DLN: 93493226019040 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 C Name of organization D Employer identification number B Check if applicable Kiwanis International Inc ☐ Address change 36-1327510 ☐ Name change % WILLIAM W PARKER Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (317) 875-8755 City or town, state or province, country, and ZIP or foreign postal code Indianapolis, IN $\,$ 46268 $\,$ G Gross receipts \$ 38,530,573 Name and address of principal officer H(a) Is this a group return for STAN D SODERSTROM □Yes ☑No subordinates? 3636 WOODVIEW TRACE H(b) Are all subordinates INDIANAPOLIS, IN 46268 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **У** 501(c)(4) **(**Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW KIWANIS ORG L Year of formation 1915 $m{M}$ State of legal domicile IN K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities KIDS NEED KIWANIS, KIWANIS IS A GLOBAL ORGANIZATION DEDICATED TO IMPROVING THE WORLD ONE CHILD AND ONE COMMUNITY Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 18 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 132 189,263 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 238,376 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 10,126,579 9,901,075 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 5,426,705 5,475,917 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 1,389,859 2,957,363 1,455,976 1,023,837 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,399,119 19,358,192 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 606,101 434,264 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9,476,185 9,305,609 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 7,983,191 9,683,484 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 18,065,477 19,423,357 19 Revenue less expenses Subtract line 18 from line 12 . 333,642 -65,165 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 34,806,649 35,135,841 7,119,755 21 Total liabilities (Part X, line 26) . 4,666,631 22 Net assets or fund balances Subtract line 21 from line 20 . 28,016,086 Signature Block 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 2020-08-17 Signature of officer Sign Here ROBERT W BRODERICK CFO Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check | If 2020-08-17 P01279475 Paid self-employed Firm's name ► BKD LLP Firm's EIN ▶ Preparer Use Only Firm's address ≥ 201 N Illinois Street Phone no (317) 383-4000 Indianapolis, IN 46204 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page 2					
Pa	statement o	f Program Servic	e Accomplis	hments							
	Check If Schedu	ile O contains a respo	onse or note to	any line in this Part III		🗹					
1	Briefly describe the org	janization's mission									
THE CHIL MAG COM	ORGANIZATION COORD! D-FOCUSED CAUSES KI AZINES REGARDING CU!	INATES EVENTS AND WANIS INTERNATIO RRENT EVENTS AND I WORLD THE ORGANI	PROVIDES SER NAL ALSO PROV EDUCATIONAL A ZATION SERVE	VICES TO CLUBS AROUNTES EDUCATION SER' ACTIVITIES AND MATER MORE THAN 530,000	VICES TO OUR MEMBERS BY F RIALS TO ENCOURAGE SERVIC ADULT AND YOUTH MEMBERS	TURN SPONSOR AND ADDRESS PROVIDING SEVERAL DE TO THE LOCAL					
2	Did the organization ur the prior Form 990 or 9 If "Yes," describe these	990-EZ?		vices during the year w	hich were not listed on	☐ Yes ☑ No					
3	Did the organization ce										
•	services?	. □Yes ☑No									
	If "Yes," describe these changes on Schedule O										
4		501(c)(4) organization	ons are required	to report the amount of	largest program services, as of grants and allocations to otl						
4a	(Code See Additional Data) (Expenses \$	5,032,131	including grants of \$) (Revenue \$)					
4b	(Code) (Expenses \$	1,353,507	including grants of \$) (Revenue \$	928,540)					
40	See Additional Data) (Expenses \$	1,333,307	including grants or \$) (Revenue \$	920,340)					
4c	(Code) (Expenses \$	434,264	ıncludıng grants of \$	434,264) (Revenue \$	97,614)					
	See Additional Data										
	(Code) (Expenses \$	4,775,551	including grants of \$) (Revenue \$	5,921,326)					
	OTHER PROGRAM SERVICE	ES - PLEASE SEE SCHED	ULE O								
4d	Other program service										
	(Expenses \$	4,775,551 ıncl	uding grants of	\$) (Revenue \$	5,921,326)					
	Total program service		11,595,4								

Form	990 (2018)			Page 3
Par	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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 🕏	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 2	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
Ь	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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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		No
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		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Yes

20b

21

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Pai	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
Ь	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	Yes	
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	

	38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O									
Par	Part V Statements Regarding Other IRS Filings and Tax Compliance									
	Check if Schedule O contains a response or note to any line in this Part V			\checkmark						
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 10	04								

b Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable

	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		L
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с	
а	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	

6b

No If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided?

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

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10a 10b

11a

11b

12b

13b

13c

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

OHH	990 (2018)			Page o
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	lines 🗹
Se	ction 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 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 committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	•
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	⊇ Cod€	e.)	
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
.1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
L 5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
L 7	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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records • WILLIAM W PARKER 3636 WOODVIEW TRACE INDIANAPOLIS. IN 46268 (317) 875-8755			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - f 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

• 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons

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

(A)

(B)

(C)

(D)

(E)

(F)

(F)

Average

hours per

than one box, unless person

week (list

is both an officer and a

from the

compensation

from related

compensation

from related

Name and Title	hours per week (list any hours for related					s pers and a ee)	on	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1005-11150)	MISC)	related organizations
See Additional Data Table										
										Form 990 (2018)

