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Form	220	J

Department of the Treasury Internal Revenue Service

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A For the 2017 calendar year, or tax year beginning

EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax

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

and ending

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.



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в Check if applicable: C Name of organization D Employer identification number Address change TOASTMASTERS INTERNATIONAL _____Name _____change 95-1300076 Doing business as Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number]Final return/ 9127 SOUTH JAMAICA STREET 400720-439-5050 termin-ated 43,446,555. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended ENGLEWOOD, CO 80112 H(a) Is this a group return]Applica-]tion F Name and address of principal officer: DANIEL REX Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: WWW.TOASTMASTERS.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 1924 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: WORLDWIDE EDUCATION PROGRAMS TO 1 Activities & Governance IMPROVE COMMUNICATION, PUBLIC SPEAKING, AND LEADERSHIP SKILLS. 2 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) 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 117461 Total number of volunteers (estimate if necessary) 6 6 12,500. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 . 7b Prior Year Current Year 40,374. 75,917. Contributions and grants (Part VIII, line 1h) 8 Revenue 34,587,261. 39,593,517. Program service revenue (Part VIII, line 2g) 9 334,605. -667,630. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -97,072. 295,734. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 34,255,739. 39,906,967. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 12,939,647. 15,379,820. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) ► 23,952,689 25,813,364. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>36,892,336</u>. 41,193,184. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -1,286,217. -2,636,597. 19 Revenue less expenses. Subtract line 18 from line 12 Assets or d Balances **Beginning of Current Year** End of Year 48,437,068. 51,821,797. Total assets (Part X, line 16) 20 10,511,770. 14,911,208. 21 Total liabilities (Part X, line 26) Net / 37,925,298. 36,910,589. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II 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.

Sign Here	Signature of officer DANIEL REX, CHIEF EXECUTIVE OFFICER Type or print name and title		Date
Paid	Print/Type preparer's name Preparer's signature SHASHI MIRPURI	Date	Check PTIN if self-employed P00874030
Preparer	Firm's name SQUAR MILNER LLP		Firm's EIN 33-0835986
Use Only	Firm's address 🖌 15760 VENTURA BLVD, SUITE 1100		
	ENCINO, CA 91436	Phone no.818-981-2600	
May the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
732001 11-2	8-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2017)

	990 (2017) TOASTMASTERS INTERNATIONAL	95-1300076 Page
Par	t III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	L
1	TOASTMASTERS INTERNATIONAL IS THE LEADING MOVEMENT	DEVOTED TO MAKING
	EFFECTIVE ORAL COMMUNICATION A WORLDWIDE REALITY.	
	CLUBS, TOASTMASTERS INTERNATIONAL HELPS MEN AND WO	MEN LEARN THE ARTS
	OF SPEAKING, LISTENING AND THINKING-VITAL (CONTINU	JED ON SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not liste	
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	n services? Yes X
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program s	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants are required to report to	ions to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 31,771,244 · including grants of \$) (Revenue \$ 39,483,806
48	(Code:) (Expenses \$	
	BY MEMBERS TO ENHANCE THEIR SPEAKING SKILLS, TRAIN	
	DEVELOP COMMUNICATION SKILLS AND APPLY THESE SKILL	
	PROFESSIONAL/PERSONAL LIVES. 357,718 INDIVIDUAL ME	
	IN 143 COUNTRIES WORLDWIDE.	,
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 31,771,244.	,
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Form 990 (2017)

TOASTMASTERS INTERNATIONAL

Pa	rt IV Checklist of Required Schedules			J
			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
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	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
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		X
с	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	11c		X
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<u>-</u> -
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	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		Х	L
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			<u> </u>
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		X
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	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3.7
	complete Schedule G. Part III	19		X

Form **990** (2017)

732003 11-28-17

Form	aan	(2017)
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TOASTMASTERS INTERNATIONAL

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did 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	21		Х
22	Did 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	22		X
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? If "Yes," complete			
	Schedule J	23	Х	
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			37
_	Schedule K. If "No", go to line 25a	24a		X
	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		
	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	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	208		- 23
u	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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			
	complete Schedule L, Part II	26		x
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	27		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
~~	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
07	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		<u> </u>	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
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		X
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	38	Х	

Form **990** (2017)

732004 11-28-17

Form	990 (2017) TOASTMASTERS INTERNATIONAL 95-1300	076	F	age 5
	t 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			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 65			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
2a	Enter 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 2a 181			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
	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)?	4a	х	
b	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2017)

732005 11-28-17

Form 990 ((2017)	
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TOASTMASTERS INTERNATIONAL

Part VI 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.

If bc 2 Di 3 Di 3 Di 4 Di 5 Di 6 Di 6 Di 7a Di 6 Di 7a Di 8 Ai	id the organization make any significant changes to its governing documents since the prior Form id the organization become aware during the year of a significant diversion of the organization's as id the organization have members or stockholders? id the organization have members, stockholders, or other persons who had the power to elect or a nore members of the governing body?	1b 19 1b 19 1b 19	2 3 4	Yes	
If bc 2 Di 3 Di 3 Di 4 Di 5 Di 6 Di 6 Di 7a Di 6 Di 7a Di 8 Ai	there are material differences in voting rights among members of the governing body, or if the governing ody delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Inter the number of voting members included in line 1a, above, who are independent id any officer, director, trustee, or key employee have a family relationship or a business relationsh fficer, director, trustee, or key employee? id the organization delegate control over management duties customarily performed by or under t f officers, directors, or trustees, or key employees to a management company or other person? id the organization make any significant changes to its governing documents since the prior Form id the organization become aware during the year of a significant diversion of the organization's as id the organization have members or stockholders? id the organization have members, stockholders, or other persons who had the power to elect or a nore members of the governing body?	1b 190 990 was filed?	2 3 4		
bo b Er 2 Di 3 Di 3 Di 4 Di 5 Di 5 Di 6 Di 7a Di 7a Di 8 Ai	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Inter the number of voting members included in line 1a, above, who are independent id any officer, director, trustee, or key employee have a family relationship or a business relationsh fficer, director, trustee, or key employee? id the organization delegate control over management duties customarily performed by or under t f officers, directors, or trustees, or key employees to a management company or other person? id the organization make any significant changes to its governing documents since the prior Form id the organization become aware during the year of a significant diversion of the organization's as id the organization have members or stockholders? id the organization have members, stockholders, or other persons who had the power to elect or a hore members of the governing body?	he direct supervision 990 was filed? ssets?	2 3 4		
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 3 Di 4 Di 5 Di 5 Di 6 Di 7a Di m b Ai 	id the organization delegate control over management duties customarily performed by or under t f officers, directors, or trustees, or key employees to a management company or other person? id the organization make any significant changes to its governing documents since the prior Form id the organization become aware during the year of a significant diversion of the organization's as id the organization have members or stockholders? id the organization have members, stockholders, or other persons who had the power to elect or a nore members of the governing body?	he direct supervision 990 was filed? ssets?	4		
4 Di 5 Di 6 Di 7a Di m b Ai	id the organization make any significant changes to its governing documents since the prior Form id the organization become aware during the year of a significant diversion of the organization's as id the organization have members or stockholders? id the organization have members, stockholders, or other persons who had the power to elect or a nore members of the governing body?	990 was filed?	4		
5 Di 6 Di 7a Di m b Ai	id the organization become aware during the year of a significant diversion of the organization's as id the organization have members or stockholders? id the organization have members, stockholders, or other persons who had the power to elect or a nore members of the governing body?	ssets?			
6 Di 7a Di m b Ai	id the organization have members or stockholders? id the organization have members, stockholders, or other persons who had the power to elect or a nore members of the governing body?				
7a Di m b Ai	id the organization have members, stockholders, or other persons who had the power to elect or a nore members of the governing body?		5		
m b Ai	nore members of the governing body?		6	Х	
b Ai	of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members, stockholders? 6 2 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 2 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 2 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7b 2 The governing body? 8b 2 Each committee with authority to act on behalf of the governing body? 8b 2 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 Did the organization have local chapters, branches, or affiliates? 10a 2 If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affililates, and branches to ensure their operations are con				
b Ai			7a	Х	
-	re any governance decisions of the organization reserved to (or subject to approval by) members,				Ι
p	ersons other than the governing body?		7b	Х	
8 Di	id the organization contemporaneously document the meetings held or written actions undertaken during the ye	ear by the following:			I
a Th	he governing body?		8a	Х	
b Ea	ach committee with authority to act on behalf of the governing body?		8b	Х	Ī
					1
01	rganization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
ectic	on B. Policies (This Section B requests information about policies not required by the Internal H	Revenue Code.)			
			_	Yes	
0a D	id the organization have local chapters, branches, or affiliates?		10a	Х	
ar	nd branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х	
1a H	as the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	11a	Х	
b D	escribe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a Di	id the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
ьW	/ere officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	Х	1
					1
in	Schedule O how this was done		12c	Х	
3 Di			13	Х	1
			14	Х	1
	id the process for determining compensation of the following persons include a review and approv				1
	ersons, comparability data, and contemporaneous substantiation of the deliberation and decision				I
	he organization's CEO, Executive Director, or top management official		15a	Х	1
	ther officers or key employees of the organization		15b	Х	1
	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				1
	id the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
	axable entity during the year?		16a		1
	"Yes," did the organization follow a written policy or procedure requiring the organization to evalu				1
	joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	xempt status with respect to such arrangements?		16b		1
	on C. Disclosure				
	ist the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CA}$				
	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Section 501(c)(3)s only)	availab	le	
	or public inspection. Indicate how you made these available. Check all that apply.				
Ē	Own website Another's website X Upon request X Other <i>(explai</i>	n in Schedule O)			
9 D	escribe in Schedule O whether (and if so, how) the organization made its governing documents, c		d finan	cial	
	tatements available to the public during the tax year.	ese er interest policy, an	amun	ciai	
	tate the name, address, and telephone number of the person who possesses the organization's b	ooks and records.			
	OHN BOND - 949-858-8255				
		CO 80112			-
	1-28-17		Form	990	-

