMATION DETAIL

PART NUMBER: PART I LINE 6

#### EXPLANATION:

FORM 990-T PRE-2018 NOL CARRYFORWARD 09/30/2021

LOSS YEAR ENDING	ORIGINAL LOSS	AMOUNT UTILIZED	LOSS AVAILABLE
9/30/2001	226,720	=	226,720
9/30/2002	103,612	=	330,332
9/30/2003	-	=	330,332
9/30/2004	98,913	=	429,245
9/30/2005	85,873	=	515,118
9/30/2006	82,409	=	597,527
9/30/2007	60,057	=	657,584
9/30/2008	442	=	658,026
9/30/2009	16,096	_	674,122
9/30/2010	7,416	_	681,538
9/30/2011	_	(20,352)	661,186
9/30/2012	_	(17,723)	643,463
9/30/2013	117,478	_	760,941
9/30/2014	120,953	_	881,894
9/30/2015	107,590	_	989,484
9/30/2016	71,973	_	1,061,457
9/30/2017	32,838	_	1,094,295
9/30/2018	51,887	_	1,146,182
9/30/2019	_	_	1,146,182
9/30/2020	_	(16,855)	1,129,327
9/30/2021	_	_	1,129,327
AVAILABLE NOL			1,129,327

## SUPPLEMENTAL INFORMATION DETAIL

PART NUMBER: SCHEDULE A, PART II

LINE NUMBER: LINE 17

#### EXPLANATION:

FORM 990-T, SCHEDULE A INCOME FROM ADVERTISING/CORPORTATE RELATIONS NOL CARRYFORWARD 09/30/2021

LOSS YEAR ENDING	ORIGINAL LOSS	AMOUNT UTILIZED	LOSS AVAILABLE
9/30/2019	64,379	_	64,379
9/30/2020	69,080	_	133,459
9/30/2021	76,742	_	210,201
AVAILABLE NOL			201,201

#### SUPPLEMENTAL INFORMATION DETAIL

PART NUMBER: SCHEDULE A, PART II

LINE NUMBER: LINE 17

#### EXPLANATION:

FORM 990-T, SCHEDULE A INCOME FROM ALTERNATIVE INVESTMENTS NOL CARRYFORWARD 09/30/2021

LOSS YEAR ENDING ORIGINAL LOSS AMOUNT UTILIZED LOSS AVAILABLE 9/30/2021 2,585 - 2,585 AVAILABLE NOL 2,585

## **SCHEDULE A** (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0074

Department of the Treasury

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only

Internal Revenue Service A Name of the organization B Employer identification number KIWANIS INTERNATIONAL, INC. 36-1327510 C Unrelated business activity code (see instructions) ▶ 901101 **D** Sequence: 1 of 2

<u>U</u> Ur	irelated business activity code (see instructions) ▶ 901101		ַט	Sequence: 1		of 4
	AT THE DAY OF TAKE	Сфил.	NTT C			
	escribe the unrelated trade or business > ALTERNATIVE INVE	STMF.				
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a	5,239.			5,239.
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) ATCH 2.	5	-4,098.			-4,098.
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	-				
11	Advertising income (Part IX)					
12	Other income (see instructions; attach statement)					
13	Total. Combine lines 3 through 12	$\overline{}$	1,141.			1,141.
Pai	Deductions Not Taken Elsewhere (See instructions	for li	mitations on dedu	ictions) Dedu	ctions m	ust be directly
	connected with the unrelated business income			,		•
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance					
4	Bad debts					
5	Interest (attach statement) (see instructions)					
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562) (see instructions)					
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans					
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	3,726.
15	Total deductions. Add lines 1 through 14				15	3,726.
16	Unrelated business income before net operating loss deduction					
-	column (C)				16	-2,585.
17	Deduction for net operating loss (see instructions)				17	
18	Unrelated business taxable income. Subtract line 17 from line				18	-2,585.
_	anerwork Reduction Act Notice see instructions					Form 990-T) 2020

For Paperwork Reduction Act Notice, see instructions.