MARKEY'S AUDIO VISUAL,

2365 ENTERPRISE PARK PLACE INDIANAPOLIS, IN 46218

compensation from the organization ▶ 10

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

Page 8

(A) Name and Title	(B) Average hours per week (list any hours for related	than o	ne bo	ox, u n off	t che inles icer	and a	on	compens from tl organizatio	(D) (E) Reportable Reportabl compensation from the from relate organization (W- 2/1099-MISC) 2/1099-MIS			on amount of othe ed compensation (W- from the			
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-1	ISC)	2/1099-MISC	,	related organizations			
See Additional Data Table															
											-				
											+				
1b Sub-Total	rt VII , Section	Α				* _		1,297,	561	27,27	3		193,095		
Total number of individuals (including of reportable compensation from the compensation)	but not limited	to thos			bove	e) who	rece	eıved more t	han \$1	00,000			· · ·		
												Yes	No		
3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>								ghest compe	nsated • •	employee on	3		No		
4 For any individual listed on line 1a, is organization and related organizations individual	greater than \$	150,000	۶? <i>If</i>	"Yes	," c					n the			1		
5 Did any person listed on line 1a receiv services rendered to the organization?	e or accrue cor		ion fr	om	any				or ındı	vidual for	4	Yes			
	ii res, compi	ete Stir	euuie	5 10	i Su	cii pei	5011		• •	• • •	5		No		
Section B. Independent Contracts	nre														
Section B. Independent Contractor Complete this table for your five higher from the organization. Report compensations.	est compensate										npen	sation			
Complete this table for your five higher from the organization Report compen	est compensate sation for the c (A)	alendar							nızatıor	's tax year (B)	mpen	(0			
Complete this table for your five higher from the organization. Report compensions Name a MIDLAND PAPER COMPANY, 1140 PAYSPHERE CIRCLE	est compensate sation for the c	alendar						thin the orga	nızatıor	(B) ription of services	npen				
1 Complete this table for your five higher from the organization Report compension of the organization Report compension of the organization Report compension of the organization of the	est compensate sation for the c (A)	alendar						thin the orga	nızatıor Desci LISHING	(B) ription of services	mpen	(0	sation		
Complete this table for your five higher from the organization. Report compensions and Name a MIDLAND PAPER COMPANY, 1140 PAYSPHERE CIRCLE.	est compensate sation for the c (A)	alendar						thin the orga	Desci LISHING	's tax year (B) ription of services G-PAPER	mpen	(C Compe	128,534		

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

(C)

(D)

(B)

305,216

COMMUNICATIONS

Part		Statement of	Revenue								rage 3
		Check if Schedul	le O contains	a resp	onse or note to any						🗆
							A) revenue	Rel ex	(B) ated or xempt nction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1	a Federated campaig	ns	1a				re	venue		512 - 514
nts ints		b Membership dues		1b	9,901,075						
Sra nou		c Fundraising events		1c	<u> </u>						
ts, (d Related organizatio		1d							
Gifts, Grants illar Amounts		e Government grants (c	ontributions)	1e	<u> </u>						
ns, Sim		f All other contributions									
er er		and similar amounts n above	ot included	1f							
e ji		g Noncash contribution	ons included								
Contributions, Gifts, Grants and Other Similar Amounts		in lines 1a - 1f \$ h Total. Add lines 1a	-1f		•						
9				•	Business	: Code T	9,901,075				
КIе	2	a LIABILITY INSURANCE I	FEES		Busines		2,1	.06,126	2,106	5,126	
١٠٨٠	Ŀ	MANAGEMENT FEES				524298 541610	1,3	868,996	1,368	3,996	
ı, Q		MAGAZINE SUBSCRIPTI	ON			511120	ğ	37,164	937	7,164	
rvic	c	CONVENTION FEES				561000	ğ	28,540	928	3,540	
Š	e	SERVICE LEADERSHIP F	PROGRAM			561000		97,614	97	7,614	
Program Service Revenue		· All other program co	vruco rovonuo			002000		37,477	37	,477	
Ъ		f All other program se			5,	475,917					
		ITotal. Add lines 2a-2 Investment income (i			Interest and other	1					Τ
		sımılar amounts) . `			•	•	552,33				552,336
		Income from investm			-		0				
	9	Royalties	(ı) Rea		(II) Personal	1					
	6	a Gross rents			. ,						
		b Less rental expenses		11,000		_					
		D Last raman anpaness									
	•	c Rental income or (loss)		11,000		0					
		d Net rental income o	r (loss)		· · · •	-	11,00	0			11,000
			(ı) Securit	ies	(II) Other						
	7	a Gross amount from sales of	20,8	80,306							
		assets other than inventory									
	ı	b Less cost or other basis and	10.4	75,279							
		sales expenses		.05,027							
		c Gain or (loss) d Net gain or (loss)		,	<u> </u>	-	2,405,02	7			2,405,027
		Gross income from f									
ıne		(not including \$ contributions reporte		of							
.ver		See Part IV, line 18		а		┙					
Other Revenue		b Less direct expense c Net income or (loss)		b				0			
the		a Gross income from g									
Ó		See Part IV, line 19			,						
		b Less direct expense	·s	a b	(_					
		c Net income or (loss)			les			o			
	10	aGross sales of invent returns and allowand									
		returns and anoward	.es	a	 1,415,561	L					
	ı	b Less cost of goods s	sold	b	697,102	2					
	(C Net income or (loss)		ınven			718,45	9	718,459		
	11	Miscellaneous	Revenue		Business Code 54180	10	26,55	5		26,555	5
		1a _{ADVERTISING}			34180	1	20,33			20,353	
		b SPONSORSHIP INCO	ME		54180	0	267,82	3	56,002	211,82:	l l
		21 ONSOKSHIE INCC	ZITE.				, -		, –	,	
		c				+					
		d All other revenue .				1					
	•	e Total. Add lines 11a	-11d		>		294,37	8			
	12	2 Total revenue. See	Instructions				19,358,19		6,250,378	238,376	2,968,363
							-,,,,,,,	1	-,,-,0		Form 990 (2018)