(E)

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees	, Highest	Compensated
	Employees, and Independe	ent Contrac	ctors			

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

Т

(D)

141

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, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 (\cap)

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	Positio			itior more	l than	one	Reportable	Reportable	Estimated
	hours per	box	box, unless officer and a		rson	is bot	h an	compensation	compensation	amount of
	week			uau		1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/		from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	mpen		(00-2/1033-10130)		and related
	below	dual t	utiona	-	nplo	st col	5			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) MIKE STORKEY	10.00									
IMMEDIATE PAST PRESIDENT		Х		Х				0.	0.	0.
(2) BALRAJ ARUNASALAM	10.00									
INTERNATIONAL PRESIDENT		Х		Х				0.	0.	0.
(3) LARK DOLEY	10.00									
INTERNATIONAL PRESIDENT ELECT		Х		Х				0.	0.	0.
(4) DEEPAK MENON, FROM AUG 16	10.00									
FIRST VICE PRESIDENT		Х		Х				0.	0.	0.
(5) RICHARD PECK	10.00									
SECOND VICE PRESIDENT		Х		Х				0.	0.	0.
(6) JIM KOKOCKI, UNTIL AUG 17	10.00									_
PAST INTL PRESIDENT		Х		Х				0.	0.	0.
(7) MARGARET PAGE, UNTIL AUG 17	6.00									
INTERNATIONAL DIRECTOR		Х						0.	0.	0.
(8) MAGNUS JANSSON, UNTIL AUG 17	6.00									0
INTERNATIONAL DIRECTOR		X						0.	0.	0.
(9) RUSSELL DRAKE, UNTIL AUG 17	6.00									0
INTERNATIONAL DIRECTOR	<u> </u>	X						0.	0.	0.
(10) STEVE CHEN, UNTIL AUG 17	6.00	37								0
INTERNATIONAL DIRECTOR		X						0.	0.	0.
(11) TERESA DUKES, UNTIL AUG 17	6.00	37								0
INTERNATIONAL DIRECTOR		X						0.	0.	0.
(12) NAGARAJA RAO, UNTIL AUG 17	6.00	37								0
INTERNATIONAL DIRECTOR		X						0.	0.	0.
(13) DAVID MCCALLISTER, UNTIL AUG 17	6.00	37								0
INTERNATIONAL DIRECTOR		X						0.	0.	0.
(14) JIM KOHLI	6.00	37								0
INTERNATIONAL DIRECTOR		X						0.	0.	0.
(15) MONIQUE LEVESQUE-PHAROAH	6.00	v						0.	0	0
INTERNATIONAL DIRECTOR	6.00	Х						0.	0.	0.
(16) VERA JOHNSON	0.00	x						0.	0.	0.
INTERNATIONAL DIRECTOR	6.00	^						0.	0.	U •
(17) MATT KINSEY	0.00	x						0.	0.	0.
INTERNATIONAL DIRECTOR		Δ						0.	0.	Eorm 990 (2017)

732007 11-28-17

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7 2017.05000 TOASTMASTERS INTERNATIONAL Form **990** (2017)

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Form 990 (2017) TOASTMAS	CERS IN	ΓEF	RNA	ΔT]	101	NAI		9	<u>5-1300</u>	<u>076</u>	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	an	d Hi	ighe	st (Compensated Employees (continu	ued)		
(A)	(B)				C)				E)		(F)
Name and title	Average		I	Pos	itior	ו			ortable		imated
	hours per					e than is bot			ensation		ount of
	week					or/trus			related		ther
	(list any	ctor							izations		ensation
	hours for	direc				p			99-MISC)		m the
	related	ee or	stee			nsate		(W-2/1099-MISC)	,		nization
	organizations	trust	Institutional trustee		yee	admo				and	related
	below	dual	ution	-	old m	est cc oyee	er			organ	nizations
	line)	Individual trustee or director	Instit	Officer	Key employee	Highest compensated employee	Form				
(18) MICHAEL OSUR	6.00			_	-						
INTERNATIONAL DIRECTOR		x						0.	0.		0.
(19) DAVID FISHER	6.00										
	0.00	x						0.	0.		0
INTERNATIONAL DIRECTOR		^						0.	0.		0.
(20) ELISA TAY	6.00								•		•
INTERNATIONAL DIRECTOR		Х						0.	0.		0.
(21) MARY MORRISON, FROM AUG 17	6.00										
INTERNATIONAL DIRECTOR		X						0.	Ο.		0.
(22) TRACY THOMASON, FROM AUG 17	6.00										
INTERNATIONAL DIRECTOR		x						0.	Ο.		0.
(23) DONALD BITTICK, FROM AUG 17	6.00										
INTERNATIONAL DIRECTOR		x						0.	0.		0.
	6.00							0.	0.		
(24) REGIE FORD, FROM AUG 17	0.00								0		^
INTERNATIONAL DIRECTOR		Х						0.	0.	ļ	0.
(25) RADHI SPEAR, FROM AUG 17	6.00										_
INTERNATIONAL DIRECTOR		Х						0.	0.		0.
(26) MORAG MATHIESON, FROM AUG 17	6.00										
INTERNATIONAL DIRECTOR		X						0.	0.		0.
1b Sub-total	1							0.	0.		0.
c Total from continuation sheets to Part VI	L Section A							2,657,175.	0.	319	,030.
								2,657,175.	0.		,030.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 										515	,0501
	ot limited to tr	iose	liste	a a	DOV	e) wr	10 r	eceived more than \$100,000 of rep	ortable		26
compensation from the organization											
										'`	Yes No
3 Did the organization list any former officer,											
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4 For any individual listed on line 1a, is the su	im of reportab	le co	ompe	ensa	atior	n and	d ot	her compensation from the organiz	zation		
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	ə J i	for such individual		4	X
5 Did any person listed on line 1a receive or a									ervices		
rendered to the organization? If "Yes," com								3		5	X
Section B. Independent Contractors			0. 00		00.0						
1 Complete this table for your five highest co	mponeeted in	done	ndo	nt o	ont	roota		that reactived mare than \$100,000	of compone	ation fre	
	•	•							or compens	auoninc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
the organization. Report compensation for	the calendar y	ear	enair	ig v	vitri	or w					
(A) Name and business	addraaa							(B) Description of services		(C) Compens	
	auuress							•		ompens	sation
ASENDIA USA, INC								PRINTING &			
701C ASHLAND AVE., FOLCRO	DFT, PA	19	9 03	32				PUBLISHING	2	<u>,111</u>	.,861.
WALSWORTH PRINT GROUP								PRINTING &			
7809 MOLOKAI DR., PAPILLI	LON, NE	68	304	6				PUBLISHING	2	,089	,512.
12 CONTSTRUCTION											
9900 E. 51ST AVE., DENVER	R. CO 80)23	38					CONSTRUCTION		661	,401.
ANDOVER PTD LTD	.,							MULTILINGUAL CONT	ENT		1
80 S. 8TH ST., SUITE 2000) мтам-	г	ਸਾਬ		<u>.</u>	1 3 (SOLUTIONS		531	,229.
VANCOUVER CONVENTION CEN								TOASTMASTERS			,
	-					-				440	050
PL, VANCOUVER, BRITISH CO								INTERNATIONAL ANN	ОАЦ	440	,959.
2 Total number of independent contractors (i	-	ot li	mited	d to			steo	d above) who received more than			
\$100,000 of compensation from the organized					2:						
SEE PART VII, SECTION	A CONT	TI	NUA	ΔT]	101	NS	ЗH	EETS		Form 9 9	90 (2017)

