

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)
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. 2009

Department of the Treasury Internal Revenue Service

Form sections A through L: A For the 2019 calendar year, or tax year beginning 10/1/2019, and ending 9/30/2020; B Check if applicable; C Name of organization Kiwanis International - K00342; D Employer identification number 45-0154140; E Telephone number (701) 235-3719; F Group Exemption Number 0026; G Accounting Method X Cash; H Check X if the organization is not required to attach Schedule B; I Website www.fargokiwans.org; J Tax-exempt status 501(c)(4); K Form of organization X Corporation; L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts \$ 50,130

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 X

Table with 21 rows and 3 columns: Description, Sub-description, and Amount. Revenue section (lines 1-9) totals 50,130. Expenses section (lines 10-17) totals 46,975. Net Assets section (lines 18-21) totals 47,562.

SCANNED OCT 19 2021

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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	42,882	44,450
23 Land and buildings		23
24 Other assets (describe in Schedule O)	1,525	3,112
25 Total assets	44,407	47,562
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,407	47,562

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

Expenses

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

What is the organization's primary exempt purpose? To render civic services to community

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

28 Activities for the benefit of the community etc (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
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) <input type="checkbox"/>	32 0

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
Aaron Wimmer President	Hr/WK 2 00			
Robby Lundbohm Treasurer	Hr/WK 10 00			
Mark Hensrud Past President	Hr/WK 2 00			
Jennifer Gompf Historical Past President	Hr/WK 2 00			
Tera Heiser Secretary	Hr/WK 10 00			
Dan Feeley Vice President	Hr/WK 2 00			
Kara Kluvers President Elect	Hr/WK 2 00			
.....	Hr/WK			
.....	Hr/WK			
.....	Hr/WK			
.....	Hr/WK			
.....	Hr/WK			

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
35 a	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		
35b			
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
35c			
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
36			
37 a	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?	37b	
37b			
38 a	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?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
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	
39a			
39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
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	40b	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		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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	
40e			
41	List the states with which a copy of this return is filed		
42 a	The organization's books are in care of Robby Lundbohm Telephone no (218) 233-2544 Located at 3004 14th St S City Moorhead ST MN ZIP + 4 56560		
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. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	X
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
42c			
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	<input type="checkbox"/>
44 a	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	
44d			
45 a	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	
45b			

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

Table with Yes/No columns and values: 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

Table with Yes/No columns and value: 47

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

Table with Yes/No columns and value: 48

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

Table with Yes/No columns and value: 49a

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

Table with Yes/No columns and value: 49b

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

Table with 5 columns: (a) Name and title, (b) Average hours per week, (c) Reportable compensation, (d) Health benefits, (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

Table with 3 columns: (a) Name and business address, (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 (X)

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 Signature of officer Date 11-24-2020 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Chad Sparrow Preparer's signature Date 11/19/2020 Check self-employed PTIN P00417028 Firm's name ADS Tax Service Inc Firm's EIN 20-1524799 Firm's address 4215 31st Ave S Ste B, Fargo, ND 58104 Phone no (701) 451-9419

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

2019

**Open to Public
Inspection**

Name of the organization

Kiwanis International - K00342

Employer identification number

45-0154140

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 25

Form 990-EZ, Part I, Line 16, Other Expenses Meals 17,998

Form 990-EZ, Part I, Line 16, Other Expenses Dist & Intl Dues 10,995

Form 990-EZ, Part I, Line 16, Other Expenses Payroll Taxes 858

Form 990-EZ, Part I, Line 16, Other Expenses Annual meeting 414

Form 990-EZ, Part I, Line 16, Other Expenses Advertising 1,752

Form 990-EZ, Part I, Line 16, Other Expenses Board lunches 675

Form 990-EZ, Part I, Line 16, Other Expenses Promotions 360

Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous 412

Form 990-EZ, Part I, Line 16, Other Expenses Contributions 1,175

Form 990-EZ, Part II, Line 24, Other Assets Accounts receiveable Beginning of year 1,525

End of year 3,112