Forn	n 990 (2018)				Page 10
	art IX Statement of Functional Expenses clon 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> ⊔</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	434,264	434,264		
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, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	807,119		807,119	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	6,034,274	3,604,963	2,429,311	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	236,985	120,569	116,416	
9	Other employee benefits	1,665,484	716,742	948,742	
10	Payroll taxes	561,747	414,857	146,890	
11	Fees for services (non-employees)				
a	Management	0			
Ь	Legal	114,068		114,068	
c	Accounting	105,534		105,534	
	I Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0	12		
	Investment management fees	127,147		127,147	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,550,973	935,433	615,540	
12	Advertising and promotion	262,662	208,338	54,324	
	Office expenses	876,452	661,339	215,113	_
	Information technology	687,935	144,777	543,158	
	Royalties	0	57.054	06.245	
	Occupancy	153,569	57,254	96,315	
	Travel	1,509,524	873,168	636,356	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	1,092,758	995,239	97,519	
	Interest	0			
	Payments to affiliates		217 770	193,414	
	Depreciation, depletion, and amortization	511,192 1,686,314	317,778 1,618,262	68,052	
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	1,000,314	1,010,202	00,032	
	a MEMBERSHIP MATERIALS & LIT	440,577	383,636	56,941	
	b GROWTH AWARDS & RECOGNITION	108,834	108,834		
,	c BAD DEBT EXPENSE	105,050		105,050	
,	d OTHER EXPENSES	350,895		350,895	
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	19,423,357	11,595,453	7,827,904	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Page **11**

0

0

2.515.801

7.119.755

28.016.086

28,016,086

35,135,841

Form **990** (2018)

0

0

Form 990 (2018)

23

24

26

27

28

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31

32

33

34

Fund Balances

Assets or 30

Net

		check if Schedule O contains a response of hot	te to ai	iy iiile iii tilis Fait i 🗼 .			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			69	1	0
	2	Savings and temporary cash investments .		[2,314,971	2	1,564,442
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net	[333,170	4	402,793	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L		0	5	0	
s	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	B(c)(3)(B), and of section 501(c)(9) istructions) Complete	0	6	0	
ssets	7	Notes and loans receivable, net			0	7	0
SS	8	Inventories for sale or use			454,409	8	580,083
٩	9	Prepaid expenses and deferred charges			427,416	9	579,388
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	11,720,606			
	ь	Less accumulated depreciation	10 b	7,859,555	4,057,027	10 c	3,861,051
	11	Investments—publicly traded securities .			26,421,216	11	26,266,853

اقة	7	Notes and loans receivable, net			U	7	
sse	8	Inventories for sale or use			454,409	8	
Ā	9	Prepaid expenses and deferred charges		427,416	9		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	11,720,606			
	b	Less accumulated depreciation	10 b	7,859,555	4,057,027	10 c	
	11	Investments—publicly traded securities .	26,421,216	11			
	12	Investments—other securities See Part IV, line	11 .		0	12	
	13	Investments—program-related See Part IV, line	11 .		0	13	
	14	Intangible assets			0	14	
	15	Other assets See Part IV, line 11			798,371	15	
	16	Total assets.Add lines 1 through 15 (must equa	al line	34)	34,806,649	16	
	17	Accounts payable and accrued expenses	•		2,232,327	17	
	18	Grants payable		0	18		
	19	Deferred revenue			0	19	

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

0 0 1,881,231 35.135.841 4,603,954 0 0 Deferred revenue . 0 0 20 Tax-exempt bond liabilities . . . 20 0 0 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 0 22 0

0

0

2,434,304

4.666.631

30.140.018

30,140,018

34,806,649

23

24

25

26

27 28

29

30

31 32

33

34

0

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 36-1327510

Name: Kiwanis International Inc.

Form 990 (2018)

Form 990, Part III, Line 4a:

CAN BE CARRIED OUT EFFECTIVELY

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

KIWANIS 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

Form 990, Part III, Line 4b:

BUSINESS OF THE ORGANIZATION ARE THE MAIN FOCUS OF THE EVENT

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

Form 990, Part III, Line 4c:

WHAT KIWANIS DOES IS TO SPONSOR THESE YOUTH AND YOUNG ADULT OKGANIZATIONS TO PERFORM COMMUNITY SERVICE ACTIVITIES JUST LIKE KIWANIS CLOBS DE 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

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
FRED DIETZE TRUSTEE	7 0	×						3,795	0	0
KATRINA BARANKO TRUSTEE	7 0	×						1,664	0	0
ELIO GAROZZO TRUSTEE	7 0	×						0	0	0
JAMES M ROCHFORD IMM PAST PRESIDENT	7 0 1 0	x		×				21,117	0	0

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4,384

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TRUSTEE	1 0
JAMES M ROCHFORD	7 0
IMM PAST PRESIDENT	1 0
TONY GUNN	7 0
TRUSTEE	1 0

CHARLES GUGLIUZZA

.......