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Form 990 TOASTMAS	TERS INT	ΓEE	RNZ	AT]	101	IAI			95-130	0076
Part VII Section A. Officers, Directors, Tru	istees, Key Ei	nplo	oyee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	k all [.]	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l trus		/ee	mpen				organizations
	below	dual t	itiona		nploy	st co	ar an			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DEREK WONG, FROM AUG 17	6.00			-						
INTERNATIONAL DIRECTOR		Х						0.	0.	0.
(28) DANIEL REX	40.00									
CHIEF EXECUTIVE OFFICER				X				582,090.	0.	41,889.
(29) SALLY NEWELL-COHEN	40.00									
CHIEF OPERATIONS OFFICER		1			X			310,277.	0.	34,385.
(30) SAM FARAJIAN	40.00									
CHIEF INFORMATION OFFICER		1			X			297,870.	0.	41,608.
(31) JOHN BOND	40.00									
CHIEF FINANCIAL OFFICER		1			X			225,670.	0.	39,087.
(32) JENNIFER QUINN	40.00									
EXECUTIVE AND BOARD RELATIONS DIRECT		1		X				209,464.	0.	20,523.
(33) DARCI MAENPA	40.00									
CHIEF MEMBER ENGAGEMENT & SUPPORT OF		1			X			184,876.	0.	30,806.
(34) WILLIAM NISSIM	40.00									
MARKETING & COMMUNICATIONS DIRECTOR		1			X			169,223.	0.	16,123.
(35) NADER HARIRI	40.00									
APPLICATION SERVICES IT DIRECTOR		1				х		147,390.	0.	29,622.
(36) MARGARET YAMAMOTO	40.00									
CONTROLLER		1				Х		142,299.	0.	13,317.
(37) HEATHER V CARTER	40.00									
RESEARCH AND BUSINESS DEVELOPMENT DI		1				Х		136,664.	0.	19,479.
(38) CAROL D GREGORY	40.00									
EDUCATION PROGRAM DIRECTOR		1				х		133,642.	0.	21,757.
(39) ANGELA CUNNINGHAM	40.00									
SENIOR PRODUCT DEVELOPMENT MANAGER		1				х		117,710.	0.	10,434.
		1								
		1								
		1								
		1								
		1								
							-			
		1								
		1								
Total to Part VII, Section A, line 1c	<u></u>	<u></u> .	<u></u> .	<u></u> .	<u></u> .	<u></u> .	<u>.</u>	2,657,175.		319,030.

732201 04-01-17

<u>Form</u>	<u>1 990 (</u>			INTERNAT	IONAL		95-1300	076 Page 9
	rt VII	Statement of Rever						
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII	((D))		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Gra	b	Membership dues	1b					
ts, (An		Fundraising events						
Gif ilar	d	Related organizations	1d					
Sin',		Government grants (contribut						
utio	f	All other contributions, gifts, gran						
Oth		similar amounts not included abo		75,917.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines		>	75,917.			
a	n	Total. Add lines 1a-1f		Business Code	13,911.			
e	2 a	MEMBERSHIP FEES		900099	33,250,017.	33,250,017.		
vic	z a b		COME	900099	4,901,692.	4,901,692.		
Ser	c c	ANNUAL CONVENTION INCO		900099	1,204,792.	1,204,792.		
am eve	d			900099	195,500.	195,500.		
Program Service Revenue	e	OTHER INCOME		900099	29,016.	29,016.		
Pr	f	All other program service reve	enue	511120	12,500.		12,500.	
		Total. Add lines 2a-2f			39,593,517.			
	3	Investment income (including						
		other similar amounts)		►	223,639.			223,639
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨 🕨				
	5	Royalties		►	139.			139
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities 2,132,521.	(ii) Other				
	h	assets other than inventory Less: cost or other basis	2,152,521.					
	b	and sales expenses	2,021,555.					
	с	Gain or (loss)						
		Net gain or (loss)			110,966.			110,966
e		Gross income from fundraisin						
Other Revenue		including \$						
seve		contributions reported on line	1c). See					
er F		Part IV, line 18						
oth		Less: direct expenses						
-		Net income or (loss) from fund		····· ►				
	9 a	Gross income from gaming ad						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam Gross sales of inventory, less		▶				
	iu d	and allowances		1,420,822.				
	h	Less: cost of goods sold						
		Net income or (loss) from sale			-97,211.	-97,211.		
		Miscellaneous Revenu		Business Code	,			
	11 a							
	b							
	с							
	d							
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		🕨	39,906,967.	39,483,806.	12,500.	334,744

732009 11-28-17

Form **990** (2017)

TOASTMA1

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Page **9**

Part IX Statement of Functional Expenses

TOASTMASTERS INTERNATIONAL

-	Check if Schedule O contains a respon			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	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 foreign				
	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	2,203,891.		2,203,891.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	11,274,195.	8,505,543.	2,768,652.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	737,407.	484,166.	253,241.	
9	Other employee benefits	40,878.		40,878.	
10	Payroll taxes	1,123,449.	796,154.	327,295.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	198,665.		198,665.	
с		62,438.		62,438.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	58,395.		58,395.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	1,384,362.	374,646.	1,009,716.	
12	Advertising and promotion	167,678.	167,678.		
13	Office expenses	107,435.	89,352.	18,083.	
14	Information technology	42,000.	42,000.		
15	Royalties				
16	Occupancy	206,015.	206,015.		
17	Travel	908,218.	645,240.	262,978.	
18	Payments of travel or entertainment expenses	-			
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	38,604.	17,351.	21,253.	
20	Interest	17,748.		17,748.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	844,169.	844,169.		
23	Insurance	1,389,026.	896,432.	492,594.	
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 0.)				
а	DISTRICT EXPENSE	10,332,877.	10,332,877.	0.	
b	MAGAZINE	2,898,281.	2,898,281.	0.	
c	TRANSPORTATION	1,099,132.	841,025.	258,107.	
d	CREDIT CARD FEES	997,317.	997,317.	0.	
e		5,061,004.	3,632,998.	1,428,006.	
25	Total functional expenses. Add lines 1 through 24e	41,193,184.	31,771,244.	9,421,940.	(
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 Fight following SOP 98-2 (ASC 958-720)				

732010 11-28-17

Form **990** (2017)

11371107 143798 TOASTMASTERS

<u>Form</u>	n 990 (2			95-	1300076 Page 11
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,133,956.	1	2,938,262.
	2	Savings and temporary cash investments	9,506,775.	2	10,872,005.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	134,869.	4	174,500.
	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			
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
ssets	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use	863,245.	8	793,145.
	9	Prepaid expenses and deferred charges	1,047,253.	9	1,089,699.
	10a	Land, buildings, and equipment: cost or other			

	IUa	Land, buildings, and equipment. cost of other	100	38 943 951			
	b	basis. Complete Part VI of Schedule D		38,943,951. 10,618,094.	25,641,830.	10c	28,325,857.
	11	Less: accumulated depreciation			7,109,140.	11	7,628,329.
	12	Investments - other securities. See Part IV, line 1			7,105,140.	12	7,020,525.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16		ssets. Add lines 1 through 15 (must equal line 34)			16	51,821,797.
	17	Accounts payable and accrued expenses			48,437,068. 3,261,585.	17	7,432,000.
	18	Grants payable			18		
	19	Deferred revenue			7,250,185.	19	7,479,208.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ŝ	22	Loans and other payables to current and former					
liti		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	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			10,511,770.	26	14,911,208.
		Organizations that follow SFAS 117 (ASC 958), chec	k here ► 🛛 and			
ses		complete lines 27 through 29, and lines 33 an					26 222 224
Fund Balances	27	Unrestricted net assets			37,906,998. 18,300.	27	36,892,331.
Bal	28	Temporarily restricted net assets			18,300.		18,258.
pu	29					29	
Ъ		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶∟_			
ŝ		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or ec				31	
Net	32	Retained earnings, endowment, accumulated in			37,925,298.	32	36,910,589.
_	33	Total net assets or fund balances			48,437,068.		51,821,797.
	34	Total liabilities and net assets/fund balances			40,437,000.	34	
							Form 990 (2017)

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Form	990 (2017) TOASTMASTERS INTERNATIONAL	95-	-1300076	Р Р	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,90		
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,19	93,	184.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,28	36,	217.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,92		
5	Net unrealized gains (losses) on investments	5	27	/1,	508.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	36,91	.0,	<u>589.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au			37
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form **990** (2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Employer identification number