Page 2

Part	Cost of Goods Sold	Enter method of inven	tory valuation 🕨		
1	Inventory at beginning of year			1	
	Purchases				
	Cost of labor				
	Additional section 263A costs (attach statements)				
	Other costs (attach statement)				
	Total. Add lines 1 through 5				
	Inventory at end of year				
	Cost of goods sold. Subtract line 7 from line				
					Yes No
	Do the rules of section 263A (with respect to				Yes No
Part	Nent Income (From Real Property Street addre				
		ss, city, state, ZIF code). Glie	ck ii a duai-use (see iiisti	uctions)	
	A				
	B				
	<u>c</u>				
	D	Α	<b>D</b>	С	
		A	В	U	D
	Rent received or accrued				
	From personal property (if the percentage				
	rent for personal property is more than 10	%			
	but not more than 50%)				
b	From real and personal property (if the	ne			
	percentage of rent for personal proper	ty			
	exceeds 50% or if the rent is based on profit	or			
	income)				
С	Total rents received or accrued by propert	ty.			
	Add lines 2a and 2b, columns A through D .				
3	Total rents received or accrued. Add line 2c	columns A through D. Enter h	nere and on Part I, line 6,	column (A)	
4	Deductions directly connected with the incon	ne			
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A throu	gh D. Enter here and on Part	t I, line 6, column (B)		
Part	V Unrelated Debt-Financed Incor	ne (see instructions)			
1	Description of debt-financed property (street	address, city, state, ZIP code)	. Check if a dual-use (see	e instructions)	
	A				
	В				
	c				
	D				
		A	В	С	D
2	Gross income from or allocable to debt-finance	ed			
	property				
	Deductions directly connected with or allocab				
	to debt-financed property				
	Straight line depreciation (attach statement).				
	Other deductions (attach statement)				
	Total deductions (add lines 3a and 3				
•	columns A through D)	·			
	Amount of average acquisition debt on or allocal				
	to debt-financed property (attach statement)				
	Average adjusted basis of or allocable to det				
	financed property (attach statement)		0/	0/	0/
	Divide line 4 by line 5		%	%	%
	Gross income reportable. Multiply line 2 by line		B (1 F = 1		
8	Total gross income (add line 7, columns A th	rough ש). Enter here and on	Part I, line 7, column (A)	· · · · · · · · • .	
_	AH 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		T	I	
	Allocable deductions. Multiply line 3c by line			(D)	
	Total allocable deductions. Add line 9, colum			· · · · · · · · · · · · · · · · · · ·	
11	Total dividends-received deductions included	ın line 10			

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Page 3 Schedule A (Form 990-T) 2020

Part VI Interest, Ann	uities. Rovalt	ies. and Rents	s from Controlled Organi	zations (see instructions)	Tage <b>O</b>
, , , , , , , , , , , , , , , , , , , ,		,		ntrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
		Nonexe	empt Controlled Organization	ns	
7. Taxable income	ind	let unrelated come (loss) instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Part VII Investment I	ncome of a S	ection 501(c)	(7), (9), or (17) Organiza	tion (see instructions)	
1. Description of income	<b>2.</b> Am	ount of income	Deductions     directly connected     (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part VIII Exploited Ex	empt Activity	Income, Othe	er Than Advertising Incor	me (see instructions)	
1 Description of exploited a					
2 Gross unrelated busines	2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)				
3 Expenses directly conn	ected with pro	duction of unr	elated business income. En	ter here and on Part I,	
line 10, column (B)					3
4 Net income (loss) from	n unrelated tra	de or business.	. Subtract line 3 from line	e 2. If a gain, complete	
lines 5 through 7					4
5 Gross income from activity	ty that is not unre	lated business inco	ome		5
6 Expenses attributable to i	ncome entered or	n line 5			6
7 Excess exempt expense	s. Subtract line	5 from line	6, but do not enter more	than the amount on line	
4. Enter here and on Part I	II, line 12	<u> </u>			7

