

Form **990**

OMB No 1545 0047

Return Exhibit 1 – Parent Form 990 Copy **me Tax**

2017

Under section 501(c), 527, or 4947(a)(1) or 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/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 10/01, 2017, and ending 9/30, 2018

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C PACIFIC NORTHWEST DIST. OF KIWANIS INTL
 5427 GLEN ECHO AVENUE
 GLADSTONE, OR 97027

D Employer identification number: 91-6072944

E Telephone number: (503) 305-7635

G Gross receipts \$ 1,355,500.

F Name and address of principal officer: SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
 If No, attach a list (see instructions)

H(c) Group exemption number: 0026

I Tax-exempt status: 501(c)(3) 501(c) (4) (insert no) 4947(a)(1) or 627

J Website: WWW.KIWANISPNW.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1985 **M** State of legal domicile: OR

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF THE ORGANIZATION IS TO SUPPORT KIWANIS CLUBS IN THE PACIFIC NORTHWEST.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	5
	4	Number of independent voting members of the governing body	0
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	4
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 340,827. Current Year: 334,029.
	9	Program service revenue (Part VIII, line 2g)	931,554. 963,890.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	528. 34.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,238. -3,136.
	12	Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)	1,311,147. 1,294,817.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	172,407. 158,491.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	
16b		Total fundraising expenses (Part IX, column (D), line 25)	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,094,012. 1,100,386.
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	1,266,419. 1,258,877.	
19	Revenue less expenses - Subtract line 18 from line 12	44,728. 35,940.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 964,677. End of Year: 964,661.
	21	Total liabilities (Part X, line 26)	185,304. 149,348.
	22	Net assets or fund balances - Subtract line 21 from line 20	779,373. 815,313.

Part III Signature Block

complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: JANELLE LAWRENCE
 Date: _____
 Title: TREASURER

Paid Preparer Use Only

Print/Type preparer's name: ROBERT D. RUSSELL
 Preparer's signature: ROBERT D. RUSSELL
 Date: _____
 Check if self employed PTIN: P00355058

Firm's name: ROBERT D. RUSSELL CPA PC
 Firm's address: 14993 SE 82ND DRIVE, CLACKAMAS, OR 97015
 Firm's EIN: 93-0898146
 Phone no: 503.655.4710

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

TEEA0113L 08/08/17

Form 990 (2017)

SCANNED FEB 18 2020

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me

PNW District Key Club Int'l
EIN: 84-3485841
Form 1023 Supplemental Info
Schedule G, Item 2(c)-Pred. Org.
Exhibit 1 - Parent Form 990 Copy

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

Briefly describe the organization's mission

THE MISSION OF THE ORGANIZATION IS TO SUPPORT KIWANIS CLUBS IN THE PACIFIC NORTHWEST.

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If 'Yes,' describe these new services on Schedule O

Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If 'Yes,' describe these changes on Schedule O

4 and revenue, if any, for each program service reported

4 a (Code _____) (Expenses \$ 1,056,321. including grants of \$ _____) (Revenue \$ _____)

PROGRAM SERVICES CONSIST OF EXPENSES NECESSARY TO PROVIDE EDUCATION, TRAINING, SUPPORT AND CONTINUING SUCCESS OF PACIFIC NORTHWEST KIWANIS CLUBS.

4 b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4 c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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4 d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4 e Total program service expenses **▶** 1,056,321.

DGO

Checklist of Required Schedules

PNW District Key Club Int'l
EIN: 84-3485841
Form 1023 Supplemental Info
Schedule G, Item 2(c)-Pred. Org.
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Table with 3 columns: Question ID, Yes, No. Rows 1-19 with 'X' marks in the Yes or No columns.

the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A

the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

public office? If 'Yes,' complete Schedule C, Part I

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election effect during the tax year? If 'Yes,' complete Schedule C, Part II

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III

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

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

11 or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI

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

c 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

d 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

e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X

f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII

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

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV

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

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

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)

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

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III

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Checklist of Required Schedules (continued)