н

Name of the o	organization
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				NTERNATIONAL					5-1300076
Pa	nrt I	Reason for Public	Charity Status (All organizations must co	mplete th	iis part.) S	ee instructions	6.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	l in sectic	on 170(b)(⁻	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ction 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	describe	d in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	l or opera	ted by a g	overnmental u	ınit descrik	ped in
		section 170(b)(1)(A)(iv). (C							
6	\square	A federal, state, or local go	-						
7		An organization that norma	•	intial part of its support f	rom a gov	rernmental	unit or from t	he general	public described in
~		section 170(b)(1)(A)(vi). (C							
8	\square	A community trust describe							
9		An agricultural research org						-	-
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state of	the colleg	je or
10	X	university:	lly received (1) more	than 22 1/20/ of its our	nort from	oontributi	ana mambara	hin face o	and areas respired from
10	- 23	An organization that norma							
		activities related to its exen income and unrelated busin							
		See section 509(a)(2). (Con				sses acqu		ganization	
11	\square	An organization organized a	,	ively to test for public sa	fetv See	section 5)9(a)(4)		
12		An organization organized a		•	•			arry out the	e purposes of one or
		more publicly supported or		-				•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga	• •					-	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organizatic	n(s), by ha	aving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
	_	_ organization(s). You mus	t complete Part IV,	Sections A and C.					
c		Type III functionally interpretent of the second	grated. A supportin	g organization operated	in connec	tion with,	and functiona	lly integrat	ed with,
	_	its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
c		☐ Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection \	with its suppo	ted organ	ization(s)
		that is not functionally int		• •	•		•	d an attent	iveness
		requirement (see instruct	•	-					
e		☐ Check this box if the orga					а Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated support	ng organi	zation.			
		er the number of supported o	•						
<u>c</u>		vide the following informatior i) Name of supported	i about the supporte	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	()	(described on lines 1-10	in your govern Yes	ing document? No	support (see in	,	support (see instructions)
				above (see instructions))	100				
Tot	al								
LHA	For F	Paperwork Reduction Act N	lotice, see the Instr	ructions for Form 990 o 14		732021 10	06-17 Sched	lule A (Fo	rm 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 TOASTMASTERS INTERNATIONAL Part II

95-1300076 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support			_			_
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
	organization, check this box and stor	here					>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (14	%
	Public support percentage from 2016					15	%
16 a	33 1/3% support test - 2017. If the c	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check t	his box and stop	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	l stop here. Explai	n in Part VI how th	e
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	licly supported org	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns ►
					Cab	adula A (Farma 00)	0 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

Schedule A (Form 990 or 990 EZ) 2017 TOASTMASTERS INTERNATIONAL

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	15,474.	66,669.	21,836.	40,364.	75,917.	220,260.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	31,464,948.	33,588,456.	34,072,111.	36,209,389.	41,014,340.	176,349,244.
3	Gross receipts from activities that	. ,	, ,	, ,		. ,	, ,
Ũ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the organization without charge						
~	· · · · · · · · · · · · · · · · · · ·	31,480,422.	33,655,125.	34,093,947.	36,249,753.	41,090,257.	176,569,504.
	Total. Add lines 1 through 5	51,400,422.	55,055,125.	54,055,547.	50,249,755.	41,000,207.	170,309,304.
78	Amounts included on lines 1, 2, and 3 received from disgualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						176,569,504.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	31,480,422.	33,655,125.	34,093,947.	36,249,753.	41,090,257.	176,569,504.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	555,888.	556,879.	632,635.	389,691.	223,778.	2,358,871.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	555,888.	556,879.	632,635.	389,691.	223,778.	2,358,871.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	32,036,310.	34,212,004.	34,726,582.	36,639,444.	41,314,035.	178,928,375.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2017 (ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	98.68 %
	Public support percentage from 2016					16	98.36 %
See	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20)17 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	1.32 %
	Investment income percentage from 2					18	1.64 %
19 a	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box a		-				► X
b	33 1/3% support tests - 2016. If the	-					
	line 18 is not more than 33 1/3%, che		-			-	
	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th			
7320:	23 10-06-17			16	Sche	edule A (Form 990	or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 TOASTMASTERS INTERNATIONAL

95-1300076 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 TOASTMASTERS INTERNATIONAL Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a		110		
-	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
<u>Sec</u>	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	- 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	L The organization satisfied the Activities Test. Complete line 2 below.			
b	L The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a				
J	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	54		
IJ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
72000			0_E7	2017
13202	25 10-06-17 Schedule A (Form 9	30 01 98	/U-EZ)	2017

Schedule A (Form 990 or 990-EZ) 2017 TOASTMASTERS INTERNATIONAL

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 TOASTMASTERS INTERNATIONAL

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

<u>Schedule A (</u>	Form 990 or 990-EZ) 2017 TOASTMASTERS INTERNATIONAL	95-1300076 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, ine 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any (See instructions.)	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V,
32028 10-06-1	21 So	chedule A (Form 990 or 990-EZ) 201

SCHEDULE [)
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Department of the Treasury Internal Revenue Service

90)

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. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization TOASTMASTERS INTER:	E	Employer identification number 95-1300076		
Pa		ds or Acc			
	organization answered "Yes" on Form 990, Part IV, lin				
		(a) Donor advised funds	(b) F	unds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
2	Aggregate value of grants from (during year)				
_	Aggregate value of grants norm (during year)				
4	Did the organization inform all donors and donor advisors in		uiood fundo		
5	-	-		Yes No	
6	are the organization's property, subject to the organization's				
6	Did the organization inform all grantees, donors, and donor a		-		
	for charitable purposes and not for the benefit of the donor of		-		
Par		nanization answered "Yes" on Form 990			
1	Purpose(s) of conservation easements held by the organizati		, i art iv, inte		
•	Preservation of land for public use (e.g., recreation or e		istorically imr	ortant land area	
	Protection of natural habitat	Preservation of a co			
	Preservation of open space				
•		lied environmenting exception dies in the few			
2	Complete lines 2a through 2d if the organization held a qualit	ned conservation contribution in the for	m of a conse	Held at the End of the Tax Year	
-	day of the tax year.				
a	Total number of conservation easements				
b					
C	Number of conservation easements on a certified historic str				
d	Number of conservation easements included in (c) acquired a				
•	listed in the National Register				
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by t	ine organizat	lion during the tax	
	year				
4	Number of states where property subject to conservation ear		_		
5	Does the organization have a written policy regarding the per				
~	violations, and enforcement of the conservation easements in				
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing co	onservation e	asements during the year	
-					
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conser	vation easen	nents during the year	
~					
8	Does each conservation easement reported on line 2(d) abov				
-	and section 170(h)(4)(B)(ii)?			Yes L No	
9	In Part XIII, describe how the organization reports conservati				
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	es the organi	zation's accounting for	
Da	t III Organizations Maintaining Collections o	f Art Historical Traceuros or	Othor Sin	ailar Assats	
Fai	Complete if the organization answered "Yes" on Form	• •		IIIdi Assets.	
Ia	If the organization elected, as permitted under SFAS 116 (AS				
	historical treasures, or other similar assets held for public exh		rance of put	blic service, provide, in Part XIII,	
	the text of the footnote to its financial statements that descri				
b	If the organization elected, as permitted under SFAS 116 (AS				
	treasures, or other similar assets held for public exhibition, ed	aucation, or research in furtherance of p	SUDIIC SERVICE	e, provide the following amounts	
	relating to these items:			*	
	(i) Revenue included on Form 990, Part VIII, line 1				
				► \$	
2	If the organization received or held works of art, historical tre		cial gain, pro	vide	
	the following amounts required to be reported under SFAS 1			•	
	Revenue included on Form 990, Part VIII, line 1			\$	
b	Assets included in Form 990, Part X			▶ \$	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
732051	10-09-17

