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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.

		ue Service	► Information about Fo	orm 990 and its ins	tructions is	s at www.irs	a.gov/form990.		Inspection
A F	or the	2014 calend		CT 1, 2014			EP 30, 201	L 5	
Вс	heck if	_	forganization				D Employer iden		n number
	Address change	TEXA	AS-OKLA. KIWANIS DI	STRICT FOU	NDATI	ON			
	Name change	Doing b	usiness as				74-	-6073	3526
	Initial return		r and street (or P.O. box if mail is not de	livered to street addres	ss)	Room/suite	E Telephone num	ber	-
	Final return/	3010	WEST PARK ROW DR.			100	81'	7-640)-7711 <u> </u>
	termin- ated		town, state or province, country, and	ZIP or foreign posta	al code		G Gross receipts \$		90,403.
	Amendo return	PANT	<u> EGO, TX 76013-204</u>	8			H(a) Is this a grou	p return	
	Application	F Name a	and address of principal officer:DEN	NIS MITCHE	ELL		for subordina	ites?	Yes X No
	pending	3010	WEST PARK ROW DR.,	PANTEGO,	TX 7	6013	H(b) Are all subordinat	es include	d? ☐ Yes ☐ No
1 T	ах-өхө	mpt status:	X 501(c)(3) 501(c)()	(insert no.)	4947(a)(1)	or 527	If "No," attac	h a list. ((see instructions)
		: ► N/A					H(c) Group exemp	tion nui	mber 🕨
				ssociation Oth	er 🕨	L Year	of formation: 1986	M Stat	te of legal domicile; TX
Pa	rt I	Summary	·			·			
e e			be the organization's mission or most						
Activities & Governance]	INT'L E	BY USING ENDOWMENT	FUND INCOM	E TO	AID IN	THE GROW	IA/HI	OMIN. OF
in a	2 (Check this bo	ox 🕨 📖 if the organization disco	ntınued its operatıo	ns or dispos	sed of more	than 25% of its ne	t așsets	
Š	3 1	lumber of vo	ting members of the governing body	(Part VI, line 1a)			[3	0
8	4 1	Number of inc	dependent voting members of the go	verning body (Part \	/I, line 1b)			4	0
es	5 T	otal number	of individuals employed in calendar y	year 2014 (Part V, lir	ne 2a) 🚬 🙏			5	0
Σ	6 T	otal number	of volunteers (estimate if necessary)					6	0
Ç	7a T	otal unrelate	d business revenue from Part VIII, co	olumn (C), line 12				7a	0.
	b N	let unrelated	business taxable income from Form	990-T, line 34				7ь	0.
						<u> </u>	Prior Year		Current Year
<u>e</u>	8 0	Contributions	and grants (Part VIII, line 1h)		- \).	0.
ènc	9 F	Program serv	ice revenue (Part VIII, line 2g)	D. 30 C.	(2)···		29,741	L.	<u>38,627.</u>
ZBavenue	10 li	nvestment in	come (Part VIII, column (A), lines 3,4	and di	. <u>00</u>		244,482	2.	<u>51,776.</u>
7	11 (Other revenue	e (Part VIII, column (A), lines 5, 6d, 6c	, 9c, 10c, and 11e)	S .	. <u>L</u>).	0.
=1	12 T	otal revenue	- add lines 8 through 11 (must equal	Rart VIII, column (A), line 12) .	·	274,223	3.	90,403.
36	13 (Grants and si	milar amounts paid (Part IX, coບໍ່ໃຫຼ້ກໍ່ກຸ (A), lines 1-3)			().	0.
(ب	14 E	Benefits paid	to or for members (Part IX, column) (4	A), line 4)		L	().	0.
w Expenses ⊆ €	15 8	Salanes, othe	r compensation, employee benefits (Part IX, column (A),	lines 5-10)		().	0.
_us	16a F	Professional f	fundraising fees (Part IX, column (A), 1	line 11e)			().	0.
Š	bТ	otal fundrais	sing expenses (Part IX, column (D), lin	e 25) 🕨		<u>0.</u>			
2	17 (Other expens	es (Part IX, column (A), lines 11a-11d	, 11f-24e)			84,117		77,611.
	18 T	otal expense	es. Add lines 13-17 (must equal Part I	X, column (A), line 2	25)		84,11	7.	77,611.
)	19 F	Revenue less	expenses. Subtract line 18 from line	-12 <u></u>			<u>190,106</u>	5.	12,792.
Net Assets on From Fund Balances						Be	ginning of Current Ye	ar	End of Year
aga	20 T	otal assets (Part X, line 16)				1,881,235	5.	1,904,650.
<u></u>	21 T	otal liabilities	s (Part X, line 26)			<u> </u>	39,334	_	<u>49,957.</u>
			fund balances. Subtract line 21 from	line 20			1,841,901	<u>L.l</u>	1,854,693.
	rt II	Signatur							
			I declare that I have examined this return,		-		•	f my kno	wledge and belief, it is
true,	correct		. Declaration of preparer (other than office		mation of wh	nich preparer	has any knowledge.		
	1	Signatur	Jennis Mitchell			_	<u> </u>	<u>,, 17,</u>	2015
Sigr	- 1	•	e of officer				Date		
Her	e		IIS MITCHELL, TREAS print name and title	UKEK					· · · · · · · · · · · · · · · · · · ·
_			·			Ir	ate Check		PTIN
D		Print/Type pre		Preparer's signature	./_	I	الله ورور	니	
								200689231	
Preparer Firm's name TOWE, BENNETT & MILES, P.C. Firm's EIN 73-1343748								5-1343748	
use	Only	rirm's address	7843 W. BRITTON						704 0005
			OKLAHOMA CITY, O	K /3132			Phone no. 4	105-7	721-3887