RONALD E SMITH

GEORGE R DELISLE

PAUL INGE PAULSEN

CHIAN CHU-CHING

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	fan nalakad						(14) 2/1000	(14/ 2/1000	I
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ERNEST SCHMID TRUSTEE	7 0	X					0	0	0
PETER J MANCUSO TRUSTEE	7 0	X					5,021	0	0
GREG BEARD TRUSTEE	7 0	×					0	0	0
BERT WEST TRUSTEE	7 0	×					2,698	0	0
FLORENCIO C LAT	7 0								

0

2,599

245,455

27,273

0

29,885

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10 7 0

10 7 0

10 36 0

40

...............

BERT WEST	, , , , , ,
TRUSTEE	1 0
FLORENCIO C LAT	7 0
PRESIDENT	1 0
SAM SEKHON	7 0

TRUSTEE

TRUSTEE

ARTHUR N RILEY

VICE PRESIDENT

STAN D SODERSTROM

EXECUTIVE DIRECTOR

DANIEL VIGNERON

.......... PRESIDENT-ELECT

RICHARD G OLMSTEAD JR

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the 141 2/1000 111 2/1000

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

TATIANA M DAY

PAMELA F NORMAN

IT MANAGER

FRANKLIN D MCDONALD

CHF GLOBAL MEMBERSHIP OFFICER

SR DIRECTOR-CORP RELATIONS

	for related organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JEFFREY E OATESS	40 0			х				193,050	0	24,548
CHIEF OPERATING OFFICER	0 0									
ROBERT W BRODERICK	40 0			х				192,419	0	26,022
CHIEF FINANCIAL OFFICER	0 0									
LISA M HEINDRICKS	40 0									
		l	l	l	l	X	ıl	133,919	0	22,682

22,640

22,518

23,095

21,705

129,813

119,240

109,502

		1				ı			1
ROBERT W BRODERICK	40 0			v			192,419	0	
CHIEF FINANCIAL OFFICER	0 0		^			152,115			
LISA M HEINDRICKS	40 0								
SR DIR HR-FACILITY-RISK MGT	0 0				Х		133,919	O	
WILLIAM W PARKER	40 0				_		132,885	0	
CONTROLLER	0.0				^		132,885	U	1

0 0 40 0

0 0 40 0

0 0

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

DLN: 93493226019040

Open to Public Inspection

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service 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 under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Kıwanıs International Inc 36-1327510 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5 For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018 Cat No 50084S

ь	Total lobbying expenditures to influence a legislative	body (direct lobbying)	
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns	n the following table in both	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f)	
h	Subtract line 1g from line 1a If zero or less, enter -()-	

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

No

Yes

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

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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.

DLN: 93493226019040 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

2

5

8

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** Kıwanıs International Inc 36-1327510 Part I 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 Total number at end of year Aggregate value of contributions to (during year) 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 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. 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 (e.g., recreation or education) Preservation of an 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 easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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 violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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) 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 Part III 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 SFAS 116 (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 SFAS 116 (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 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t II	Organizations Ma	aintaining Colle	ections o	f Art, H	istori	cal Tı	reası	ıres, or	Other	Similar As	ssets (co	ntınued)	
3		sing the organization's acq ems (check all that apply)	uisition, accession,	and other	records,	check	any of	the fo	llowing t	hat are a	significant i	use of its o	collection	
а		Public exhibition				d		Loan	or excha	ange prog	grams			
b		Scholarly research				e		Othe	r					
С		Preservation for future	generations											
4		ovide a description of the irt XIII	organization's colle	ctions and	explain h	ow the	ey furth	ner the	e organız	ation's e	xempt purpo	se in		
5		uring the year, did the orgonsets to be sold to raise fur									nılar	☐ Yes	□ No	
Pa	rt I\	V Escrow and Cust Complete if the ory X, line 21.			" on Forr	n 990	, Part	IV, lı	ine 9, or	reporte	ed an amou	ınt on Fo	orm 990, P	art
1a														
ь	If	"Yes," explain the arrange	ment in Part XIII a	nd comple	te the fol	lowing	table		[A	mount		
c		ginning balance		,					İ	1c				
d	Ad	Iditions during the year								1d				
e	Dis	stributions during the year								1e				
f	En	ding balance							[1f				_
2a	Die	d the organization include	an amount on Forr	n 990, Par	t X, line 2	21, for	escrow	or cu	ıstodıal a	ccount li	ability?	☐ Yes	□ No	
Ь		"Yes," explain the arrange										_		
	rt V													
			L	(a)Curren			rıor yea				(d)Three yea		e)Four years	back
1 a	Beg	inning of year balance .												
b	Con	tributions												
c	Net	investment earnings, gair	ns, and losses											
d	Grai	nts or scholarships												
е		er expenditures for facilition programs	es											
f	Adm	ninistrative expenses .												
g	End	of year balance												
2	Pro	ovide the estimated perce	ntage of the curren	t year end	balance	(line 1	g, colu	mn (a)) held a	s				
а	Во	ard designated or quasi-e	ndowment 🟲											
b	Pe	rmanent endowment 🟲												
c	Te	mporarily restricted endov	vment 🟲											
3а								No						
	-) unrelated organizations										3a(
	(ii	i) related organizations .										3a(ii)	
b		"Yes" on 3a(11), are the re	-					? .				31)	
4		escribe in Part XIII the inte			n's endow	ment f	unds							
Pa	rt V				on Form	n 000	Dort	T\/ 1.	no 112	Soc Fo	rm 000 Da	rt V luna	. 10	
	Des	Complete if the orgenized complete if the orgenized complete in the orgenized complete.	(a) Cost or other (investment	r basıs	(b) Cost o						depreciation) Book value	
1.2	Land	d					71	11,623					-	711,623
		dings						31,057			3,215,973			115,084
		sehold improvements						93,418			861,278		· · · · · · · · · · · · · · · · · · ·	032,140
		ipment						34,508			3,782,304			002,204
u	_94	aparience is a second					.,,,	.,,,,,,	1		-,,,		-,	