Schedule D (Form 990) 2017

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 3 Using the organization acquisition, accession, and other records, theck any of the following that are a significant use of its collection items Provide acciption of hure generations Check at that apply: Provide acciption of hure generations Check at that apply: Provide acciption of hure generations collections and explain how they further the organization's description of the organization collection? Provide acciption of the organization collections and explain how they further the organization's description of the organization collection? Provide acciption of the organization collection? Provide acciption of the organization collection? Provide acciption of the organization accelection? Provide accele	Sche	chedule D (Form 990) 2017 TOASTMASTERS INTERNATIONAL 95-1300076 Page 2						.ge 2		
check all that apply: d Loan or exchange programs e Other ching the schubtion e Other ching the schubtion e Other ching the schubtion e Other ching the spar. did the organization scluctures collections and explain how they further the organization's exempt purpose in Part XIII. Summary the organization sclucture that the schubinization and explain how they further the organization assess to be sclut the organization and collection? Part W Escreture that to generation and optical machine data part of the organization answered "Yes" on Form 990, Part X, Ine 21. The schubinization included an anound to Form 990, Part X, Ine 21. d Is the organization and purpose in Part XIII. Check here if the explanation has been provided on Part XIII. Provide the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Presserver 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. Yes No feat data schubing data part Vise". (e) Current year (f) Three years back (e) Four years back (e) Four years back c Additions during the year fit fit fit fit fit d Additions during the year fit <th>Par</th> <th>t III Organizations Maintaining C</th> <th>Collections of A</th> <th>rt, Historical T</th> <th>reasures, c</th> <th>or Other</th> <th>Similar As</th> <th>sets(contin</th> <th>ued)</th> <th></th>	Par	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, c	or Other	Similar As	sets(contin	ued)	
a Public schibition d Learn or exchange programs b Schibitive research e Other	3	Using the organization's acquisition, access	ion, and other record	ls, check any of th	e following tha	t are a sigr	nificant use of	its collection	items	3
b Scholarly research e Other										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to solid to raise funds rather than to be maintained as part of the organization's collection? Ves No. Part IVI Exercise and Custodial Arrangements. Comparization answered 'Yes' on Form 980, Part IV, line 91, or reported an amount on Form 980, Part X, line 21. Tele interminitiation an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 18 Is the organization include an amount on Form 980, Part X, line 21, for secrow or custodial account liability? Ves No c Beginning balance	а		d							
Provide a description of the organization's collectors and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization scilocitor of art, historical reasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization scilocitor? Part W Escrow and Custodial Arrangements. Complete if the organization answord "Yes" on Form 990, Part X, line 21. The second an awound to form 990, Part X, line 21. The second an awound to form 990, Part X, line 21. The second an awound to form 990, Part X, line 21. The second and provide an awound to form 990, Part X, line 21. The second and provide an awound to form 990, Part X, line 21. The second and provide an awound to form 990, Part X, line 21. The second and provide an awound the organization answered "Yes" on Form 990, Part X, line 21. The second and provide an awound to form 990, Part X, line 21. The arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization includes a mount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. The organization inc	b		e	Other						
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Current year (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and losses (c) Current year (c) Two years back (c) Three years back (e) Four years back d Grants or scholarships (c) Two stars back (c) Two years back (c) Two	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial acco	unt liability	/?	Yes		No
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back c Not investment endows of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶										
1a Beginning of year balance Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions e Other expenditures for facilities Image: Contributions Image: Contributions e Other expenditures for facilities Image: Contributions Image: Contributions f Administrative expenses Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contrest and provements Image:	Par	TV Endowment Funds. Complete	i č		-					
b Contributions			(a) Current year	(b) Prior year	(c) I wo year	s back (d) Three years ba	ack (e) Four	years t	Jack
c Net investment earnings, gains, and losses	1a									
d Grants or scholarships	b									
e Other expenditures for facilities and programs	ر لہ									
and programs										
f Administrative expenses	е									
g End of year balance	f									
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 ▶% mthe percentages on lines 2a, 2b, and 2c should equal 100%. 3a a Are there endowment Imuds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 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) basis (other) depreciation (d) Book value 4. 860, 791. (a) Cost or other (b) Cost or other (c) Accumulated depreciation (d) Book value (d) Equipment										
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-			e (line 1a. column	(a)) held as:					
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) 3a(i) (ii) unrelated organizations 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds.					(-))					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 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 (iii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organization subset as required on Schedule R? (iii) Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (c) Accumulated depreciation (c	b									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) 1 3a(i) 1 3a(i) 1 3a(i) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 <	с	Temporarily restricted endowment	%							
by: (i) unrelated organizations (ii) related organizations 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 Buildings c Leasehold improvements d Equipment e Other e Other (b) Cost (c) Accumulated (c) Book value (c) Accumulated (c) Book value (c) Book v		The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 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 (other) (c) Accumulated depreciation 1a Land 4,860,791. 4,860,791. b Buildings 22,684,122. 3,841,902. 18,842,220. c Leasehold improvements 2,949,901. 2,057,771. 892,130. e Other 8,449,137. 4,718,421. 3,730,716.	3a	Are there endowment funds not in the posse	ession of the organization	ation that are held	and administe	red for the	organization	_		
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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 1a Land 4,860,791. 4,860,791. 4,860,791. 4,860,791. b Buildings 22,684,122. 3,841,902. 18,842,220. c Leasehold improvements 2,949,901. 2,057,771. 892,130. e Other 8,449,137. 4,718,421. 3,730,716.		by:							Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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 1a Land 4,860,791. 4,860,791. b Buildings 22,684,122. 3,841,902. 18,842,220. c Leasehold improvements 2,949,901. 2,057,771. 892,130. e Other 8,449,137. 4,718,421. 3,730,716.		(i) unrelated organizations 3a(i)								
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 1a Land 4,860,791. 4,860,791. b Buildings 22,684,122. 3,841,902. 18,842,220. c Leasehold improvements 2,949,901. 2,057,771. 892,130. e Other 8,449,137. 4,718,421. 3,730,716.										
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 1a Land 4,860,791. 4,860,791. b Buildings 22,684,122. 3,841,902. 18,842,220. c Leasehold improvements 2,949,901. 2,057,771. 892,130. e Other 8,449,137. 4,718,421. 3,730,716.	b				?			3b		
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)(c) Accumulated depreciation(d) Book value1a Land4,860,791.4,860,791.b Buildings c Leasehold improvements d Equipment e Other2,949,901.2,057,771.892,130.e Other8,449,137.4,718,421.3,730,716.	_			wment funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 4,860,791. 4,860,791. 4,860,791. b Buildings 22,684,122. 3,841,902. 18,842,220. c Leasehold improvements 2,949,901. 2,057,771. 892,130. e Other 8,449,137. 4,718,421. 3,730,716.	Fai			Dort IV line 11e	Soo Form 000	Dort V lin	aa 10			
basis (investment) basis (other) depreciation 1a Land 4,860,791. 4,860,791. b Buildings 22,684,122. 3,841,902. 18,842,220. c Leasehold improvements 2,949,901. 2,057,771. 892,130. e Other 8,449,137. 4,718,421. 3,730,716.					1				voluo	
1a Land 4,860,791. 4,860,791. b Buildings 22,684,122. 3,841,902. 18,842,220. c Leasehold improvements 2,949,901. 2,057,771. 892,130. e Other 8,449,137. 4,718,421. 3,730,716.		Description of property				• •			vaiue	;
b Buildings 22,684,122. 3,841,902. 18,842,220. c Leasehold improvements 2,949,901. 2,057,771. 892,130. e Other 8,449,137. 4,718,421. 3,730,716.	19	land	· · ·	,		aspir		4.860),79) 1.
c Leasehold improvements 2,949,901. 2,057,771. 892,130. e Other 8,449,137. 4,718,421. 3,730,716.						3.84	41,902.			
d Equipment 2,949,901. 2,057,771. 892,130. e Other 8,449,137. 4,718,421. 3,730,716.				, _		, , , ,		,		
e Other 8,449,137. 4,718,421. 3,730,716.				2,9	49,901.	2,05	57,771.	892	2,13	30.
				X, column (B), line	10c.)		►	28,325	5,85	57.

Schedule D (Form 990) 2017

732052 10-09-17

Part VII	Investments -	• Other Securities.	
Schedule E) (Form 990) 2017	TOASTMASTERS	INTERNATIONAL

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.						
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value				
(1) Financial derivatives						
(2) Closely-held equity interests						
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)						

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(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 11e or 11f. See Form 990, Part X, line 25.

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

732053 10-09-17

Sche	dule D (Form 990) 2017 TOASTMASTERS INTERNATIONAL			95-	1300076 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wi			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	41,638,114.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	271,508.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		1,518,033.		
е	Add lines 2a through 2d			2e	1,789,541.
3	Subtract line 2e from line 1			3	39,848,573.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	58,395.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	58,395.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	39,906,968.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1					40 650 000
	Total expenses and losses per audited financial statements			1	42,652,822.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	42,652,822.
2 a		2a		1	42,652,822.
а	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b		1	42,652,822.
а	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c		1	42,652,822.
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1,518,033.	1	
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1,518,033.	2e	1,518,033.
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1,518,033.		
a b c d 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	1,518,033.	2e 3	1,518,033.
a b c d 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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	2a 2b 2c 2d	1,518,033.	2e 3	1,518,033.
a b c 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.)	2a 2b 2c 2d	1,518,033.	2e 3	1,518,033. 41,134,789.
a b c 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	1,518,033. 58,395.	2e 3 4c	1,518,033. 41,134,789. 58,395.
a b c e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	1,518,033. 58,395.	2e 3	1,518,033. 41,134,789.

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

PART X, LINE 2:

THE ORGANIZATION HAS BEEN DESIGNATED AS TAX-EXEMPT UNDER INTERNAL REVENUE
CODE SECTION 501(C)(3) AND IS ALSO EXEMPT FROM STATE FRANCHISE TAXES UNDER
SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE AND IS NOT
GENERALLY SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, THE
ORGANIZATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED
FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF
THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION
HAS BEEN RECORDED AS, IN THE OPINION OF MANAGEMENT, THE NET INCOME, IF
ANY, FROM ANY UNRELATED TRADE OR BUSINESS IS NOT MATERIAL TO THE BASIC
FINANCIAL STATEMENTS TAKEN AS A WHOLE.