May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	990 (2014) TEXAS-OKLA、KIWANIS DISTRICT FOUNDATION 74-6073526 Page t III Statement of Program Service Accomplishments
- Cal	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	TO SERVE TX-OK DIST. KIWANIS INT'L BY USING ENDOWMENT FUND INCOME TO
	AID IN THE GROWTH/ADMIN. OF KIWANIS SPONSORED YOUTH ORGANIZATIONS AND
	SERVICES.
	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
 а	revenue, if any, for each program service reported. (Code) (Expenses \$ 51,844 • including grants of \$) (Revenue \$
a	(Code) (Expenses \$
	Denomarchille for biodenic in learn & Ormanoma
5	(Code) (Expenses \$25,767. including grants of \$) (Revenue \$
	LEADERSHIP TRAINING AND PROGRAMS FOR HIGH SCHOOL STUDENTS IN THE
	TEXAS/OKLA. AREA
;	(Code) (Expenses \$ including grants of \$) (Revenue \$)
d	Other program services (Describe in Schedule O.)
d e	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 77,611.

	990 (2014) TEXAS-OKLA. KIWANIS DISTRICT FOUNDATION 74-60735	<u> 526</u>	P:	age 3
Par	IV Checklist of Required Schedules			
	F		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_	<u>X</u>	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
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_		X
	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		X
	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		X
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	1		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
	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		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
	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		X
	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		X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	1		
	as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7,7	
	Part VI	11a	<u> </u>	
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	· · · · · · · · · · · · · · · · · · ·	11b		X
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	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	444		v
		11d	X	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	4 44		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		_
	Schedule D, Parts XI and XII	12a		х
	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170	-	 ^
	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	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		 ^
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
	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		х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			

19 **2**0a

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Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

			Yes	No
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		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		
	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		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	Ì		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u> </u>
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
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	ł		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
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?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
-33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations]
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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	X	L
		Form	990	(2014)

