

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

- 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) Room/suite
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 Accrual Other (specify) ▶ _____

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) 501(c)(4) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 105,489

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21																							
Revenue	1	Contributions, gifts, grants, and similar amounts received																																																	
	2	Program service revenue including government fees and contracts																									54,855																								
	3	Membership dues and assessments																									50,634																								
	4	Investment income																																																	
	5a	Gross amount from sale of assets other than inventory															5a																																		
	b	Less cost or other basis and sales expenses															5b																																		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)															5c																																		
	6	Gaming and fundraising events																																																	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)															6a																																		
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)															6b																																		
c	Less direct expenses from gaming and fundraising events															6c																																			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)															6d																																			
7a	Gross sales of inventory, less returns and allowances															7a																																			
b	Less cost of goods sold															7b																																			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)															7c																																			
8	Other revenue (describe in Schedule O)																									8																									
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																									9	105,489																								
Expenses	10	Grants and similar amounts paid (list in Schedule O)																									10	33,637																							
	11	Benefits paid to or for members																									11																								
	12	Salaries, other compensation, and employee benefits																									12																								
	13	Professional fees and other payments to independent contractors																									13																								
	14	Occupancy, rent, utilities, and maintenance																									14																								
	15	Printing, publications, postage, and shipping																									15																								
	16	Other expenses (describe in Schedule O)																									16	69,616																							
17	Total expenses. Add lines 10 through 16 ▶																									17	103,253																								
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																									18	2,236																							
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																									19	30,377																							
	20	Other changes in net assets or fund balances (explain in Schedule O)																									20																								
	21	Net assets or fund balances at end of year Combine lines 18 through 20																									21	32,613																							

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	29,191	22	31,812
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,186	24	801
25 Total assets	30,377	25	32,613
26 Total liabilities (describe in Schedule O).		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	30,377	27	32,613

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 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	62,729

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
JIM WILTGEN	000 00	0		
PAST PRESIDE				
AMANDA HORTON	000 00	0		
PRESIDENT				
JESSICA FAULKNER	000 00	0		
VP				
KATHY TURNER	000 00	0		
SECRETARY				
ERICK PEEBLES	000 00	0		
CO-TREASURER				
RYAN CRESWELL	000 00	0		
CO-TREASURER				
SCOTT SANSON	000 00	0		
BOARD MEMBER				

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 3 columns: Question ID, Question Text, Yes, No. Rows include 33-41e regarding organizational activities, financials, and tax shelter status.

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 3 columns: Question ID, Question Text, Yes, No. Rows include 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 3 columns: Question ID, Question Text, Yes, No. Rows include 44a-44d regarding donor advised funds and tanning services, and 45a-45b regarding controlled entities.

	Yes	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	46	No

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 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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. 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	2020-02-15 Date
RYAN CRESWELL CO-TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name RYAN A CRESWELL	Preparer's signature	Date 2020-02-25	Check <input type="checkbox"/> 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

Additional Data

Software ID:

Software Version:

EIN: 51-0224599

Name: KIWANIS INTERNATIONAL
K01260 CONWAY

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 PROVIDE CHRISTMAS FOOD BASKETS, SCHOLARSHIPS AND YOUTH SPORTS ACTIVITIES ALONG WITH OTHER COMMUNITY SERVICE PROGRAMS AND YOUTH LEADERSHIP TRAINING (Grants \$ 33,637)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a	62,729

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2018**Open to Public
Inspection**

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.

Department of the Treasury

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	CASH CONTRIBUTION 5,979

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	NAME TOAD SUCK RACE BENEFACTORS ADDRESS VARIOUS CONWAY, AR 72032 CASH CONTRIBUTION 22,058

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	TOAD SUCK RUN ADVERTISING AND PROMOTION 1,397 SUPPLIES 11,545 AWARDS 2,442 RACE TIMING SERVICE 2,101 INSURANCE 807 MEETING MEALS 373 MISCELLANEOUS 50 REPAIRS AND MAINTENANCE 400 PANCAKE DAYS SUPPLIES 3,751 EXPENSES AWARDS & DOOR PRIZES 242 BANK FEES 328 BOARD MEETING MEALS 1,583 DUES 12,208 MEALS 21,384 MEMORIALS 75 MISCELLANEOUS 854 PRESIDENTIAL FUND 207 TRAVEL & CONVENTIONS 3,448 SUPPLIES & POSTAGE 195 EARL COLLINS SCHOLARSHIP 580 FOOTBALL COOKOUT 524 KEY CLUB 1,558 PROJECT FUND DISBURSEMENT 1,100 KAMP KIWANIS 1,097 FAULKNER COUNTY MUSEUM 982 NON-INVESTMENT DEPRECIATION 385 TOTAL 69,616

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20	PRIOR PERIOD ADJUSTMENT 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	4,333 4,333 LESS ACCUMULATED DEPRECIATION 3,147 3,532 TOTAL 1,186 801