Schedule A (Form 990-T) 2020

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Schedule A (Form 990-T) 2020 Page 4

	Advertising Income				
1	Name(s) of periodical(s). Check box	if reporting two or more periodicals on a	a consolidated basis.		
	A				
	В				
	c				
	D				
iter a	amounts for each periodical listed abo			_	
		A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter her	e and on Part I, line 11, column (A)			<b>&gt;</b>
	-				
3	Direct advertising costs by periodical				
		e and on Part I, line 11, column (B)			
а	Add Coldiniis A through D. Enter her	e and on Fart i, line 11, column (b).			
				I	
	Advertising gain (loss). Subtract line 3				
	2. For any column in line 4 showing	ng a gain,			
	complete lines 5 through 8. For any	column in			
	line 4 showing a loss or zero, do not	t complete			
	lines 5 through 7, and enter zero on li	ne 8			
	Readership costs				
	Circulation income				
	Excess readership costs. If line 6 is				
	•				
	line 5, subtract line 6 from line 5. I				
	less than line 6, enter zero				
	Excess readership costs allower				
	deduction. For each column showing	a gain on			
	line 4, enter the lesser of line 4 or line	7			
а	Add line 8, columns A through I	D. Enter the greater of the line 8	a, columns total or	zero here and on	
	Part II, line 13				
	raitii, iiiie io				<b>-</b>
					<b>&gt;</b>
Part		rs, Directors, and Trustees (se	e instructions)		<b>&gt;</b>
			e instructions)	3. Percentage	4. Compensation
			e instructions)		Compensation attributable to
	X Compensation of Office	rs, Directors, and Trustees (se	e instructions)	3. Percentage	
Part	X Compensation of Office	rs, Directors, and Trustees (se	e instructions)	3. Percentage f time devoted to business	attributable to
Part	X Compensation of Office	rs, Directors, and Trustees (se	e instructions)	3. Percentage f time devoted to business	attributable to
Part	X Compensation of Office	rs, Directors, and Trustees (se	e instructions)	3. Percentage f time devoted to business	attributable to
) ) )	X Compensation of Office	rs, Directors, and Trustees (se	e instructions)	3. Percentage f time devoted to business	attributable to
) () (3)	X Compensation of Office	rs, Directors, and Trustees (se	e instructions)	3. Percentage f time devoted to business  %	attributable to
Part	1. Name	rs, Directors, and Trustees (se	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
) () () ()	1. Name	rs, Directors, and Trustees (se	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
) ) ) ) ) ) ) otal.	1. Name  Lenter here and on Part II, line 1.	rs, Directors, and Trustees (se	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
Part  (1) (2) (3) (4) (otal.	1. Name	rs, Directors, and Trustees (se	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
Part  (1) (2) (3) (4) (otal.	1. Name  Lenter here and on Part II, line 1.	rs, Directors, and Trustees (se	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
) ) ) ) ) ) ) otal.	1. Name  Lenter here and on Part II, line 1.	rs, Directors, and Trustees (se	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
Part	1. Name  1. Name  Enter here and on Part II, line 1.  Supplemental Information	z. Title  2. Title  on (see instructions)	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
Part	1. Name  Lenter here and on Part II, line 1.	z. Title  2. Title  on (see instructions)	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
Part	1. Name  1. Name  Enter here and on Part II, line 1.  Supplemental Information	z. Title  2. Title  on (see instructions)	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
) ) ) ) ) ) ) otal.	1. Name  1. Name  Enter here and on Part II, line 1.  Supplemental Information	z. Title  2. Title  on (see instructions)	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
) ) ) ) ) ) ) otal.	1. Name  1. Name  Enter here and on Part II, line 1.  Supplemental Information	z. Title  2. Title  on (see instructions)	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
) ) ) ) ) ) ) otal.	1. Name  1. Name  Enter here and on Part II, line 1.  Supplemental Information	z. Title  2. Title  on (see instructions)	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
Part  (1) (2) (3) (4) (otal.	1. Name  1. Name  Enter here and on Part II, line 1.  Supplemental Information	z. Title  2. Title  on (see instructions)	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
) ) ) ) ) ) ) otal.	1. Name  1. Name  Enter here and on Part II, line 1.  Supplemental Information	z. Title  2. Title  on (see instructions)	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
) ) ) ) ) ) ) otal.	1. Name  1. Name  Enter here and on Part II, line 1.  Supplemental Information	z. Title  2. Title  on (see instructions)	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
Part  (1) (2) (3) (4) (otal.	1. Name  1. Name  Enter here and on Part II, line 1.  Supplemental Information	z. Title  2. Title  on (see instructions)	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
Part  (1) (2) (3) (4) (otal.	1. Name  1. Name  Enter here and on Part II, line 1.  Supplemental Information	z. Title  2. Title  on (see instructions)	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
Part  (1) (2) (3) (4) (otal.	1. Name  1. Name  Enter here and on Part II, line 1.  Supplemental Information	z. Title  2. Title  on (see instructions)	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
Part  (1) (2) (3) (4) (otal.	1. Name  1. Name  Enter here and on Part II, line 1.  Supplemental Information	z. Title  2. Title  on (see instructions)	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
) ) ) ) ) ) ) otal.	1. Name  1. Name  Enter here and on Part II, line 1.  Supplemental Information	z. Title  2. Title  on (see instructions)	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to
Part  (1) (2) (3) (4) (otal.	1. Name  1. Name  Enter here and on Part II, line 1.  Supplemental Information	z. Title  2. Title  on (see instructions)	e instructions)	3. Percentage f time devoted to business  % % % %	attributable to