Pai	Check if Schedule O contains a response or note to any line in this Part V					
	Chook ii Concodo C comaine a respenso a meta com, mon mano a meta com a meta	_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	l o		103	.,,,
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	1 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re		ble gaming			
	(gambling) winnings to prize winners?	•		1c		
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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	ms?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authoi	nty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	nts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	•	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he orga	anızatıon solıcıt			
	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 contribut	tions o	r gifts			
	were not tax deductible?			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices t	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired	_		
	to file Form 8282?	1	I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	l	_		
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit continuous.		J(/	7e 7f		├-
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti-		200 as required?	7g		
Ţ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					<u> </u>
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.					
a.	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] 1		
11	Section 501(c)(12) organizations. Enter:			1		
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.)	11b	L]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
Ь	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.			<u> </u>		<u> </u>
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	1	ı			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	<u>13c</u>	<u> </u>		 	77
	Did the organization receive any payments for indoor tanning services during the tax year? If "You " has it filed a Form 720 to report these payments? If "No." arrived an evaluation in School.	 /a C		14a	 	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e U	<u> </u>	14b	990	(004

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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

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{X}	
Sec	tion A. Governing Body and Management			_	
			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year 0				
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Did the organization have members or stockholders?	6		X	
7a	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		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		-		
а	The governing body?	8a	Х		
b	Each committee with authority to act on behalf of the governing body?	8b	Х		
9	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		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this was done	12c			
13	Did the organization have a written whistleblower policy?	13		X	
14	Did the organization have a written document retention and destruction policy?	14		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a		<u> X</u>	
b	Other officers or key employees of the organization	15b	-	X	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
ıча	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	46-		v	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		<u>X</u>	
U	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16b			
Sec	tion C. Disclosure	100			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le		
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial		
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:				
	<u>CORPORATION - 817-640-7711</u>				
	3010 WEST PARK ROW DR., PANTEGO, TX 76013-2048				
43200	3 11-07-14	Form	990	(2014)	

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual bustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099·MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1) JOHN T. CURLEE	5.00							0.	0.	(
2) LAURA LAMMONS DMINISTRATOR	10.00							0.	0.	(
							·			
			•			-	-			_
		1		1		Ì	-			

Form **990** (2014)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
		Oriect II Scriedule O cont	aino a response	S. Hote to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts st	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
	С	Fundraising events	1c					
a di	d	Related organizations	1d					
Ş.E	е	Government grants (contribut	tions) 1e					
ğμ	f	All other contributions, gifts, gran	nts, and					1
혈		sımılar amounts not ıncluded abo	ove 1f					
털	g	Noncash contributions included in lines	s 1a-1f \$					
<u>8</u> 5	h	Total. Add lines 1a-1f						
				Business Code				
e S	2 a	PROGRAM SERVICE	<u>REVENU</u>	900099	<u>38,627.</u>	38,627.		<u> </u>
Program Service Revenue	b							
e S	C	·						
Pa	d							
<u>5</u> _	е	· -						
۱ ۵		All other program service reve	enue					
	_	Total. Add lines 2a-2f		•	38,627.			
	3	Investment income (including	dividends, inter	est, and	E4 886	54 556		
		other similar amounts)			51,776.	51,776.		
	4	Income from investment of ta	x-exempt bond	oroceeds	 .			
	5	Royalties						
	•	0	(i) Real	(ii) Personal				
	6 a							
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(II) Other				
	/ a	assets other than inventory	(I) Securities	(ii) Other				
	h	Less: cost or other basis						
	U	and sales expenses						
-	_	Gain or (loss)						
		Net gain or (loss)		•				
		Gross income from fundraisin	ia events (not					
a l	-	including \$	of					ļ
Ş		contributions reported on line						}
Other Revenu		Part IV, line 18	- a					
흁	b	Less: direct expenses	- b					
0		Net income or (loss) from fund	_					
		Gross income from gaming a	•				,	" - "
		Part IV, line 19	. а	,				
	b	Less: direct expenses	b					
	c	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b	,]		
	С	Net income or (loss) from sale	es of inventory					1
		Miscellaneous Revenu	16	Business Code			- · · · · · · · · · · · · · · · · · · ·	
	11 a	·						
	b							
	C	·						
	d	All other revenue	•					
	е	Total. Add lines 11a-11d		▶				
43200	12	Total revenue. See instructions.		<u> </u>	90,403.	90,403.	0	
11.07	٠							Form 990 (2014)

