

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 10-01-2014, and ending 09-30-2015

B Check if applicable

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: KIWANIS INTERNATIONAL, K01260 CONWAY
Number and street (or P O box, if mail is not delivered to street address): 811 PARKWAY STREET
City or town, state or province, country, and ZIP or foreign postal code: CONWAY, AR 72034

D Employer identification number

51-0224599

E Telephone number

(501) 329-6527

F Group Exemption Number 0026

G Accounting Method: Cash

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one): 501(c)(3)

K Form of organization: Corporation

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total assets: \$120,645

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 65,864, 54,781, 120,645, 29,671, 91,267, 120,938, 25,116, and 24,823.

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	23,911	22	21,607
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,205	24	3,216
25 Total assets	25,116	25	24,823
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,116	27	24,823

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

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

What is the organization's primary exempt purpose?
SERVING THE CHILDREN OF THE WORLD

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

28 PROVIDE CHRISTMAS FOOD BASKETS, SCHOLARSHIPS AND YOUTH SPORTS ACTIVITIES ALONG WITH OTHER COMMUNITY SERVICE PROGRAMS AND YOUTH LEADERSHIP TRAINING (Grants \$ 29,671) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	70,968
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	70,968

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ERICK PEBLES PRESIDENT	000 00	0		
MARCUS SHOCK VP	000 00	0		
CHASTA IRVIN SECRETARY	000 00	0		
SARAH ERSTINE CO-TREASURER	000 00	0		
RYAN CRESWELL CO-TREASURER	000 00	0		
THOM SOUTH BOARD MEMBER	000 00	0		
JERRY HARRISON BOARD MEMBER	000 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed AR
42a The organization's books are in care of COX & CRESWELL PLLC Telephone no (501) 329-2503
Located at 811 PARKWAY CONWAY, AR ZIP +4 72034

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

	Yes	No
46		No

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

Part VI Section 501(c)(3) organizations only

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

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

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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

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

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

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

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

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

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

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

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

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here *****
 Signature of officer
 RYAN CRESWELL TREASURER
 Type or print name and title
 2016-08-12
 Date

Paid Preparer Use Only
 Print/Type preparer's name: RYAN CRESWELL CPA
 Preparer's signature
 Date: 2016-08-12
 Check if self-employed
 PTIN: P01223079
 Firm's name: COX & CRESWELL PLLC
 Firm's EIN: 46-3957075
 Firm's address: 811 PARKWAY
 CONWAY, AR 72034
 Phone no: (501) 327-7181

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
KIWANIS INTERNATIONAL
K01260 CONWAY

Employer identification number

51-0224599

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	6,571 0 0
FORM 990-EZ, PART I, LINE 10	TOAD SUCK RACE BENEFACTORS VARIOUS CONWAY, AR 72032 19,500 0 0
FORM 990-EZ, PART I, LINE 16	TOAD SUCK RUN ADVERTISING AND PROMOTION 26,580 PANCAKE DAYS SUPPLIES 4,653 EXPENSES BANK F EES 311 BOARD MEETING MEALS 1,305 DUES 12,827 LICENSES & FEES 750 MEALS 28,081 MEMORIALS 2 09 MISCELLANEOUS 680 PRESIDENTIAL FUND 758 TRAVEL & CONVENTIONS 5,015 SUPPLIES & POSTAGE 3 4 CIRCLE K PROJECT DISBURSE 2,000 EARL COLLINS SCHOLARSHIP 655 ELIMINATE PROJECT 1,264 FOO TBALL COOKOUT 496 KEY CLUB 785 KWANIS FOUNDATION 786 OUTREACH FUND 131 SERVICE LEADERSHIP 366 PROJECT FUND DISBURSEMENT 2,200 YOUTH SPORTS SPONSORSHIP 700 NON-INVESTMENT DEPRECIAT ION 681 TOTAL 91,267
FORM 990-EZ, PART II, LINE 24	1,641 4,333 LESS ACCUMULATED DEPRECIATION 436 1,117 TOTAL 1,205 3,216