- the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*
- Yes* to line 20a, did the organization attach a copy of its audited financial statements to this return?
- the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*
- the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*
- the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current or former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*
- 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*
- b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d** Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?
- 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*
- 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*
- 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*
- 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? *If 'Yes,' complete Schedule L, Part III*
- 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)
 - a** A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*
 - b** A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*
 - c** 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? *If 'Yes,' complete Schedule L, Part IV*
- 29** Did the organization receive more than \$25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*
- 30** contributions? *If 'Yes,' complete Schedule M*
- 31** Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*
- 32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*
- 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*
- 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*
- 35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- b** 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*
- 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*
- 37** treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*
- 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

	Yes	No
20a		X
20b		
21		X
22		X
23		X
24a		X
24b		
24c		
24d		
25a		X
25b		X
26		X
27		X
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34		X
35a		X
35b		
36		
37		X
38	X	

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PNW District Key Club Int'l
 EIN: 84-3485841
 Form 1023 Supplemental Info.
 Schedule G, Item 2(c)-Pred. Org.
 Exhibit 1 - Parent Form 990 Copy

(2017) PACIFIC NORTHWEST DIST. OF KIWANIS INTL
Statements Regarding Other IRS Filings and Tax Compliance

91-6072944

Page 5

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1 a	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0	
1 b	the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
1 c	the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (including) winnings to prize winners?		
2 a	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	4	
2 b	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
3 a	the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		
4 a	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)?		X
	If 'Yes,' enter the name of the foreign country		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	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?		X
6 b	not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	If 'Yes,' Form 8282?		
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?		
9 b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11 a	Gross income from members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13 c	Enter the amount of reserves on hand		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

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Form 990 (2017)

PNW District Key Club Int'l
 EIN: 84-3485841
 Form 1023 Supplemental Info
 Schedule G, Item 2(c)-Pred. Org.
 Exhibit 1 - Parent Form 990 Copy

Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 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

A. Governing Body and Management

	Yes	No
1 a		
1 b		
2		X
3		X
4		X
5		X
6		X
7 a		X
7 b		X
8 a		X
8 b		X
9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a		X
10 b		
11 a	X	
11 b		
12 a		X
12 b		
12 c		
13		X
14		X
15 a		X
15 b		X
16 a		X
16 b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 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)

19 the public during the tax year SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 JANELLE LAWRENCE 5427 GLEN ECHO AVENUE GLADSTONE OR 97027 (503) 305-7635

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

Check if Schedule O contains a response or note to any line in this Part VII

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

For the 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, and highest compensated employees who received more than \$100,000 of 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 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

employees; and former such persons

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JERRY DEAS GOVERNOR	0 0	X						0.	0.	0.
(2) ROGER BELL IMMEDIATE PAST	0 0	X						0.	0.	0.
(3) MELANIE BOZAK GOVERNOR ELECT	0 0	X						0.	0.	0.
(4) ED LUTTRELL SECRETARY	40 0	X					58,890.	0.	0.	0.
(5) JANELLE LAWRENCE TREASURER	5 0	X					1,300.	0.	0.	0.
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1 b Sub-total							60,190.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							60,190.	0.	0.	

2 from the organization ▶ 0

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes,' complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