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Part VII Investments—Other Securities. Complete if the organiz See Form 990, Part X, line 12.	ation answer	ed "Yes" on Form	990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		hod of valuation -of-year market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	•		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,			
(a) Description of investment (b)	Book value		hod of valuation -of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' on Fo	orm 990, Part 1	V, line 11d See Forr	n 990, Part X, line 15
(a) Description (1) ADVANCES TO AFFILIATES			(b) Book value 1,881,231
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered	Yes' on Form	990, Part IV, line	1,881,231 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book	value	
(1) Federal income taxes		0	
PROGRAMS, INC (2)		2,515,801	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		2,515,801	

Part XI

2

3

4

b

c 5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Part XII

h

Schedule D (Form 990) 2018

Page 4

-1,361,665

19,231,045

697,102

127,147

19.423.357

19,296,210

c	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	

Add lines 2a through 2d

Other (Describe in Part XIII)

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

Net unrealized gains (losses) on investments Donated services and use of facilities . .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Amounts included on line 1 but not on Form 990, Part IX, line 25

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 . . .

2c

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2d Investment expenses not included on Form 990, Part VIII, line 7b . 4a

2a

2b

2a 2b

2c

2d

4a

4b

Explanation

127,147 4b

3 4c 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Retur

1

2e

3

4c

5

2e

-2.058.767

697.102

697,102

127,147

	127,147
	19,358,192
1	1.
	19 993 312

19,993,312

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 36-1327510

Name: Kiwanis International Inc.

Supplemental Information

Return Reference Explanation 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 UN CERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

upplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI & XII, LINE 2D	RECONCILIATION OF REVENUES AND EXPENSES PER AFS COST OF GOODS SOLD \$697,102

Sι

efile GRAPHIC print	<u>- DO NOT I</u>	PROCESS	As Filed Data	-	DL	N: 93493226019040	
SCHEDULE F (Form 990)	State	ement of	Activities (Outside the Uni	OMB No 1545-0047		
(1 01111 333)	► Compl	ete if the organ	2018				
Department of the Treasury Internal Revenue Service	•	Go to www.irs	.gov/Form990 for I	nstructions and the latest ii	nformation.	Open to Public Inspection	
Name of the organization Kiwanis International Inc					Employer id 36-1327510	entification number	
Part I General In Form 990, F			s Outside the U	Jnited States. Comple	ete if the organization	answered "Yes" to	
_	ne grantees'	eligibility for t		substantiate the amount stance, and the selection	-	☐ Yes ☐ No	
outside the United	States			dures for monitoring the		other assistance	
(a) Region	(THE IOHOWII	(b) Number of offices in the region		(d) Activities conducted in	(e) If activity listed in (d) is program service, describe specific type of service(s) in region		
Central America and t Caribbean	the	(0 0	Investments		1,327,663	
3a Sub-total b Total from continuation	on sheets to		0 0			1,327,663	
	and 3b)		0 0			1,327,663	

Schedule F (Form 990) 2018	•		•	•			Page 3
				ad States. Complete if	the organization an	nswered "Yes" to Form 99	90, Part IV, line 16.
	duplicated if addition			Т	Т	T	T
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
				1		1	1
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4						Sche/	dule F (Form 990) 2018

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ 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	✓ 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)		
	Corporations (see Instructions for Form 54/1)	✓ 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	✓ 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)		
		\square Yes	✓ 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	П.,	.
	5713, don't file with Form 990)	∐ Yes	✓ No

Schedule F (Forn	Schedule F (Form 990) 2018 Page 5							
Pro am me	Provide the 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).							
990 Schedule	e F, Supplemental Information							
Return Explanation Reference								
SCHEDULE F, PART I, LINE 2	PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE OF THE US KIWANIS INTERNATIONAL MAY ON OCCASION PROVIDE GRANTS TO KIWANIS CLUBS AND DISTRICT 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							