732054 10-09-17

Schedule D (Form 990) 2017 TOASTMASTERS INTERNATIONAL 95-1300076 Page 5
Part XIII Supplemental Information (continued)
THE ORGANIZATION PROVIDES FOR TAX CONTINGENCIES, IF ANY, FOR FEDERAL,
STATE AND LOCAL EXPOSURES RELATING TO AUDIT RESULTS, TAX PLANNING
INITIATIVES AND COMPLIANCE RESPONSIBILITIES. THE DEVELOPMENT OF THESE
RESERVES REQUIRES JUDGMENTS ABOUT TAX ISSUES, POTENTIAL OUTCOMES AND
TIMING. ALTHOUGH THE OUTCOME OF THESE TAX AUDITS IS UNCERTAIN, IN
MANAGEMENT'S OPINION ADEQUATE PROVISIONS FOR INCOME TAXES HAVE BEEN MADE
FOR POTENTIAL LIABILITIES EMANATING FROM THESE REVIEWS. IF ACTUAL OUTCOMES
DIFFER MATERIALLY FROM THESE ESTIMATES, THEY COULD HAVE A MATERIAL IMPACT
ON THE ORGANIZATION'S RESULTS. IN ADDITION, THE ORGANIZATION RECOGNIZES
POTENTIAL ACCRUED INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX
POSITIONS IN INCOME TAX EXPENSE. THE ORGANIZATION DOES NOT BELIEVE IT HAS
ANY UNCERTAIN INCOME TAX POSITIONS THAT COULD MATERIALLY AFFECT ITS
FINANCIAL STATEMENTS AND HAS THEREFORE DETERMINED THAT A LIABILITY FOR
UNRECOGNIZED TAX BENEFITS IS NOT NECESSARY AS OF DECEMBER 31, 2017 OR
2016. DURING THE YEARS ENDED DECEMBER 31, 2017 AND 2016, THE ORGANIZATION
DID NOT RECOGNIZE ANY AMOUNT IN POTENTIAL INTEREST AND PENALTIES
ASSOCIATED WITH UNCERTAIN TAX POSITIONS.

THE FOLLOWING TABLE SUMMARIZES THE OPEN TAX YEARS FOR EACH MAJOR

JURISDICTION:

JURISDICTION	
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OPEN TAX YEARS

2013-2016

FEDERAL 2014-2016

STATE

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES OF EDUCATION MATERIALS

1,518,033.

732055 10-09-17

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 TOASTMASTERS INTERNATIONAL Part XIII Supplemental Information (continued)	95-1300076 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COSTS OF SALES OF EDUCATION MATERIALS	1,518,033.
732055 10-09-17 27	Schedule D (Form 990) 2017

SCHEDULE	F
(Form 990)	

Department of the Treasury

Part I

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Internal Revenue Service

Name of the organization

TOASTMASTERS INTERNATIONAL

95-1300076 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

Activities per Region, (The following Part I, line 3 table can be duplicated if additional space is needed.) 3

3 Activities per Region. (1	he following Part	I, line 3 table c	an be duplicated if additional space is i	needed.)	
(a) Region	(b) Number of		(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		investments
		in the region	recipients located in the region)	of service(s) in the region	in the region
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED			PROGRAM SERVICE AND	CLUB BUILDING AND	
STATES	0	146	ADMINISTRATION	LEADERSHIP TRAINING	1,061,431
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,			PROGRAM SERVICE AND	CLUB BUILDING AND	
CAMBODIA,	0	297	ADMINISTRATION	LEADERSHIP TRAINING	1,936,664
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,			PROGRAM SERVICE AND	CLUB BUILDING AND	
AUSTRIA, BELGIUM	0	41	ADMINISTRATION	LEADERSHIP TRAINING	859,985
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,			PROGRAM SERVICE AND	CLUB BUILDING AND	
DJIBOUTI, EGYPT,	0	32	ADMINISTRATION	LEADERSHIP TRAINING	742,283
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,			PROGRAM SERVICE AND	CLUB BUILDING AND	
ARUBA, BAHAMAS,	0	9	ADMINISTRATION	LEADERSHIP TRAINING	66,128
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA			PROGRAM SERVICE AND	CLUB BUILDING AND	
FASO,	0	51	ADMINISTRATION	LEADERSHIP TRAINING	397,464
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,			PROGRAM SERVICE AND	CLUB BUILDING AND	
COLUMBIA, ECUADOR,	0	0	ADMINISTRATION	LEADERSHIP TRAINING	7,723
SOUTH ASIA -					,
AFGHANISTAN,					
BANGLADESH, BHUTAN,			PROGRAM SERVICE AND	CLUB BUILDING AND	
INDIA, MALDIVES,	0	59	ADMINISTRATION	LEADERSHIP TRAINING	384,923
3 a Sub-total	0	635			5,456,601
b Total from continuation					,,
sheets to Part I	0	0			0
c Totals (add lines 3a		, , , , , , , , , , , , , , , , , , ,			, , , , , , , , , , , , , , , , , , ,
and 3b)	0	635			5,456,601
	· · · · · · · ·				(Earm 000) 201

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

732071 10-06-17

Page 2	any	(i) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2017
	990, Part IV, line 15, for	(h) Description of noncash assistance					Schedu
95-1300076	I "Yes" on Form 9	(g) Amount of noncash assistance					Xempt
95-13	ganization answered	(f) Manner of cash disbursement					recognized as tax-e
	complete if the org eded.	(e) Amount of cash grant					er
INTERNATIONAL	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities
TOASTMASTERS INTER	Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	(c) Region					s listed above that are re sel has provided a secti entities
TOASTM	er Assistance to Orga seived more than \$5,00	(b) IRS code section and EIN (if applicable)					recipient organizations the grantee or coun other organizations or
Schedule F (Form 990) 2017	Part II Grants and Othe recipient who rec	1 (a) Name of organization					 2 Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has 3 Enter total number of other organizations or entities

732072 10-06-17

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2017
	V, line 16.	(g) Description of noncash assistance					Schedt
95-1300076	on Form 990, Part I	(f) Amount of noncash assistance					
95	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	(e) Manner of cash disbursement					
IONAL	ites. Complete if	(d) Amount of cash grant					
INTERNATIONAL	le the United Sta d.	c) Number of recipients					
TOASTMASTERS	:e to Individuals Outsid dditional space is neede	(b) Region					
Schedule F (Form 990) 2017 T	Part III Grants and Other Assistance to Individuals Outside Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

30

732073 10-06-17

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	X 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	X 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)	X Yes	No 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? <i>If</i> "Yes," <i>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)</i>	Yes	X 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)	Yes	X 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 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 TOA	TMASTERS INTERNATIONAL
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Supplemental 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.

PART I, LINE 3:

Part V

THE ORGANIZATION HAS FORTY-ONE DISTRICTS OUTSIDE OF THE UNITED STATES,

SIXTY-ONE DISTRICTS IN THE UNITED STATES, AND FOUR DISTRICTS THAT ARE

BOTH INSIDE AND OUTSIDE THE UNITED STATES. TOASTMASTERS INTERNATIONAL

USED 10 CATEGORIES TO ACCOUNT FOR DISTRICT EXPENDITURES. THOSE 10

CATEGORIES ARE: CONFERENCES, MARKETING, COMMUNICATION AND PUBLIC

RELATIONS, EDUCATION AND TRAINING, SPEECH CONTESTS, ADMINISTRATIVE,

TRAVEL, OTHER, LEADERSHIP INSTITUTE, AND DISTRICT STORE.

sc	HEDULE J	Compensation Information		OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	17	,
	-	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ΖU		
Dena	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.			ection	
Nam	e of the organizatio		Employer i			mber
_		TOASTMASTERS INTERNATIONAL	95-1	L30007	6	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	X First-class or c	•	nal use			
	X Travel for com					
	X Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary :	spending account Personal services (such as, maid, chauffe	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
		provision of all of the expenses described above? If "No," complete Part III to explain		1b	X	
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			37	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X	
-						
3		ny, of the following the filing organization used to establish the compensation of the organization				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensatior					
		compensation consultant				
	X Form 990 of o	ther organizations Approval by the board or compensation of	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		ceive payment from, a supplemental nonqualified retirement plan?				X
		ceive payment from, an equity-based compensation arrangement?				X
•		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		······································				
	Only section 501(d	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	0			5a		Х
		ation?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	-	~ 		6a		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	-	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		lule J (Forr	n 990) 2017

732111 10-17-17

Schedule J (Form 990) 2017 TOAST	ГMА	TOASTMASTERS INTERNA	RNATIONAL		95-1300076	076		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed		yees, and Highest (Compensated Emp	iloyees. Use duplica	te copies if additional s	pace is needed.		
For each individual whose compensation must be reported on Schedule J, rep Do not list any individuals that aren't listed on Form 990, Part VII.	be re	ported on Schedule , 990, Part VII.	J, report compensa	tion from the organi	ort compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)	m related organization	ns, described in the ins	tructions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the to	ed in	dividual must equal tl	he total amount of f	⁻ orm 990, Part VII, S	tal amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	able column (D) and ((E) amounts for that inc	lividual.
		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	Denents	(1)-(1)(9)	In column (b) reported as deferred on prior Form 990
(1) DANIEL REX	Ű	449.273.	•0	132.817.	21.600.	20.289.	623.979.	•0
臣		Ľ	•0			•		•0
(2) SALLY NEWELL-COHEN	<u> </u>	310,277.	.0	.0	18,077	16,308.	344,662.	0.
CHIEF OPERATIONS OFFICER		•0	•0					•0
(3) SAM FARAJIAN	Ξ	297,870.	0.		21,18	20,420.	339,47	.0
CHIEF INFORMATION OFFICER	(ii)		.0					• 0
(4) JOHN BOND	(i)	225,670.	0.		18,79	20,288.	264,75	.0
CHIEF FINANCIAL OFFICER	(ii)		.0			0.		.0
(5) JENNIFER QUINN	(i)	126,330.	• 0	83,13	10,63	9,886.	229,98	•0
Ы	-	9	0		ľ			.0
(6) DARCI MAENPA	Ξ	184,876.	0.		14,19	16,609.	215,68	.0
끏	F (ii)	1	.0		1			•0
(7) WILLIAM NISSIM	Ξ	169,223.	.0	.0	12,90	3,223.	185,34	0.
MARKETING & COMMUNICATIONS DIRECTOR	(ii)	.0	0.	0.		0.		0.
(8) NADER HARIRI	(i)	147,390.	0.	.0	12,19	17,432.	177,01	.0
APPLICATION SERVICES IT DIRECTOR	(ii)		• 0	.0		.0		.0
(9) MARGARET YAMAMOTO	(i)	142,299.	.0	• 0	11,340.	1,977.	155,616.	• 0
CONTROLLER	(ii)	• 0	• 0	.0	•0	•0		•0
(10) HEATHER V CARTER	(i)	136,664.	.0	.0	11,161.	8,318.	156,14	.0
RESEARCH AND BUSINESS DEVELOPMENT DI	I (ii)		0.	0.				0.
(11) CAROL D GREGORY	(i)	133,642.	0.	.0	10,968.	10,789.	155,399.	.0
EDUCATION PROGRAM DIRECTOR	(ii)	.0	.0	0.	.0	0.	0.	0.
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	0							
				1 C			Schedu	Schedule J (Form 990) 2017

