

3

**A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018**

**B** Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

## Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990ez](http://www.irs.gov/form990ez).

OMB No 1545-1150

# 2017

## Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018**

**B** Check if applicable

☐ Address change☐ Name change☐ Initial return☐ Final return/t☐ Final return/terminated☐ Amended return☐ Application pending

**C** Name of organization  
KIWANIS INTERNATIONAL

|                                                                                           |            |
|-------------------------------------------------------------------------------------------|------------|
| Number and street (or P O box, if mail is not delivered to street address)<br>PO BOX 1507 | Room/suite |
|-------------------------------------------------------------------------------------------|------------|

City or town, state or province, country, and ZIP or foreign postal code  
KLAMATH FALLS, OR 97601

D Employer identification number

93-0205185

|                           |  |
|---------------------------|--|
| <b>E Telephone number</b> |  |
|---------------------------|--|

(541) 851-8948

**F Group Exemption**  
Number ▶

**G Accounting Method**    ☒ Cash    ☐ Accrual    Other (specify) ▶

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

**I Website:** ► N/A

**J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☒ 501(c)( 4) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization    ☒ Corporation    ☐ Trust    ☐ Association    ☐ Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 48,089

|               |                                                                                                        |
|---------------|--------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I) |
|---------------|--------------------------------------------------------------------------------------------------------|

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

[illegible]

**For Paperwork Reduction Act Notice, see the separate instructions.**

Cat No 10642I

Form **990-EZ** (2017)

## Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☒

|                                                                                       | (A) Beginning of year | (B) End of year  |
|---------------------------------------------------------------------------------------|-----------------------|------------------|
| <b>22</b> Cash, savings, and investments . . . . .                                    | 24,075                | <b>22</b> 19,853 |
| <b>23</b> Land and buildings . . . . .                                                |                       | <b>23</b>        |
| <b>24</b> Other assets (describe in Schedule O) . . . . .                             |                       | <b>24</b>        |
| <b>25</b> Total assets . . . . .                                                      | 24,075                | <b>25</b> 19,853 |
| <b>26</b> Total liabilities (describe in Schedule O). . . . .                         | 568                   | <b>26</b> 457    |
| <b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) | 23,507                | <b>27</b> 19,396 |

|                 |                                                                                         |                 |
|-----------------|-----------------------------------------------------------------------------------------|-----------------|
| <b>Part III</b> | <b>Statement of Program Service Accomplishments</b> (see the instructions for Part III) | <b>Expenses</b> |
|-----------------|-----------------------------------------------------------------------------------------|-----------------|

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

What is the organization's primary exempt purpose?

## COMMUNITY SERVICE WITH EMPHASIS ON CHILDREN

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here . . . ► ☐

(Grants \$ ) If this amount includes foreign grants, check here . . . ► ☐

30

(Grants \$ ) If this amount includes foreign grants, check here . . . ► ☐

### 31 Other program service

(Grants \$ ) If this amount includes foreign grants, check here . . . ► ☐

|                |                        |
|----------------|------------------------|
| <b>Part IV</b> | <b>List of Offices</b> |
|----------------|------------------------|

Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

[illegible]