## **SCHEDULE A** (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only

Internal Revenue Service A Name of the organization B Employer identification number 36-1327510 KIWANIS INTERNATIONAL, INC. of 2 C Unrelated business activity code (see instructions) ▶ 541800 **D** Sequence: 2

	included business detivity code (see instructions) P = =====			ocquence. –		
	escribe the unrelated trade or business ADVERTISING/CORP	ORAT			Т	
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10	159,249.	471,6		
11	Advertising income (Part IX)	11	776.	76,6	18.	-75,842.
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12		160,025.			
Pai	Deductions Not Taken Elsewhere (See instructions	for I	imitations on dedu	ctions) Deduc	tions ı	must be directly
	connected with the unrelated business income					
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement) (see instructions)				5	
6	Taxes and licenses		1 1		6	
7	Depreciation (attach Form 4562) (see instructions)					
8	Less depreciation claimed in Part III and elsewhere on return .				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	900.
15	<b>Total deductions.</b> Add lines 1 through 14				15	900.
16	Unrelated business income before net operating loss deduction					BC 540
	column (C)				16	-76,742.
17	Deduction for net operating loss (see instructions)				17	
<u>18</u>	Unrelated business taxable income. Subtract line 17 from line	16		<u> </u>	18	-76,742.

For Paperwork Reduction Act Notice, see instructions.