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PNW District Key Club Int'l
 EIN: 84-3485841
 Form 1023 Supplemental Info
 Schedule G, Item 2(c)-Pred. Org.
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Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions and Other Revenue					
	Federated campaigns	1a			
	Membership dues	1b	329,212.		
	Fundraising events	1c			
	Related organizations	1d			
	Government grants (contributions) . . .	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,817.		
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f		334,029.		
Program Service Revenue		Business Code			
	2a RESTRICTED FUNDS RECEIVED		827,223.	827,223.	
	b CONVENTIONS		108,428.	108,428.	
	c TRAINING REVENUE		24,468.	24,468.	
	d OTHER MISCELLANEOUS REVENUE		3,771.	3,771.	
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		963,890.		
Other Revenue					
	3 Investment income (including dividends, interest and other similar amounts)		34.	34.	
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	(i) Real	37,918.		
	b Less rental expenses	(ii) Personal	45,268.		
	c Rental income or (loss)		-7,350.		
	d Net rental income or (loss)		-7,350.	-7,350.	
	7a Gross amount from sales of assets other than inventory	(i) Securities			
	b Less cost or other basis and sales expenses	(ii) Other			
	c Gain or (loss)				
	d Net gain or (loss)				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	16,695.		
	b Less direct expenses	b	13,872.		
	c Net income or (loss) from fundraising events		2,823.		
	9a Gross income from gaming activities See Part IV, line 19	a			
	b Less direct expenses	b			
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances	a	2,934.		
	b Less cost of goods sold	b	1,543.		
	c Net income or (loss) from sales of inventory		1,391.	1,391.	
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total Revenue. See instructions		1,294,817.	957,965.	0.

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PNW District Key Club Int'l
 EIN: 84-3485841
 Form 1023 Supplemental Info
 Schedule G, Item 2(c)-Pred. Org.
 Exhibit 1 - Parent Form 990 Copy

Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX

Include amounts reported on lines 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and for individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	60,190.	0.	60,190.	0.
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.	0.	0.	0.
7 Other salaries and wages	63,079.		63,079.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,523.		6,523.	
9 Other employee benefits	13,653.		13,653.	
10 Payroll taxes	15,046.		15,046.	
11 Fees for services (non-employees)				
a Management				
b Legal	384.		384.	
c Accounting	3,300.		3,300.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	7,020.		7,020.	
14 Information technology	918.		918.	
15 Royalties				
16 Occupancy				
17 Travel	16,167.	14,239.	1,928.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	133,737.	133,737.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,992.		6,992.	
23 Insurance	1,302.		1,302.	
24 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.)				
a <u>RESTRICTED FUND DISBURSEMENTS</u>	822,028.	822,028.		
b <u>GOVERNOR EXPENSE</u>	40,465.	40,465.		
c <u>TRAINING EXPENSE</u>	26,499.	26,499.		
d <u>PRINTING AND PUBLICATIONS</u>	18,518.	18,518.		
e All other expenses	23,056.	835.	22,221.	
25 Total functional expenses Add lines 1 through 24e	1,258,877.	1,056,321.	202,556.	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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 Schedule G, Item 2(c)-Pred. Org.
 Exhibit 1 - Parent Form 990 Copy

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	513,988.	1	520,191.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	8,707.	4	5,627.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,544.	8	4,544.
	9 Prepaid expenses and deferred charges	10,418.	9	12,469.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 553,582.		
	10b Less accumulated depreciation	10b 131,752.	427,020.	10c 421,830.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		964,677.	16	964,661.
Liabilities	17 Accounts payable and accrued expenses	30,164.	17	18,776.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties	155,140.	23	130,572.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	185,304.	26	149,348.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	178,670.	27	206,622.
	28 Temporarily restricted net assets	600,703.	28	608,691.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	779,373.	33	815,313.	
34 Total liabilities and net assets/fund balances	964,677.	34	964,661.	

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Form 990 (2017)

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Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Revenue (must equal Part VIII, column (A), line 12)	1,294,817.
2	Expenses (must equal Part IX, column (A), line 25)	1,258,877.
3	Revenue less expenses Subtract line 2 from line 1	35,940.
4	Assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	779,373.
5	Unrealized gains (losses) on investments	
6	Unrelated services and use of facilities	
7	Investment expenses	
8	Other period adjustments	
9	Net changes in net assets or fund balances (explain in Schedule O)	0.
10	Assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	815,313.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O
- 2 a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 b or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2 a		X
2 b		X
2 c		
3 a		X
3 b		

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Form 990 (2017)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

PACIFIC NORTHWEST DIST. OF KIWANIS INTL

Employer identification number

91-6072944

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4.