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)							
	Check if Schedule O contains a respon			(C)	<u></u>			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic				i			
	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							
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
_	persons described in section 4958(c)(3)(B)	<u></u>						
7	Other salaries and wages							
8	Pension plan accruals and contributions (include							
_	section 401(k) and 403(b) employer contributions)		_					
9	Other employee benefits Payroll taxes							
10	Fees for services (non-employees).							
11	Management							
a b	Legal							
C	Accounting							
d	Lobbying							
e	Professional fundraising services. See Part IV, line 17		- <u></u>					
f	Investment management fees		· - ·- ·		-			
g	Other. (If line 11g amount exceeds 10% of line 25,							
•	column (A) amount, list line 11g expenses on Sch O.)							
12	Advertising and promotion			_				
13	Office expenses	-						
14	Information technology							
15	Royalties .							
16	Occupancy							
17	Travel							
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings			-				
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23	Insurance							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)							
а	STUDENT SCHOLARSHIPS	44,552.	44,552.		-			
b	FIDUCIARY FEES	16,133.	16,133.					
С	OPERATING EXPENSES	9,634.	9,634.					
d	LEADERSHIP TRAINING	7,292.	7,292.					
е	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	77,611.	77,611.	0.	0.			
26	Joint costs. Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here rif following SOP 98-2 (ASC 958-720)							

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			57,590.	1	85,533.
	2	Savings and temporary cash investments			1,557,384.	2	1,554,986.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and fo	-				
		trustees, key employees, and highest compensations					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec				1	
S.		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		7			
As	8	Inventories for sale or use		Ī		8	
	9	Prepaid expenses and deferred charges		ľ		9	
	10a		1 1	Ī			
		basis. Complete Part VI of Schedule D	10a	400,000.			
	Ь	Less. accumulated depreciation	266,261.	10c	264,131.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line	11	Ī		12	
	13	Investments - program-related See Part IV, line		Ī		13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	1,881,235.	16	1,904,650.		
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
ģ	22	Loans and other payables to current and former	r officer	s, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated thii	rd parties		23	-
	24	Unsecured notes and loans payable to unrelate	d third j	parties		24	-
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D			39,334.	25	<u>49,957.</u>
_	26	-Total liabilities. Add lines 17-through 25			<u> </u>	_26_	
		Organizations that follow SFAS 117 (ASC 958	8), chec	k here ▶ 🗓 and			
es	l	complete lines 27 through 29, and lines 33 ar	nd 34.				
E E	27	Unrestricted net assets				27	-
ä	28	Temporanly restricted net assets				28	
힏	29	Permanently restricted net assets	1,841,901.	29	1,854,693.		
Ž		Organizations that do not follow SFAS 117 (A	ASC 958	3), check here 🕨 🔲 📗			
ò		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ncome,	or other funds	4 44 55:	32	
2	33	Total net assets or fund balances			1,841,901.	33	1,854,693.
	34	Total liabilities and net assets/fund balances	·		1,881,235.	34	1,904,650.

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orm	990 (2014) TEXAS-OKLA. KIWANIS DISTRICT FOUNDATION	74-60	73526	Pag	_{ge} 12
Par	t 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	9	0,4	<u>03.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>7</u>	7,6	<u>11.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	1:	2,7	92.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,84	1,9	01.
5	Net unrealized gains (losses) on investments	5		_	
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	1,85	4,6	93.
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
			Ĭ	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_		
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	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?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	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	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil				
	Act and OMB Circular A-133?	-	3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