Part	Cost of Goods Sold	Enter method of invent	tory valuation 🕨		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to pr	operty produced or acquir	ed for resale) apply to the	e organization?	Yes No
Part	IV Rent Income (From Real Propert	y and Personal Prop	erty Leased with R	eal Property)	
1	Description of property (property street address,	city, state, ZIP code). Ched	ck if a dual-use (see instr	uctions)	
	Α				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or $% \left\{ 1\right\} =\left\{ 1\right\} =\left$				
	income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c col	umns A through D. Enter h	ere and on Part I, line 6,	column (A)	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and on Part	I, line 6, column (B)		
Par	t V Unrelated Debt-Financed Income	(coo instructions)			
			Chook if a dual use (see	instructions)	
1	Description of debt-financed property (street add	aress, city, state, ZIP code).	. Check ii a duai-use (see	e instructions)	
	В —				
	c				
	D				
		Α	В	С	
2	Gross income from or allocable to debt-financed				
_	property				
3	Deductions directly connected with or allocable				
-	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A thro	ugh D). Enter here and on	Part I, line 7, column (A)	· · · · · · · · • • _	
		· 			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter here a	and on Part I, line 7, colur	mn (B)	
11	Total dividends-received deductions included in	line 10		▶ _	

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Part VI Interest, Ann	uities, Royalt	ies, and Rents	s from Controlled	d Organiza	ations (see instructions)		
		Exempt Controlled Organizations					
Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions	payments i		5. Part of column 4 that is included in the controlling organization's gross income		5. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
		Nonexe	mpt Controlled Or	ganizations	3		
7. Taxable income	ind	let unrelated come (loss) instructions)	9. Total of spec payments mad		10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with ncome in column 10
(1)							
(2)							
(3)							
(4)							
Totals				►	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)		dd columns 6 and 11. hter here and on Part I, line 8, column (B)
Part VII Investment In  1. Description of income		ount of income	(7), (9), Or (17) C 3. Deduction		on (see instructions) 4. Set-asides		5. Total deductions
T. Description of moonic	2.7(11)	ount of income	directly connect (attach statement	ted	(attach statement)		and set-asides add columns 3 and 4)
(1)							
(2)							
(3)							
(4)							
Totals	Enter he	ounts in column 2. ere and on Part I, 9, column (A)					d amounts in column 5. ter here and on Part I, line 9, column (B)
Part VIII Exploited Ex				ng Incom	e (see instructions)		
1 Description of exploited ac	ctivity: CORPOR	ATE RELATIO	ONS				
2 Gross unrelated business	s income from	trade or busin	ess. Enter here an	nd on Part	I, line 10, column (A)	2	159,249.
3 Expenses directly conne	ected with pro	duction of unr	elated business ind	come. Ente	er here and on Part I,		
line 10, column (B)						3	471,627.
4 Net income (loss) from	n unrelated tra	de or business	Subtract line 3	from line	2. If a gain, complete		
lines 5 through 7						4	-312,378.
5 Gross income from activit	y that is not unre	lated business inc	ome			5	
6 Expenses attributable to in	ncome entered or	n line 5				6	
7 Excess exempt expenses	s. Subtract line	5 from line	6, but do not ent	er more th	han the amount on line		
4. Enter here and on Part I	I, line 12				<u> </u>	7	

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Pai	rt IX Advertising Income				
1	Name(s) of periodical(s). Check box if	reporting two or more periodicals o	n a consolidated basis.		
	A KIWANIS MAGAZINE				
	В				
	c				
	D -				
=nter	amounts for each periodical listed abov	e in the corresponding column			
	amounts for each periodical notes abov	A	В	С	D
_		776			
2	Gross advertising income				776.
а	Add columns A through D. Enter here	and on Part I, line 11, column (A).			<u> </u>
		76 610		1	
3	Direct advertising costs by periodical .	•			76.610
а	Add columns A through D. Enter here	and on Part I, line 11, column (B).			76,618.
				1	
4	Advertising gain (loss). Subtract line 3	from line			
	2. For any column in line 4 showing	a gain,			
	complete lines 5 through 8. For any c	olumn in			
	line 4 showing a loss or zero, do not o	complete			
	lines 5 through 7, and enter zero on line				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is le				
′	•				
	line 5, subtract line 6 from line 5. If				
_	less than line 6, enter zero				
8	Excess readership costs allowed				
	deduction. For each column showing a	-			
	line 4, enter the lesser of line 4 or line 7	•			
а	Add line 8, columns A through D.	Enter the greater of the line	8a, columns total or	zero here and on	
	Part II, line 13				<b>&gt;</b>
Par	rt X Compensation of Officers	, Directors, and Trustees (	see instructions)		
		(		2 Darsantons	4. Companyation
				3. Percentage	4. Compensation
	1. Name	2. Title	0	f time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
` ,				70	_
Tota	II. Enter here and on Part II, line 1			▶	
Par	rt XI Supplemental Information	3 (coo instructions)			
ıaı	Supplemental information	(see instructions)			
	SUPPLEMENTAL INFORMA	TION ATTACHED			