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

|                                                                                                                                                                                                                                                                                                                                                       | Yes        | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .                                                                                                                                                               | <b>33</b>  | No |
| <b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .                                                                        | <b>34</b>  | No |
| <b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .                                                                                                                                             | <b>35a</b> | No |
| <b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                         | <b>35b</b> |    |
| <b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .                                                                                                                   | <b>35c</b> | No |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .                                                                                                                                                 | <b>36</b>  | No |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .                                                                                                                                                                                                                        | <b>37a</b> |    |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                      | <b>37b</b> | No |
| <b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .                                                                                                     | <b>38a</b> | No |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .                                                                                                                                                                                                                                                         | <b>38b</b> |    |
| <b>39</b> Section 501(c)(7) organizations Enter . . . . .                                                                                                                                                                                                                                                                                             |            |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                                       | <b>39a</b> |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                                                                                                              | <b>39b</b> |    |
| <b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ . . . . .                                                                                                                                                                           |            |    |
| <b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . . | <b>40b</b> | No |
| <b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ . . . . .                                                                                                                                      |            |    |
| <b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ . . . . .                                                                                                                                                                                                        |            |    |
| <b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .                                                                                                                                                                            | <b>40e</b> | No |
| <b>41</b> List the states with which a copy of this return is filed ▶ . . . . .                                                                                                                                                                                                                                                                       |            |    |
| <b>42a</b> The organization's books are in care of ▶ HEATHER TYLER Telephone no ▶ (541) 851-8948<br>Located at ▶ 1875 AUSTIN STREET KLAMATH FALLS, OR ZIP + 4 ▶ 97603 . . . . .                                                                                                                                                                       |            |    |
| <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .                                                                                           | <b>42b</b> | No |
| If "Yes," enter the name of the foreign country ▶ . . . . .                                                                                                                                                                                                                                                                                           |            |    |
| See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> . . . . .                                                                                                                                                                                                |            |    |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . .                                                                                                                                                                                                                                    | <b>42c</b> | No |
| If "Yes," enter the name of the foreign country ▶ . . . . .                                                                                                                                                                                                                                                                                           |            |    |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .                                                                        |            |    |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                               | <b>44a</b> | No |
| <b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                          | <b>44b</b> | No |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .                                                                                                                                                                                                                                             | <b>44c</b> | No |
| <b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                               | <b>44d</b> |    |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                          | <b>45a</b> | No |
| <b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .                                                                               | <b>45b</b> | No |

|           |                                                                                                                                                                                                      |            |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
|           |                                                                                                                                                                                                      | <b>Yes</b> | <b>No</b> |
| <b>46</b> | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | <b>46</b>  | No        |

**Part VI Section 501(c)(3) organizations only**  
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

|            |                                                                                                                                                                      |            |           |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
|            |                                                                                                                                                                      | <b>Yes</b> | <b>No</b> |
| <b>47</b>  | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . | <b>47</b>  |           |
| <b>48</b>  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                       | <b>48</b>  |           |
| <b>49a</b> | Did the organization make any transfers to an exempt non-charitable related organization? . . . . .                                                                  | <b>49a</b> |           |
| <b>49b</b> | If "Yes," was the related organization a section 527 organization? . . . . .                                                                                         | <b>49b</b> |           |

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

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

**f** Total number of other employees paid over \$100,000 . . . . . ►

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

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

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

**52** Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A . . . . . ► ☐ **Yes** ☐ **No**

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

|                               |                                                                |                      |                    |                                                                      |
|-------------------------------|----------------------------------------------------------------|----------------------|--------------------|----------------------------------------------------------------------|
| <b>Sign Here</b>              | *****<br>Signature of officer                                  |                      | 2018-01-22<br>Date |                                                                      |
|                               | JOAN RIKER SECRETARY<br>Type or print name and title           |                      |                    |                                                                      |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>THOMAS C ROMIG                   | Preparer's signature | Date<br>2019-01-28 | Check <input type="checkbox"/> if self-employed<br>PTIN<br>P00750717 |
|                               | Firm's name ► ROMIG & ASSOCIATES P C                           |                      |                    | Firm's EIN ► 93-1326724                                              |
|                               | Firm's address ► 1875 AUSTIN ST<br>KLAMATH FALLS, OR 976034677 |                      |                    | Phone no. (541) 273-7237                                             |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ► ☐ **Yes** ☐ **No**

Additional Data

Software ID:  
Software Version:  
EIN: 93-0205185  
Name: KIWANIS INTERNATIONAL

Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses<br>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------|
| <b>28</b> COMMUNITY SERVICE WITH EMPHASIS ON CHILDREN<br><br>(Grants \$ )<br><br>If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                          | <b>28a</b>                                                                                     | 22,916 |

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| SCHEDULE G<br>(Form 990 or 990-EZ) | <div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a</div> <div>▶ Attach to Form 990 or Form 990-EZ.</div> <div>▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div> | OMB No 1545-0047          |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2017                      |
|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Open to Public Inspection |

|                                                        |                                                   |                                              |
|--------------------------------------------------------|---------------------------------------------------|----------------------------------------------|
| Department of the Treasury<br>Internal Revenue Service | Name of the organization<br>KIWANIS INTERNATIONAL | Employer identification number<br>93-0205185 |
|--------------------------------------------------------|---------------------------------------------------|----------------------------------------------|

Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                  |                                                   |
| 1                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 2                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 3                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 4                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 5                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 6                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 7                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 8                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 9                                                         |               |                                                                |    |                                   |                                                                  |                                                   |
| 10                                                        |               |                                                                |    |                                   |                                                                  |                                                   |
| Total                                                     |               |                                                                |    |                                   |                                                                  |                                                   |

3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue         |                                                                                   | (a) Event #1                       | (b) Event #2 | (c) Other events | (d)                                              |
|-----------------|-----------------------------------------------------------------------------------|------------------------------------|--------------|------------------|--------------------------------------------------|
|                 |                                                                                   | <b>CANDY SALES</b><br>(event type) | (event type) | (total number)   | Total events<br>(add col (a) through<br>col (c)) |
|                 | <b>1</b> Gross receipts . . . . .                                                 | 38,626                             |              |                  | 38,626                                           |
|                 | <b>2</b> Less Contributions . . . . .                                             |                                    |              |                  |                                                  |
|                 | <b>3</b> Gross income (line 1 minus<br>line 2) . . . . .                          | 38,626                             |              |                  | 38,626                                           |
| Direct Expenses | <b>4</b> Cash prizes . . . . .                                                    |                                    |              |                  |                                                  |
|                 | <b>5</b> Noncash prizes . . . . .                                                 |                                    |              |                  |                                                  |
|                 | <b>6</b> Rent/facility costs . . . . .                                            |                                    |              |                  |                                                  |
|                 | <b>7</b> Food and beverages . . . . .                                             |                                    |              |                  |                                                  |
|                 | <b>8</b> Entertainment . . . . .                                                  |                                    |              |                  |                                                  |
|                 | <b>9</b> Other direct expenses . . . . .                                          | 29,284                             |              |                  | 29,284                                           |
|                 | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                                    |              |                  | 29,284                                           |
|                 | <b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                                    |              |                  | 9,342                                            |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue         |                                                                                        | (a) Bingo                                                           | (b) Pull tabs/Instant<br>bingo/progressive bingo                    | (c) Other gaming                                                    | (d) Total gaming (add<br>col (a) through col (c)) |
|-----------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------|
|                 |                                                                                        |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>1</b> Gross revenue . . . . .                                                       |                                                                     |                                                                     |                                                                     |                                                   |
| Direct Expenses | <b>2</b> Cash prizes . . . . .                                                         |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>3</b> Noncash prizes . . . . .                                                      |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>4</b> Rent/facility costs . . . . .                                                 |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>5</b> Other direct expenses . . . . .                                               |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>6</b> Volunteer labor . . . . .                                                     | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                   |
|                 | <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |                                                                     |                                                                     |                                                                     |                                                   |
|                 | <b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |                                                                     |                                                                     |                                                                     |                                                   |

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

**b** If "No," explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

**b** If "Yes," explain \_\_\_\_\_

|                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                              |            |   |            |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---|------------|---|
| <b>11</b> Does the organization conduct gaming activities with nonmembers?                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                     |            |   |            |   |
| <b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                     |            |   |            |   |
| <b>13</b> Indicate the percentage of gaming activity conducted in                                                                                               |                                                                                                                                                                                                                                                                                                              |            |   |            |   |
| <b>a</b> The organization's facility                                                                                                                            | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;"><b>13a</b></td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;"><b>13b</b></td><td style="text-align: center;">%</td></tr></table> | <b>13a</b> | % | <b>13b</b> | % |
| <b>13a</b>                                                                                                                                                      | %                                                                                                                                                                                                                                                                                                            |            |   |            |   |
| <b>13b</b>                                                                                                                                                      | %                                                                                                                                                                                                                                                                                                            |            |   |            |   |
| <b>b</b> An outside facility                                                                                                                                    |                                                                                                                                                                                                                                                                                                              |            |   |            |   |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....