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DLN: 93493226019040
Note: To capture the full considered and the full cons		OMB No 1545-0047 2018 Open to Public Inspection					
Name of the organization Kiwanis International Inc						Employer iden 36-1327510	tification number
	o award the grants anization's procedure Assistance to Dom	or assistance? es for monitoring the use	e of grant funds in the Un	ited States			✓ Yes □ No line 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	, , , ,
(1) CIRCLE K INTERNATIONAL 3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268	01-0772160	501(C)(4)	256,516				GENERAL SUPPORT
2 Enter total number of section 3 Enter total number of other For Paperwork Reduction Act Notice	organizations listed	d in the line 1 table					1 Schedule I (Form 990) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed	Dat	a -	DLN: 934	9322	26019	040	
Schedule J (Form 990)		Compens	sat	ion Information	OM	IB No	1545-(0047	
		For certain Officers, Directors, Trustees, Key Employees, and Highest							
	Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					2018			
_		▶ A	ttach	to Form 990.			to Pul		
•	tment of the Treasury al Revenue Service	Go to <u>www.irs.gov/Form99</u>	<u>u</u> ror	instructions and the latest information.			ectio		
	me of the organiza			Employe	r identificat	ion nu	ımber		
NIW	anis international in	-		36-13275	10				
Pa	rt I Questi	ons Regarding Compensation		•					
							Yes	No	
1a				the following to or for a person listed on Form y relevant information regarding these items					
		or charter travel		Housing allowance or residence for personal u					
		companions	\vdash	Payments for business use of personal resider	ice				
		nification and gross-up payments	H	Health or social club dues or initiation fees					
	Discretion	ary spending account	Ш	Personal services (e g , maid, chauffeur, chef))				
b		es in line 1a are checked, did the organiza Il of the expenses described above? If "No,		ollow a written policy regarding payment or reii iplete Part III to explain	mbursement	1b	Yes		
2		tion require substantiation prior to reimbur				2	Yes		
	directors, truste	es, officers, including the CEO/Executive Di	recto	r, regarding the items checked in line 147					
3		f any, of the following the filing organization EO/Executive Director Check all that apply							
	_			CEO/Executive Director, but explain in Part III					
	✓ Compensa	ation committee	✓	Written employment contract					
	_ '	ent compensation consultant	✓	Compensation survey or study					
		of other organizations	✓	Approval by the board or compensation comm	iittee				
4	During the year related organiza		II, Se	ction A, line 1a, with respect to the filing organ	ızatıon or a				
	_								
a b		ance payment or change-of-control paymer receive payment from, a supplemental no		ified retirement plan?		4a 4b		No No	
C	•	receive payment from, a supplemental no	•	•		4c		No	
•		f lines 4a-c, list the persons and provide th		<u> </u>					
_), 501(c)(4), and 501(c)(29) organizat							
5		ed on Form 990, Part VII, Section A, line 1a ontingent on the revenues of	, did	the organization pay or accrue any					
а	The organization	٦٦				5a		No	
b	Any related orga					5b		No	
	-	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section A, line 1a online on the net earnings of	, did	the organization pay or accrue any					
a	The organization					6a		No	
b	Any related orga					6 b		No	
7	•	6a or 6b, describe in Part III	4. الم	the organization provide any serficed					
7		ed on Form 990, Part VII, Section A, line 1a escribed in lines 5 and 67 If "Yes," describe				7		No	
8		nts reported on Form 990, Part VII, paid or itial contract exception described in Regula		red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," describe		8		No	
9	If "Yes" on line 53 4958-6(c)?	3, did the organization also follow the rebut	table	presumption procedure described in Regulation	ns section	9			
For E	Danerwork Pedu	ction Act Notice, see the Instructions f	or Fo	orm 990. Cat No. 50053T	Schedule 1	(Form	990)	2018	

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

(A) Name and Title			of W-2 and/or 1099-MIS		Part VII, Section A, line (C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
STAN D SODERSTROM	(i)	220,118	0	25,337	9,818	17,079	272,352	
	(ii)	24,458	0	2,815	1,091	1,897	30,261	
LISA M HEINDRICKS R DIR HR-FACILITY-RISK	(i)	121,398	0	12,521	5,357	17,325	156,601	
1GT	(ii)	0	0	0	0	0	0	
WILLIAM W PARKER CONTROLLER	(i)	121,282	0	11,603	5,315	17,325	155,525	
ONTROLLER	(ii)	0	0	0	0	0	0	
TATIANA M DAY THF GLOBAL MEMBERSHIP	(i)	109,735	0	20,078	5,193	17,325	152,331	
PFFICER	(ii)	0	0	0	0	0	0	
JEFFREY E OATESS CHIEF OPERATING OFFICER	(i)	179,334	0	13,716	7,722	16,826	217,598	
	(ii)	0	0	0	0	0	0	
ROBERT W BRODERICK	(i)	190,419	0	2,000	7,697	18,325	218,441	
	(ii)	0	0	0	0	0	0	

Page 3

Schedule J (Form 990) 2018

(2) AIR TRAVEL FOR SPOUSES IS PAID FOR BY KIWANIS FOR SPOUSES TO ATTEND THE INTERNATIONAL CONVENTION AND VARIOUS ASSIGNED DISTRICT CONVENTIONS 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 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