5 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

6 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 III Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

- Preservation of land for public use (e.g., recreation or education)
Protection of natural habitat
Preservation of open space
Preservation of a historically important land area
Preservation of a certified historic structure

2 last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

Table: Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

3 tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6

7 \$

8 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)? Yes No

9 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

1 a in Part XIII, the text of the footnote to its financial statements that describes these items

- b following amounts relating to these items
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2 amounts required to be reported under SFAS 116 (ASC 958) relating to these items

- a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

(check all that apply)

Public exhibition

d Loan or exchange programs

Scholarly research

e Other _____

Reservation for future generations

XIII

Sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table

	Amount
1 c	
1 d	
1 e	
1 f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	201,190.			201,190.
b Buildings	250,922.		31,904.	219,018.
c Leasehold improvements				
d Equipment	101,470.		99,848.	1,622.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				421,830.

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Schedule D (Form 990) 2017

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PNW District Key Club Int'l
EIN: 84-3485841

Form 1023 Supplemental Info,
Schedule G, Item 2(c)-Pred: Org.
Exhibit 1 - Parent Form 990 Copy

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

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

1	revenue, gains, and other support per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Unrealized gains (losses) on investments	2 a	
	b Donated services and use of facilities	2 b	
	c Reverses of prior year grants	2 c	
	d Other (Describe in Part XIII)	2 d	
	e Add lines 2a through 2d		2 e
	3 Subtract line 2e from line 1		3
	4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
	b Other (Describe in Part XIII)	4 b	
	c Add lines 4a and 4b		4 c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2 a	
	b Prior year adjustments	2 b	
	c Other losses	2 c	
	d Other (Describe in Part XIII)	2 d	
	e Add lines 2a through 2d		2 e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
	b Other (Describe in Part XIII)	4 b	
	c Add lines 4a and 4b		4 c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5

Part XIII Supplemental 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.

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PNW District Key Club Int'l

EIN: 84-3485841

Form 1023 Supplemental Info

Schedule G, Item 2(c)-Pred. Org.

Exhibit 1 - Parent Form 990 Copy

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental

Complete if the

organization is a 501(c)(3) or 501(c)(29) organization or if the

organization is a 501(c)(3) or 501(c)(29) organization or if the

OMB No 1545 0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for the latest instructions.

Name of the organization

PACIFIC NORTHWEST DIST. OF KIWANIS INTL

Employer identification number

91-6072944

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

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 or licensing

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

	(a) Event #1 MISCELLANEOUS (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
1 Gross receipts	16,695.			16,695.
Less Contributions				
Gross income (line 1 minus line 2)	16,695.			16,695.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	13,872.			13,872.
10 Direct expense summary Add lines 4 through 9 in column (d)				13,872.
11 Net income summary Subtract line 10 from line 3, column (d)				2,823.

DIRECT EXPENSES

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
7 Direct expense summary Add lines 2 through 5 in column (d)				
8 Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If 'No,' explain _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If 'Yes,' explain _____

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Does the organization conduct gaming activities with nonmembers? Yes No
 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

State the percentage of gaming activity conducted in:
 Organization's facility 13a %
 Outside facility 13b %

Enter the name and address of the person who prepares the organization's gaming/special events books and records:
 Name ▶ _____
 Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
 b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
 c If 'Yes,' enter name and address of the third party

Name ▶ _____
 Address ▶ _____

16 Gaming manager information

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____
 Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 b organization's own exempt activities during the tax year ▶ \$ _____

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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supple
Complete

PNW District Key Club Int'l

EIN: 84-3485841

Form 1023 Supplemental Info

Schedule G, Item 2(c)-Pred. Org.

Exhibit 1 – Parent Form 990 Copy.

Form 990 or 990-EZ

▶ Attach to Form 990 or 990-EZ.

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

990-EZ

Questions on
ation.

OMB No 1545 0047

2017

**Open to Public
Inspection**

Employer identification number

PACIFIC NORTHWEST DIST. OF KIWANIS INTL

91-6072944

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

TAX RETURN IS REVIEWED BY GOVERNING BODY PRIOR TO FILING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC

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