ATTACHMENT 1

## PART IV STATEMENTS REGARDING CERTAIN ACTIVITIES AND OTHER INFORMATION

NAMES OF FOREIGN COUNTRIES:

BELGIUM

CANADA

INDIA

PHILIPPINES

FRANCE

ATTACHMENT 2

## SCHEDULE A: ALTERNATIVE INVESTMENTS

### PART I LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
BREP EUROPE IV 2014		4,098.	-4,098.
INCOME (LOSS) FROM PARTNERSHIPS	AND/OR S CORPORATIONS		-4,098.

	36-1327510
ATTACHMENT	3

COTTENETT		3 7 000 3 7 3 00 7 7 7 7 7	TATE OF A TAKE O
SCHEDULE	Α:	ALTERNATIVE	INVESTMENTS

#### PART II LINE 14 - OTHER DEDUCTIONS DETAIL

PORTFOLIO DEDUCTIONS 3,726.

> 3,726. TOTAL OTHER DEDUCTIONS .....

ATTACHMENT	4	

SCHEDULE A:	ADVERTISING/CORPORATE	RELATIONS
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PART II LINE 14 - OTHER DEDUCTIONS DETAIL

ACCOUNTING FEES 900.

# SCHEDULE D (Form 1120)

Name

Department of the Treasury

Internal Revenue Service

## 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, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2020

Employer identification number

KIWANIS INTERNATIONAL, INC. 36-1327510 X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? . . . . . Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (d) (e) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars. 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). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b 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 95. 95. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Unused capital loss carryover (attach computation) 6 95. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . Long-Term Capital Gains and Losses - Assets Held More Than One Year (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (d) (e) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949. Part II. line 2. This form may be easier to complete if you round off cents to column (d) and combine (sales price) (or other basis) whole dollars column (a) the result with column (g) 8a 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). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked 5,144. 5,144. Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 5,144. Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 95. 16 5,144. Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns 5,239. Note: If losses exceed gains, see Capital Losses in the instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2020

JSA.

## Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

KIWANIS	INTERNATIONAL,	TNC
KIMMIN	INTERNATIONAL,	TIVC

Social security number or taxpayer identification number

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.

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) Description of property (Example: 100 sh. XYZ Co.)		(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss.  If you enter an amount in column (g), enter a code in column (f).		(h) Gain or (loss).
	(b) Date acquired (Mo., day, yr.)				(f) Code(s) from instructions	(g) Amount of adjustment	Subtract column (e) from column (d) and combine the result with column (g)
BREP EUROPE IV	VAR	VAR	95.				95

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 (2020)

above is checked), or line 3 (if Box C above is checked) ▶

Form 8949 (2020) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number		
KIWANIS INTERNATIONAL, INC.	36-1327510		

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).

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)

X (F) Long-term transactions	not reported t	o you on For	m 1099-B	T			
	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	1		(h) Gain or (loss). Subtract column (e) from column (d) and
	(Mo., day, yr.)				(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	combine the result with column (g)
BREP EUROPE IV	VAR	VAR	5,144.				5,144.
2 Totals. Add the amounts in columns negative amounts). Enter each total							

**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.

5,144.

Form **8949** (2020)

Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

above is checked), or line 10 (if Box F above is checked) ▶

5,144.