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SCHEDUL (Form 990 or EZ)	990-	Complete to pro Form 990 o	vide information for r 990-EZ or to prov ▶ Attach to Forn	on to Form 990 or 9 responses to specific questi ide any additional information 1990 or 990-EZ. 90 for the latest information.	2018 Open to Public Inspection	
Name Betherong Kiwanis Internation	nal Inc				Employer identi 36-1327510	fication number
	e 0, Su	pplemental Information	1			
Return Reference				Explanation		
FORM 990, PART III, LINE 4D	AR, THS ON THE SON THE	IIS IS THE PRIMARY EDUCATHE VALUE OF COMMUNITY BE TO THE MAGAZINE AT \$ ERNATIONAL GOODWILL, FOR THE WALL OF O'MMUNITY SERVICE FOR THE PROGRAM ROTECTS MEMBERS AND COMMUNITY SERVICE PROGRAM ROTECTS MEMBERS AND COMMUNITY SERVICE AND TO OPERATH ANCE PROTECTION, ALLOW RICHANDISE - KIWANIS INTER THAT ARE FREE OR AVAIMEMBERS TO CARRY ON THE CLUB ACTIVITIES AND PICTURE AN	ATION TOOL USED E TO SERVICE ALL MEM SOUNDRAISING, LEAD THER TOPICS THAT HEIR LOCAL COMMI VICE THAT KIWANIS AND THE DIRECTO CLUBS FROM LIABIL SOUR PERFORMS DUR RY PURPOSE OF A E AS A LOCAL SERV OS CLUBS TO ENGA RNATIONAL PROVI LABLE FOR PURCH THE ACTIVITIES OF ROJECTS IT IS VER OPERATE EFFECTI	PUBLICATIONS) - PUBLISHED BY KIWANIS INTERNATIONAL TO MBERS IN THE U.S. AND CANAMAGAZINE CONTAINS ARTICLERSHIP DEVELOPMENT, YOU ENCOURAGE MEMBERS ON JUITIES AND THE WORLD. LIAST PROVIDES TO MEMBERS AN RS AND OFFICERS INSURANG ITY THAT MAY ARISE FROM THIST THAT MAY ARISE FROM THE COMMING A YEAR, INCLUDING ACT KIWANIS CLUB IS FOR ITS MEVICE CLUB FOR THEIR COMMING IN PROJECTS THAT HELP DES MEMBERS AND CLUBS WASE THIS MATERIAL/MERCH. THE CLUB AND TO PROMOTE Y IMPORTANT FOR A CLUB TO VELY FOR THE GOOD OF THE	TO EDUCATE ITS ADA ARE REQUIR ES ON COMMUNION THE BENEFITS OF ABILITY AND DIRECT OF THE MANY ACTIVITY AND LAVIOUS THEIR COMMUNION THEIR COMMUNION THEIR COMMUNION THEIR COMMUNION MATERIALS ANDISE IS DESIGNAVE THE ORGANIZATO HAVE THE NEE	MEMBER ED TO SU ITY SERVIC I, YOUTH LE IF PERFORMI ECTORS AN GENERAL HIS INSURA ITIES AND E CLUB BO FORM COMM NG THIS I ITIES KIWAN AND MERCH ENED TO A FION DURIN EDED MA

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERSHIP THERE IS ONE CLASS OF MEMBERSHIP REGULAR ACTIVE MEMBERS REGULAR A CTIVE MEMBERS THAT ARE FROM KIWANIS CLUBS IN GOOD STANDING ARE ALLOWED TO REGISTER AS QUAL IFIED 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 DELEGATE S AT THE CONVENTION THERE ARE OTHER MEMBERS (BECAUSE OF THEIR CURRENT OR PAST ELECTED STA TUS 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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	VOTING RIGHTS AND DECISION APPROVAL BY MEMBERS REGULAR ACTIVE MEMBERS THAT ARE FROM KIWAN IS CLUBS IN GOOD STANDING ARE ALLOWED TO REGISTER AS QUALIFIED DELEGATES TO THE KIWANIS IN TERNATIONAL CONVENTION AND PARTICIPATE IN THE VOTE TO CHANGE TO ORGANIZATION'S GOVERNING D OCUMENTS (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 A T THE DISTRICT LEVEL) THAT ARE ALLOWED TO BE DELEGATES AT LARGE AND ALSO PARTICIPATE IN AN Y VOTE TO CHANGE THE GOVERNING DOCUMENTS IF AN ANNUAL CONVENTION IS NOT HELD PER THE DIRE CTION OF THE BOARD OF TRUSTEES, THE BYLAWS ALLOW FOR AN INTERNATIONAL COUNCIL EVENT TO OCC UR THAT PROVIDES THE GUIDELINES FOR ELECTION OF OFFICERS AND TRUSTEES AND ADOPTION OF BYLA WS AMENDMENTS

Return Explanation
Reference

LINE 7B

FORM 990, KIWANIS BYLAWS CAN BE AMENDED BY A 2/3 OR MAJORITY VOTE OF THE HOUSE OF DELEGATES (CERTIFI ED MEMBERS ELIGIBLE TO VOTE) AT THE ANNUAL KIWANIS INTERNATIONAL CONVENTION SECTION A.

Return Explanation
Reference

FORM 990,	PROCESS TO REVIEW FORM 990 THE ORGANIZATION ENGAGES AN OUTSIDE ACCOUNTING FIRM TO PREPARE
PART VI,	TIS FORM 990 ONCE THE FORM 990 IS PREPARED BY THE ACCOUNTING FIRM AND REVIEWED BY MANAGE
SECTION B,	MENT (EXECUTIVE DIRECTOR, COO, CFO AND CONTROLLER), THE FINAL FORM IS PROVIDED TO THE ENTI
LINE 11B	RE BOARD OF DIRECTORS VIA EMAIL AT THE TIME THE TAX RETURN IS FILED

Return Reference	Explanation
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 OF FICER AND THE EXECUTIVE DIRECTOR OF KIWANIS INTERNATIONAL ALL BOARD OF TRUSTEE MEMBERS AR E REQUIRED TO SIGN A FORM ANNUALLY INDICATING THAT THEY ARE IN COMPLIANCE WITH THE CONFLIC TOF INTEREST POLICY DOCUMENTS ARE MAINTAINED IN THE HUMAN RESOURCE OFFICE ALL BOARD MEM BERS ARE REQUIRED TO READ THE POLICY AND DISCLOSE CONFLICTS OF INTEREST IF A CONFLICT DOE S 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

