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OMB No 1545-0687

Form 990-T

Department of the Treasury
Internal Revenue ServiceExempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2017

For calendar year 2017 or other tax year beginning 10/01/17, and ending 09/30/18

► 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).

P09
Open to Public Inspection for
501(c)(3) Organizations Only

A	<input type="checkbox"/> Check box if address changed
B	Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)

C	Book value of all assets at end of year 3,906,051
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D	Employer identification number (Employees' trust, see instructions)
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Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) KIWANIS CLUB OF AA FOUNDATION INC.
	Number, street, and room or suite no. If a P O box, see instructions 100 N STAEBLER RD, STE. C
	City or town, state or province, country, and ZIP or foreign postal code ANN ARBOR MI 48103-9755
E	Unrelated business activity codes (See instructions) 531120

F	Group exemption number (See instructions)
G	Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

H	Describe the organization's primary unrelated business activity ► UNRELATED DEBT FINANCED INCOME
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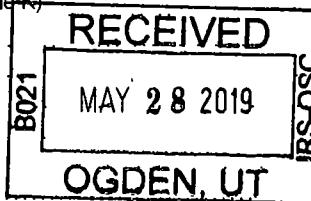
I	During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation ►
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J The books are in care of ► **GREGORY P. MEISNER** Telephone number ► **734-665-0450**

Part II Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances	c Balance		
2	Cost of goods sold (Schedule A, line 7)	► 1c		
3	Gross profit Subtract line 2 from line 1c	2		
4a	Capital gain net income (attach Schedule D)	3		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a		
c	Capital loss deduction for trusts	4b		
5	Income (loss) from partnerships and S corporations (attach statement)	4c		
6	Rent income (Schedule C)	5		
7	Unrelated debt-financed income (Schedule E)	6		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	7 24,103	16,140	7,963
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	8		
10	Exploited exempt activity income (Schedule I)	9		
11	Advertising income (Schedule J)	10		
12	Other income (See instructions, attach schedule)	11		
13	Total. Combine lines 3 through 12	12 24,103	16,140	7,963

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

14	Compensation of officers, directors, and trustees (Schedule K)	14
15	Salaries and wages	15
16	Repairs and maintenance	16
17	Bad debts	17
18	Interest (attach schedule)	18
19	Taxes and licenses	19
20	Charitable contributions (See instructions for limitation rules)	20
21	Depreciation (attach Form 4562)	21 5,459
22	Less depreciation claimed on Schedule A and elsewhere on return	22a 5,459 22b 0
23	Depletion	23
24	Contributions to deferred compensation plans	24
25	Employee benefit programs	25
26	Excess exempt expenses (Schedule I)	26
27	Excess readership costs (Schedule J)	27
28	Other deductions (attach schedule)	28
29	Total deductions. Add lines 14 through 28	29
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30 7,963
31	Net operating loss deduction (limited to the amount on line 30)	31
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32 7,963
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33 1,000
34	Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32	34 6,963



Part III Tax Computation

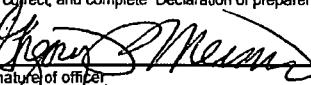
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ► <input type="checkbox"/> See instructions and		
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	(1) \$ <input type="text"/> (2) \$ <input type="text"/> (3) \$ <input type="text"/>	\$ <input type="text"/>
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000)	\$ <input type="text"/>	\$ <input type="text"/>
c	Income tax on the amount on line 34		► 35c 1,044
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		► 36
37	Proxy tax. See instructions		► 37
38	Alternative minimum tax		► 38
39	Tax on Non-Compliant Facility Income. See instructions		► 39
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	10	► 40 1,044

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a <input type="text"/>		
b	Other credits (see instructions)	41b <input type="text"/>		
c	General business credit. Attach Form 3800 (see instructions)	41c <input type="text"/>		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d <input type="text"/>		
e	Total credits. Add lines 41a through 41d	41e <input type="text"/>		
42	Subtract line 41e from line 40	42 <input type="text"/>		
43	Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (alt. sch.)	43 <input type="text"/>		
44	Total tax. Add lines 42 and 43	44 <input type="text"/>		
45a	Payments A 2016 overpayment credited to 2017	50a 45a <input type="text"/>	1,711	
b	2017 estimated tax payments	45b <input type="text"/>		
c	Tax deposited with Form 8868	45c <input type="text"/>		
d	Foreign organizations' Tax paid or withheld at source (see instructions)	45d <input type="text"/>		
e	Backup withholding (see instructions)	45e <input type="text"/>		
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f <input type="text"/>		
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ► 45g <input type="text"/>			
46	Total payments. Add lines 45a through 45g	51 46 <input type="text"/>	1,711	
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	47 <input type="checkbox"/>		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48 <input type="checkbox"/>		
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49 <input type="checkbox"/>	667	
50	Enter the amount of line 49 you want Credited to 2018 estimated tax ► 50 <input type="checkbox"/>	Refunded 50 <input type="checkbox"/>	667	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ►	Yes <input type="checkbox"/>	No <input type="checkbox"/>
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
53	Enter the amount of tax-exempt interest received or accrued during the tax year ► 6		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			May the IRS discuss this return with the preparer shown below (see instructions)?	
				 TREASURER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Preparer Use Only	Print/Type preparer's name TAVA L. FINN	Date 5-15-19	Preparer's signature 	Date 5-15-19	Check <input type="checkbox"/> if self-employed PTIN P01956232
Paid Preparer Use Only	Firm's name ► WSR CERTIFIED PUBLIC ACCOUNTANTS, P.C.			Firm's EIN ► 38-2172611	
	167 LITTLE LAKE DRIVE P.O. BOX 2389				
	Firm's address ► ANN ARBOR, MI 48106-2389			Phone no 734-662-2522	

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ►

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5 Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional sec 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property

(1) **N/A**

(2)

(3)

(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) 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 income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
(c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) ►		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			STMT 1	STMT 2
(1) KIWANIS WEST		57,608	5,459	33,117
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 1,120,752	2,678,385	41.84%	24,103	16,140
(2)		%		
(3)		%		
(4)		%		
SEE STATEMENT 3 · SEE STATEMENT 4			Enter here and on page 1, Part I, line 7, column (A) ►	Enter here and on page 1, Part I, line 7, column (B) ►
Totals			24,103	16,140
Total dividends-received deductions included in column 8				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified 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) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see 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)				

Add columns 5 and 10
Enter here and on page 1,
Part I, line 8, column (A)

Add columns 6 and 11
Enter here and on page 1,
Part I, line 8, column (B)

Totals ►

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1) N/A				
(2)				
(3)				
(4)				

Enter here and on page 1,
Part I, line 9, column (A)

Enter here and on page 1,
Part I, line 9, column (B)

Totals ►

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						

Enter here and on page 1, Part I, line 10, col (A)

Enter here and on page 1, Part I, line 10, col (B)

Enter here and on page 1, Part II, line 26

Totals ►

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) ►

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I ►						
Totals, Part II (lines 1-5) ►	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3 Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ►			

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