**c** If "Yes," enter name and address of the third party

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference

Explanation

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
KIWANIS INTERNATIONAL

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**Employer identification number**

93-0205185

**990 Schedule O, Supplemental Information**

| Return Reference             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990-EZ, PART I, LINE 10 | KLAMATH FALLS GOSPEL MISSION PAID FOR FOOD ON 5TH 750 KLAMATH FALLS GOSPEL MISSION 823 WAL NUT AVE KLAMATH FALLS OR 97601 KEY CLUBS IN LOCAL SCHOOLS MEALS FOR MEMBERS 1,913 KIWANIS INTERNATIONAL 2450 SUMMERS LANE KLAMATH FALLS OR 97603 SIGN DONATION 100 KIWANIS INTERNATIONAL P O BOX 1507 KLAMATH FALLS OR 97601 IMAGINATION LIBRARY NEEDY CHILDREN GO SH 1,100 KI WANIS CLUB OF KLAMATH FALLS P O BOX 1507 KLAMATH FALLS OR 97601 SMART CASH DONATION 2,500 SMART 740 MAIN STREET KLAMATH FALLS OR 97601 MEALS ON WHEELS CASH DONATION 1,200 KLAMATH S ENIOR CENTER 2045 ARTHUR STREET KLAMATH FALLS, OR 97603 CIRCLE K CLUB CASH DONATION 450 KI WANIS INTERNATIONAL 3201 CAMPUS DRIVE KLAMATH FALLS OR 97601 KLAMATH LAKE COUNTIES FOOD BA NK CASH DONATION 250 KLAMATH LAKE COUNTIES FOOD BANK 3231 MAYWOOD DRIVE KLAMATH FALLS OR 9 7603 FRIENDS OF THE CHILDREN CASH DONATION - RUN 350 FRIENDS OF THE CHILDREN P O BOX 1507 KLAMATH FALLS OR 97601 CHILDREN'S LEARNING FAIR CASH DONATION & SUPP 92 JILL O'DONNELL 182 1 JOE WRIGHT ROAD KLAMATH FALLS OR 97601 ELIMINATION PROJECT CASH DONATION 100 KIWANIS INT ERNATIONAL 3636 WOODVIEW TRACE INDIANAPOLIS IN 46268-3196 FOLK MUSIC SOCIETY PROGRAM CASH DONATION 1,200 FOLK MUSIC SOCIETY PO BOX 1507 KLAMATH FALLS OR 97601 BOY SCOUTS EAGLE AWAR DS 600 BOY SCOUTS OF AMERICA PO BOX 1507 KLAMATH FALLS OR 97601 ASSISTANCE LEAGUE 1,000 AS SISTANCE LEAGUE P O BOX 1507 KLAMATH FALLS OR 97601 KLAMATH OUTDOORS SCIENCE SCHOOL 600 P O BOX 1507 KLAMATH FALLS OR 97601 ROBOTICS - SCHOOL GROUPS 1,096 P O BOX 1507 KLAMATH FALL S OR 97601 INTERGAL YOUTH SERVICES 1,000 INTERGAL YOUTH SERVICES N 10TH STREET KLAMATH FA LLS OR 97601 KIWANIIS DISTRICT 225 P O BOX 1507 KLAMATH FALLS OR 97601 |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                 | Explanation                                                                                                                                                                                                                                 |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990-<br>EZ, PART I,<br>LINE 16 | EXPENSES P O BOX RENT 120 POSTAGE 112 MEALS COSTS 3,519 AWARDS 100 NEW MEMBER SUPPLIES 186<br>KIWANIS INTL DUES 3,315 BACKGROUND CHECKS 225 CORPORATION FEE 50 WEB-SITE 180 DUES - CHAM<br>BER OF COMMERC 155 MISCELLANEOUS 428 TOTAL 8,390 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                  | Explanation                          |
|--------------------------------------|--------------------------------------|
| FORM 990-<br>EZ, PART II,<br>LINE 26 | KIWANIS FOUNDATION DONATIONS 568 457 |