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OMB No 1545-1150

Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

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

2018Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information**Open to Public Inspection****A** For the 2018 calendar year, or tax year beginning **10/01/18**, and ending **09/30/19**

B Check if applicable	C Name of organization	D Employer identification number
<input type="checkbox"/> Address change	KIWANIS INTERNATIONAL	56-6073223
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)	E Telephone number
<input type="checkbox"/> Initial return	P.O. BOX 2724	336-882-3297
<input type="checkbox"/> Final return/terminated	Room/suite	F Group Exemption Number
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code	9026
<input type="checkbox"/> Application pending	HIGH POINT NC 27261-2724	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: N/A		
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		
		\$ 39,370

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	3,070
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	36,300
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ 3,070 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less direct expenses from gaming and fundraising events	6c	2,404	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-2,404	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	36,966	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	6,942
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,125
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	234
	16	Other expenses (describe in Schedule O)	16	19,652
	17	Total expenses. Add lines 10 through 16	17	27,953
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,013
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	4,420
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	13,433

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	4,420	22	13,433
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	4,420	25	13,433
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	4,420	27	13,433

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

SEE SCHEDULE O

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 WEEKLY MEETINGS FOR MEMBERS PROVIDING OPPORTUNITIES FOR COMMUNITY SERVICE, PROGRAMS EDUCATING MEMBERS REGARDING COMMUNITY ISSUES, AND FELLOWSHIP OF MEMBERS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	19,304
29 ATTENDANCE AT DISTRICT AND INTERNATIONAL KIWANIS CONVENTIONS TO LEARN MORE ABOUT SERVICE PROJECTS AND INTERNATIONAL KIWANIS ISSUES (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	6,942
30 FUNDS DONATED TO SUPPORT TERRIFIC KIDS PROGRAM (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	582
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	26,828

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
STEVE LAFRANCE PRESIDENT	5.00	0	0	0
LYNN JOHNSON PAST PRESIDENT	1.00	0	0	0
LATOYA BULLOCK PRESIDENT ELECT	1.00	0	0	0
DELL MCCORMICK VICE PRESIDENT	5.00	0	0	0
JEANETHA ROUNDTREE BOARD MEMBER	1.00	0	0	0
ERIC OLMEDO SECRETARY	5.00	0	0	0
WENDY RIVERS BOARD MEMBER	1.00	0	0	0
CATHERINE NIEBAUER BOARD MEMBER	1.00	0	0	0
ROBBIE SMITH BOARD MEMBER	1.00	0	0	0
AMY HUDSON BOARD MEMBER	1.00	0	0	0
MARK SEAGLE BOARD MEMBER	1.00	0	0	0
TOM YAUTES BOARD MEMBER	1.00	0	0	0

Part V

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed NONE		
42a The organization's books are in care of ERIC OLMEDO Telephone no 336-882-3297 PO BOX 2724 Located at HIGH POINT NC ZIP + 4 27261-2724		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country 42b		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

47 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

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

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

f Total number of other employees paid over \$100,000 ▶


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

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

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☐ No

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

Sign Here Date 1-11-2020

ERIC OLMEDO **SECRETARY**
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name KAREN E. ODOM	Preparer's signature <i>Karen E. Odom, CPA</i>	Date <u>1/6/20</u>	Check <input type="checkbox"/> if self-employed	PTIN P00075229
	Firm's name ▶ ODOM & COMPANY, L.L.P.	Firm's EIN ▶ 56-1255574			
	Firm's address ▶ 712 N HAMILTON ST HIGH POINT, NC 27262	Phone no 336-889-3422			

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

KIWANIS INTERNATIONAL

Employer identification number

56-6073223**FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES**

NAME AND ADDRESS	PURPOSE	AMOUNT
KIWANIS INTERNATIONAL	DUES	\$ 6,942
3636 WOODVIEW TRACE		
INDIANAPOLIS IN 46268-3196		

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
LT GOV FUND	\$ 65
SEC/TREAS	\$ 367
MEALS/REGULAR MEETINGS	\$ 17,891
DISTRICT CONVENTION EXPENSE	\$ 452
OFFICER BOND	\$ 125
SOCIAL FUNCTIONS	\$ 152
TERRIFIC KIDS	\$ 582
MISCELLANEOUS	\$ 18
TOTAL	\$ 19,652

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO MANAGE KIWANIS CLUBS WHOSE PURPOSE IS TO BUILD BETTER COMMUNITIES, WHICH INCLUDES PROMOTING THE VALUES OF RIGHTEOUSNESS, JUSTICE, PATRIOTISM AND GOODWILL. THE CLUB GIVES PRIMACY TO HUMAN AND SPIRITUAL RATHER THAN MATERIAL VALUES, ENCOURAGING THE DAILY LIVING OF THE GOLDEN RULE.

Schedule O (Form 990 or 990-EZ) (2018)

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Name of the organization

Employer identification number

KIWANIS INTERNATIONAL

56-6073223

FORM 990-EZ, PART V - PERSONAL BENEFIT CONTRACT

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.