2014

Open to Public Inspection

Name of the organization

TEXAS-OKLA. KIWANIS DISTRICT FOUNDATION

Employer identification number

	TEX	AS-OKLA. KI	<u> WANIS DISTRI</u>	CT FOUNDAT	CION	74-6073526			
Part	Reason for Public	Charity Status	(All organizations must c	omplete this part.) S	See instructions				
The org	anization is not a private four	ndation because it is	(For lines 1 through 11,	check only one box)				
1 🗆	A church, convention of a	churches, or associati	on of churches describe	d in section 170(b)((1)(A)(i).				
2	A school described in se	ction 170(b)(1)(A)(ii).	(Attach Schedule E)						
з 🗌	A hospital or a cooperative	e hospital service org	janization described in s	ection 170(b)(1)(A)(iii).				
4	7					ii). Enter the hospital's name,			
	city, and state.	city, and state.							
5	An organization operated	for the benefit of a co	ollege or university owne	d or operated by a	governmental un	it described in			
	section 170(b)(1)(A)(iv).								
6	A federal, state, or local g	overnment or govern	mental unit described in	section 170(b)(1)(A	.)(v).				
7	—					general public described in			
	section 170(b)(1)(A)(vi).		,	•		3			
8 X)(1)(A)(vi), (Complete Par	t)					
9 🗆	¬				ions. membersh	ip fees, and gross receipts from			
						s support from gross investment			
						anization after June 30, 1975.			
	See section 509(a)(2). (C		,	•	,				
10 🗀	An organization organized		sively to test for public sa	afety See section 5	i09(a)(4).				
11	–					ry out the purposes of one or			
	more publicly supported								
	lines 11a through 11d tha								
а			supervised, or controlled			_			
			egularly appoint or elect						
	organization. You must								
b [Type II. A supporting o	rganization supervise	d or controlled in connec	tion with its suppor	ted organization	(s), by having			
	control or management	of the supporting org	ganization vested in the s	ame persons that c	ontrol or manage	e the supported			
	organization(s). You mi				_				
c [Type III functionally in	tegrated. A supportir	ng organization operated	in connection with,	and functionally	integrated with,			
_	its supported organizat	ion(s) (see instruction	s) You must complete	Part IV, Sections A	, D, and E.				
d [Type III non-functiona	Ily integrated. A sup	porting organization oper	rated in connection	with its supporte	ed organization(s)			
	that is not functionally i	ntegrated. The organi	zation generally must sa	tisfy a distribution re	equirement and	an attentiveness			
_	requirement (see instru	ctions). You must co	mplete Part IV, Sections	s A and D, and Part	t V.				
е	Check this box if the or	ganization received a	written determination fro	om the IRS that it is	a Type I, Type II	, Type III			
	functionally integrated,	or Type III non-function	onally integrated support	ing organization.					
f E	nter the number of supported	d organizations				_			
g P	rovide the following informati	on about the support	ed organization(s)						
	(i) Name of supported	(ii) EIN	(III) Type of organization (described on lines 1-9	(iv) is the organization listed in your					
	organization		above or IRC section	governing document?	support (s	1 ''' '			
			(see instructions))	Yes No	ilistraction	is) mstructions)			
				ļ	<u> </u>				
	 _		-		ļ				
					ĺ				
		 			<u> </u>				
				 					
Total		1	i	1 1		İ			

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 TEXAS-OKLA. KIWANIS DISTRICT FOUNDATION 74-6073526 Page 2

Part II | 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	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	60,808.	63,372.	31,862.	29,741.	38,627.	224,410.
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						
4	Total, Add lines 1 through 3	60,808.	63,372.	31,862.	29,741.	38,627.	224,410.
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						224,410.
Se	ction B. Total Support					•	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	60,808.	63,372.	31,862.	29,741.	38,627.	224,410.
8	_	00,000	00,0.20	02/0021		30,02,0	221,1100
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	41,199.	189,524.	151.681.	244,482.	51,776.	678,662.
9	Net income from unrelated business		200,0220	131/0010		31,7700	0,0,002.
•	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.)			ı			
11	Total support. Add lines 7 through 10						903,072.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	30370120
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	ix vear as a sectio		
	organization, check this box and stor	_	,,	_,			
Se	ction C. Computation of Publ		rcentage				
	Public support percentage for 2014 (column (fl)		14	24.85 %
	Public support percentage from 2013		•			15	29.65 %
	33 1/3% support test - 2014. If the o	•	•	n line 13, and line	14 is 33 1/3% or n		
	stop here. The organization qualifies					·	
t	33 1/3% support test - 2013. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check t	nis box
	and stop here. The organization qual	•		•			▶ X
17a	10% -facts-and-circumstances tes	•	• •		13, 16a, or 16b.	and line 14 is 10%	
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				· -		ightharpoons
Ŀ	10% -facts-and-circumstances tes	=		• • •	_	17a, and line 15 is	10% or
	more, and if the organization meets the	•				•	
	organization meets the "facts-and-cire						▶□
18	Private foundation. If the organization						ıs . •
				<u> </u>			or 990-EZ) 2014