34

732112 10-17-17

Schedule J (Form 990) 2017 TOASTMASTERS INTERNATIONAL Part III Supplemental Information	95-1300076 Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	s part for any additional information.
FORM 990, PART VII, LINE 1A AND SCHEDULE J, PART II	
THE BOARD OF DIRECTORS APPROVED THE RELOCATION OF THE ORGANIZATION'S	
HEADQUARTERS FROM CALIFORNIA TO COLORADO. RELOCATION BENEFITS WERE	
ACCEPTED BY SOME EMPLOYEES TO RELOCATE TO COLORADO WHILE OTHER	
EMPLOYEES ACCEPTED RETENTION INCENTIVES TO CONTINUE EMPLOYMENT THROUGH	
A SPECIFIC END DATE. TAXABLE RELOCATION BENEFITS WERE GROSSED UP FOR	
TAXES TO MINIMIZE ADVERSE TAX EFFECTS ON EMPLOYEES. THE TAXABLE	
BENEFITS, GROSSED UP TAX AMOUNTS AND RETENTION INCENTIVES ARE INCLUDED	
IN COMPENSATION FORM 990, PART VII - SECTION A AND SCHEDULE J WHERE	
APPROPRIATE.	
	Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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

Employer identification number

95-1300076

TOASTMASTERS INTERNATIONAL

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SKILLS THAT PROMOTE SELF-ACTUALIZATION, ENHANCE LEADERSHIP POTENTIAL,

FOSTER HUMAN UNDERSTANDING AND CONTRIBUTE TO THE BETTERMENT OF MANKIND.

IT IS BASIC TO THIS MISSION THAT TOASTMASTERS INTERNATIONAL CONTINUALLY

EXPANDS ITS WORLDWIDE NETWORK OF CLUBS, THEREBY OFFERING EVER-GREATER

NUMBERS OF PEOPLE THE OPPORTUNITY TO BENEFIT FROM ITS PROGRAMS.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

AUSTRALIA, CANADA, CHINA, GERMANY,

INDIA, IRELAND, JAPAN, MALAYSIA,

NETHERLANDS, NEW ZEALAND, NIGERIA, PHILIPPINES,

SAUDI ARABIA, SINGAPORE, SOUTH AFRICA, SOUTH KOREA,

SRI LANKA, TAIWAN, THAILAND, UNITED ARAB EMIRATES,

UNITED KINGDOM

FORM 990, PART VI, SECTION A, LINE 6:

THERE ARE TWO CLASSES OF VOTING MEMBERS: CLUBS AND INDIVIDUAL DELEGATES AT

FORM 990, PART VI, SECTION A, LINE 7A:

ALL MEMBERS OF THE GOVERNING BODY ARE ELECTED BY THE MEMBERSHIP. CLUBS HAVE

TWO VOTES AND DELEGATES AT LARGE HAVE ONE.

FORM 990, PART VI, SECTION A, LINE 7B:

APPROVAL BY THE VOTING MEMBERSHIP IS REQUIRED FOR BYLAW AMENDMENTS AND

OTHER STRUCTURAL CHANGES, AS STATED IN THE BYLAWS.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2017)732211 09-07-17

Name of the organization

TOASTMASTERS INTERNATIONAL

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PROVIDED TO THE BOARD VIA ELECTRONIC COPY. CHIEF EXECUTIVE

OFFICER AND LEGAL COUNSEL REVIEWED FORM 990 PRIOR TO FILING AND EXECUTIVE

COMMITTEE WAS INFORMED DURING DRAFTING.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, THE EXECUTIVE COMMITTEE REVIEWS THE DISCLOSURE FORMS

SUBMITTED AND ENFORCES COMPLIANCE AS NEEDED.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION HAS A WRITTEN POLICY IN PLACE OUTLINING PROCEDURES FOR

EXECUTIVE COMPENSATION REVIEW. THE EXECUTIVE COMMITTEE OF THE BOARD

ANNUALLY REVIEWS THE EXECUTIVE COMPENSATION, ALTHOUGH THE BOARD MAKES THE

FINAL DECISION.

FORM 990, PART VI, SECTION C, LINE 19:

DETERMINATION LETTER, FORM 990 AND 990-T ARE AVAILABLE UPON REQUEST. FORM

1023 IS NOT REQUIRED TO BE DISCLOSED BECAUSE THE APPLICATION WAS FILED

BEFORE JULY 15, 1987 AND THE ORGANIZATION DID NOT HAVE A COPY AS OF THAT DATE.

37

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

POSTAGE:

732212 09-07-17

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

914,937.

Schedule O (Form 990 or 990-EZ) (2017)

894,223.

20,714.

0.

Name of the organization TOASTMASTERS INTERNATIONAL	Employer identification numl 95-1300076
SOFTWARE:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	832,98
FUNDRAISING EXPENSES	
TOTAL EXPENSES	832,98
PROPERTY TAXES:	
PROGRAM SERVICE EXPENSES	475,80
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	475,80
NEW MEMBER CHARTER KITS:	
PROGRAM SERVICE EXPENSES	463,65
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	463,65
AUDIO/VISUAL:	
PROGRAM SERVICE EXPENSES	333,83
MANAGEMENT AND GENERAL EXPENSES	51,55
FUNDRAISING EXPENSES	
TOTAL EXPENSES	385,38
TRAINING & DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	306,44
MANAGEMENT AND GENERAL EXPENSES	Schedule O (Form 990 or 990-EZ) (20

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization TOASTMASTERS INTERNATIONAL	Employer identification number $95 - 1300076$
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	306,440.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	185,679.
MANAGEMENT AND GENERAL EXPENSES	27,484.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	213,163.
BUILDING R&M:	
PROGRAM SERVICE EXPENSES	171,822.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	171,822.
ACCOUNTING SOFTWARE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	160,371.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	160,371.
MATERIAL USAGE:	
PROGRAM SERVICE EXPENSES	137,694.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	137,694.
EOUTPMENT RENTAL:	

EQUIPMENT RENTAL:

732212 09-07-17

Name of the organization TOASTMASTERS INTERNATIONAL	Employer identification number 95-1300076
PROGRAM SERVICE EXPENSES	87,425
MANAGEMENT AND GENERAL EXPENSES	7,581
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	95,006
BOOKSTORE:	
PROGRAM SERVICE EXPENSES	74,273
MANAGEMENT AND GENERAL EXPENSES	C
FUNDRAISING EXPENSES	C
TOTAL EXPENSES	74,273
EMPLOYEE RELATIONS:	
PROGRAM SERVICE EXPENSES	(
MANAGEMENT AND GENERAL EXPENSES	61,203
FUNDRAISING EXPENSES	C
TOTAL EXPENSES	61,203
TELEPHONE:	
PROGRAM SERVICE EXPENSES	48,448
MANAGEMENT AND GENERAL EXPENSES	11,752
FUNDRAISING EXPENSES	(
TOTAL EXPENSES	60,200
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	12,939
MANAGEMENT AND GENERAL EXPENSES	44,497
FUNDRAISING EXPENSES	(
TOTAL EXPENSES	57,436