Return Reference	Explanation
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 EQUIVALENT 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 CORREPSONDING SALARY BAND DETERMINED SIMILARLY TO THE EXECUTIVE DIR ECTOR 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 KEYEMPLOYEES BASED ON SIMILAR CRITERIA. THE MOST RECENT COMPENSATION REVIEW WAS COMPLETED IN MAY 2019 BY INDEPENDENT FIRMS AND COORDINATED BY THE DIRECTOR OF OPERATIONS (HUMAN RESOURCES)

Return Explanation
Reference

FORM 990, GOVERNING DOCUMENTS, COIPOLICY, AND FINANCIAL STATEMENTS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

SCHEDULE R
(Form 990)

As Filed Data Related

Department of the Treasury

Kıwanıs International Inc

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.
 ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2018

Employer identification number

DLN: 93493226019040OMB No 1545-0047

Open to Public Inspection

							36-1	327510				
Part I Identification of Disregarded Entities Complete	ıf the organı	zatıon answer	ed "Yes	" on Form 9	990, Part	IV, lıne 3	3.					
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity		(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		ts Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.		te if the orgar	nization	answered "	Yes" on F	orm 990,	Part I\	/, line 34 be	cause	ıt had one or	more	
(a) Name, address, and EIN of related organization		(b) Primary activity		(c) Legal domicile (state or foreign country)				(e) Public charity status f section 501(c)(3))		(f) rect controlling entity	(g) Section 512 (13) control entity?	
(1)KIWANIS YOUTH PROGRAMS 3636 WOODVIEW TRACE	YOUTH EDU			IN	501(C)(3)		7		KIWAN	IS INTL	Yes	No
INDIANAPOLIS, IN 46268 36-6072042											<u> </u>	
(2)CIRCLE K INTERNATIONAL 3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268	YOUTH EDU			IN	501(C)(4)		N/A		KIWAN	IS INTL	Yes	
(3)KIWANIS CHILDREN'S FUND 3636 WOODVIEW TRACE	FUNDRAISIN	NG		IN	501(C)(3)		7		KIWAN	IS INTL	Yes	
INDIANAPOLIS, IN 46268 36-6072039												
For Paperwork Reduction Act Notice, see the Instructions for Form	990			t No 50135	·v				Sch	edule R (Form	990) 26	118
. OI FAPELWOIK REUNCLION ACLINOLICE, SEE LIIE INSLINCLIONS TOF FORM	ラブひ .		Ca	IL IND 20122	1				SCH	EUUIE K LFUFM	ショひょ とい	TO

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)	total income	(g) Share of end-of-year assets	(I Disprop alloca			partner?		(k) Percen owner
					314)			Yes	No]	Yes	No	
					1		1	1	1			1 1	
Identification of Related Organi because it had one or more related	zations Taxable as a (organizations treated as	Corporation s a corporation	or Trus	t Complete st during th	ıf the organ ie tax year.	ızatıon ansv	wered "Yes	" on Fo	orm 9!	90, Part IV	, lıne	34	
Identification of Related Organi because it had one or more related (a) Name, address, and EIN of related organization	zations Taxable as a (organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e)	vered "Yes (f) Share of total income	Share	(g) of end- year assets	of- Perce	h)	Se (1	(1) ection 5 13) cont entity
because it had one or more related (a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 5 L3) cont
because it had one or more related (a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 5 13) cont entity
because it had one or more related (a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 5 13) cont entity
because it had one or more related (a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 5 13) cont entity
because it had one or more related (a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 5 13) cont entity
because it had one or more related (a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 5 13) cont entity

Schedule R (Form 990) 2018

Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. 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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1 p		No
q Reimbursement paid by related organization(s) for expenses	1 q	Yes	

	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
1				
Р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s		No
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 thresholds			

(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved (d) Method of determining amount involved

See Additional Data Table

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-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Forn	1 99	0) 2018

Schedule R (Form 990) 2018			Page 5		
Part VII	Supplemental Information				
Provide additional information for responses to questions on Schedule R (see instructions)					
Return Reference		Explanation			

Additional Data

CIRCLE K INTERNATIONAL

KIWANIS YOUTH PROGRAMS

KIWANIS CHILDREN'S FUND

KIWANIS YOUTH PROGRAMS

KIWANIS CHILDREN'S FUND

CIRCLE K INTERNATIONAL

KIWANIS YOU PROGRAMS

CIRCLE K INTERNATIONAL

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

Software ID: Software Version: Form 990, Schedule R, Part V - Transactions With Related O (a) Name of related organization CIRCLE K INTERNATIONAL (1) KIWANIS CHILDREN'S FUND (1)

EIN: 36-1327510 Name: Kiwanis International Inc

Organizations		

Organizations	

Transaction type(a-s)

(b)

В

N.O

N,O

N,O

Q

Q

Q

R

R

R

Amount Involved

256,516

706,008

133,992

528,996

4,401,679

2,676,902

(c)

Method of determining amount involved CASH

CASH CASH CASH

CASH

(d)

CASH CASH CASH CASH

CASH

554,708 2,937,557 422,068 300,716