Name of the organization	Employer identification numb 95-1300076
TOASTMASTERS INTERNATIONAL	95-1300076
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	43,65
MANAGEMENT AND GENERAL EXPENSES	13,39
FUNDRAISING EXPENSES	
TOTAL EXPENSES	57,04
AWARDS AND RECOGNITION:	
PROGRAM SERVICE EXPENSES	45,55
MANAGEMENT AND GENERAL EXPENSES	3,91
FUNDRAISING EXPENSES	
TOTAL EXPENSES	49,47
PHOTOGRAPHY:	
PROGRAM SERVICE EXPENSES	46,91
MANAGEMENT AND GENERAL EXPENSES	1
FUNDRAISING EXPENSES	
TOTAL EXPENSES	46,92
CONFERENCE CALLS:	
PROGRAM SERVICE EXPENSES	19,64
MANAGEMENT AND GENERAL EXPENSES	27,26
FUNDRAISING EXPENSES	
TOTAL EXPENSES	46,91
TRANSLATION COSTS:	
PROGRAM SERVICE EXPENSES	43,88
MANAGEMENT AND GENERAL EXPENSES	

Name of the organization TOASTMASTERS INTERNATIONAL	Employer identification numbe 95-1300076
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	43,882
ENGRAVING:	
PROGRAM SERVICE EXPENSES	37,459
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	37,459
FOOD & BEVERAGE:	
PROGRAM SERVICE EXPENSES	36,918
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	36,918
INTERNET SERVICES:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	36,343
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	36,343
DISTRIBUTIONS:	
PROGRAM SERVICE EXPENSES	22,882
MANAGEMENT AND GENERAL EXPENSES	10,425
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	33,307

SHIPPING:

732212 09-07-17

Name of the organization TOASTMASTERS INTERNATIONAL	Employer identification number 95-1300076
PROGRAM SERVICE EXPENSES	32,650
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	32,650
OFFICE EQUIPMENT - R&M:	
PROGRAM SERVICE EXPENSES	1,117
MANAGEMENT AND GENERAL EXPENSES	31,076
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	32,193
PAYROLL PROCESSING:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	32,166
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	32,166
PRINTING:	
PROGRAM SERVICE EXPENSES	28,280
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	28,280
SUPPLIES:	
PROGRAM SERVICE EXPENSES	25,133
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	25,133

Name of the organization	Employer identification numb
TOASTMASTERS INTERNATIONAL	95-1300076
EQUIPMENT - R&M:	
PROGRAM SERVICE EXPENSES	19,695
MANAGEMENT AND GENERAL EXPENSES	812
FUNDRAISING EXPENSES	(
TOTAL EXPENSES	20,50
TAXES AND LICENSES:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	18,21
FUNDRAISING EXPENSES	
TOTAL EXPENSES	18,21
TRADESHOW:	
PROGRAM SERVICE EXPENSES	17,91
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	17,91
BAD DEBTS:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	15,67
FUNDRAISING EXPENSES	
TOTAL EXPENSES	15,67
SPEAKERS:	
PROGRAM SERVICE EXPENSES	14,00
MANAGEMENT AND GENERAL EXPENSES	

Name of the organization TOASTMASTERS INTERNATIONAL	Employer identification num 95-1300076
FUNDRAISING EXPENSES	·
TOTAL EXPENSES	14,00
EDUCATION AND TRAINING:	
PROGRAM SERVICE EXPENSES	67
MANAGEMENT AND GENERAL EXPENSES	12,59
FUNDRAISING EXPENSES	
TOTAL EXPENSES	13,26
RECRUITING:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	7,32
FUNDRAISING EXPENSES	
TOTAL EXPENSES	7,32
TEAM DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	4,37
MANAGEMENT AND GENERAL EXPENSES	65
FUNDRAISING EXPENSES	
TOTAL EXPENSES	5,03
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 5,061,00
732212 09-07-17 Sch	edule O (Form 990 or 990-EZ) (20

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	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 www.irs.gov/Form990 for instructions and the latest information.	ions and Unrelated Pa ered "Yes" on Form 990, Part IV, ► Attach to Form 990. 1990 for instructions and the late	r tnerships line 33, 34, 35b, 3 st information.	6, or 37.		OMB No. 1545-0047 2017 Open to Public Inspection
Name of the organization TOASTMASTERS	IN				Employer identification number 95–1300076	iication number 0 7 6
Part I Identification of Disregarded Entities. Complete if the organization	plete if the organization answered "Yes" o	answered "Yes" on Form 990, Part IV, line 33	3.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
FIFTEEN TO SEVENTY LLC - 47-3820183 1900 AVENUE OF THE STARS, 7TH FLOOR LOS ANGELES, CA 90067	REAL ESTATE HOLDING COMPANY	COLORADO			TOASTMASTERS INTERNATIONAL	RS VAL
Identification of Related Tax-Exempt Orga	inizations. Complete if the organization ar	le organization answered "Yes" on Form 990. Part IV, line 34, because it had one or more related tax-exempt	Part IV, line 34, I	Decause it had one	or more related tax-ex	tempt
rait in organizations during the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity? Yes No
TOASTMASTERS INTERNATIONAL SINGAPORE LTD 36 CARPENTER STREET SINGAPORE 059915	LEGAL AND COMPLIANCE ADMINISTRATION	SINGAPORE	501(C)(3)	LINE 10	TOASTMASTERS INTERNATIONAL	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ctions for Form 990.				Schedule F	Schedule R (Form 990) 2017

732161 09-11-17 LHA

Page 2		(k) Percentage ownership			e related	(i) Section 512(b)(13) controlled entity? Yes No			90) 2017
-1300076	re related	(j) General or managing partner?			one or more	(h) Percentage ownership			Schedule R (Form 990) 2017
95-130	on Form 990, Part IV, line 34, because it had one or more related	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			on Form 990, Part IV, line 34, because it had one or more related	(g) Share of Per end-of-year ow assets			Schedule
	34, because	(h) Disproportionate allocations?			rt IV, line 34				
	art IV, line ((g) Share of end-of-year assets			rm 990, Pa	(f) Share of total income			
	Form 990, F				'Yes" on Fc	(e) Type of entity (C corp, S corp, or trust)			
	d "Yes" on I	(f) Share of total income			answered '				_
	n answered				rganization	(d) Direct controlling entity			
	e organizatio	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			olete if the o	(c) Legal domicile Dir (state or foreign country)			47
LONAL	rrship. Complete if the	(d) Direct controlling entity ex			ration or Trust. Comp ear.	(b) Primary activity (s fr			
INTERNATIO	as a Partne ix year.	(c) Legal domicile (state or foreign country)			as a Corpo ng the tax y	Prima			
TOASTMASTERS IN	anizations Taxable a tnership during the ta	(b) Primary activity			anizations Taxable a	7 -			
Schedule R (Form 990) 2017 TOAST	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" organizations treated as a partnership during the tax year.	(a) Name, address, and EIN of related organization			Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization			11-17
Schedule	Part III				Part IV				732162 09-11-17

INTERNATIONAL	
TOASTMASTERS	
Schedule R (Form 990) 2017	

95-1300076 Page 3

Part V Transactions With Related Organizations. Complete if 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	s No
1 During the tax year, did the organization engage in any or the following transactions with one or more related organizations listed in Parts II-IV i a Receipt of (i) interest. (iii) annuities. (iii) rovalties. or (iv) rent from a controlled entity.	s with one or more rel	ated organizations listed	In Parts II-IV ?	1a	×
				tb X	\vdash
c Gift, grant, or capital contribution from related organization(s)				ې ب	X
				1d	X
				-	×
f Dividends from related organization(s)				#	×
g Sale of assets to related organization(s)				1g	×
				ہ (×
				; =	X
j Lease of facilities, equipment, or other assets to related organization(s)				-	×
k Lease of facilities, equipment, or other assets from related organization(s)				ţ	X
I Performance of services or membership or fundraising solicitations for related orge	lated organization(s)			-	×
m Performance of services or membership or fundraising solicitations by related orga	lated organization(s)			1 1 1	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			-	×
 Sharing of paid employees with related organization(s) 				우	×
b Reimbursement paid to related organization(s) for expenses				6	×
				- -	×
r Other transfer of cash or nonactu to related organization(s)				÷	×
				- 1	×
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.	ho must complete thi	s 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	involved	
(1)					
(2)					
(5)					
(6)					
732163 09-11-17	48		Schedu	Schedule R (Form 990) 2017	90) 2017

Schedule R (Form 990) 2017 TOASTM Part VI Unrelated Organizations Taxabl	TOASTMASTERS INTER	INTERNATIONAL arship. Complete if the organ	Schedule R (Form 990) 2017 TOASTMASTERS INTERNATIONAL Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37	an Form 95	0, Part IV, line 3	37.		95-13(1300076	Page 4
1 \> 🗄	Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	ip through which sion for certain inv	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	ed more th	an five percent	of its activities (m	leasured t	oy total assets c	or gross r	evenue)
1	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) (d) (d) Predominant income particulated, unrelated, unrelated, unrelated from tax under ⁰⁰ sections 512-514) ∨ee	(e) Are all 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	(i) Code V-UBI ∈ amount in box 20 n of Schedule K-1 1 (Form 1065) V	(j) General or D managing partner? Yes No	(k) Percentage ownership
1										
1										
1										
1										
1										
								Schedule	e R (Forr	Schedule R (Form 990) 2017

1	Part VII	Supplemental Information.
	1 a.c. v.ii	Supplemental information.

Provide additional information for responses to questions on Schedule R. See instructions.

		 	R (Form 990) 2017