432022 09-17-14

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not			-			
ınclude any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that		-				
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						-
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						1
7a Amounts included on lines 1, 2, and		-		 		<u> </u>
3 received from disqualified persons						1
b 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6				1		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	tax year as a section	n 501(c)(3) organiz	zation,
check this box and stop here	<u> </u>					▶□
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2014 (li	ne 8, column (f) d	ıvıded by line 13, d	column (f))		15	
16 Public support percentage from 2013	Schedule A, Part	III, line 15			16	-
Section D. Computation of Inves						
17 Investment income percentage for 20	14 (line 10c, colur	nn (f) divided by fir	ne 13, column (f))		17	
18 Investment income percentage from 2		•			18	
19a 33 1/3% support tests - 2014. If the			on line 14, and lin	e 15 is more than 3		17 is not
more than 33 1/3%, check this box ar	=				· ·	▶ [
b 33 1/3% support tests - 2013. If the	•	-	• •		•	and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
120023 00-17-14			<u>., ., ., ., ., ., ., ., ., ., ., ., ., .</u>		adula A /Form 00	O or 000 EZ\ 00

Schedule A (Form 990 or 990-EZ) 2014 TEXAS-OKLA. KIWANIS DISTRICT FOUNDATION 74-6073526 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

2.	2	tion	Λ	ΛII	Cunn	artina	Ω_{ra}	anizations	
Э,	ロレ	เเบเเ	М.	ΛII	Jupp	oi unig	VIY	ailizations	

- 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 11a or 11b 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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)

		Yes	No
	1		
	2		
	<u>3</u> a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b	ļ	
	5c		
	_ 6		<u> </u>
	7_		<u> </u>
	8		
	9a		
	94		
	9b	ļ	<u> </u>
	9c		
	10-		
	10a		
	10b		<u> </u>
m 9	90 or 99	O-EZ	2014

_	ddle A (Form 990 or 990 EZ) 2014 TEAAS - ORLA. RIWANIS DISTRICT FOUNDATION 74-80	1334	0 Pa	ige 5
Pa	rt IV Supporting Organizations (continued)		V. 1	A 1
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	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		
	tion B. Type I Supporting Organizations	110		
			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 carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion 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			
Sec	the supported organization(s). tion D. Type III Supporting Organizations	1		
	non D. Type in oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	140
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	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 year(see Instructions):			
- a	The organization satisfied the Activities Test Complete line 2 below.			_
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see institution)	ructions		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	, , , , , , , , , , , , , , , , , , , ,			
	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.	•	1	
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a_		
b	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.	24		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u></u>		
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dute A (Form 990 or 990-EZ) 2014 TEXAS-OKLA. KIWANIS DIS			4-6073526 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	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)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	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	lly-integra	ited Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Schedule A (Form 990 or 990-EZ) 2014 TEXAS-OKLA. KIWANIS DISTRICT FOUNDATION 74-6073526 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 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 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Excess Distributions Underdistributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 1 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014: а þ С d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2014 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2015. Add lines 3j and 4c 8 Breakdown of line 7: а b С

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d Excess from 2013 e Excess from 2014

	(Form 990 or 990 EZ) 20	014 TEXAS-OKI	JA. KIWANIS	S DISTRICT	FOUNDATION	74-6073526	Pag
	Supplemental Inf				10, Part II, line 17a oi	17b, and Part III, line 12	2
_	Also complete this par	n for any additional inf	ormation. (See instit	ictions).			
_							
					 		
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		<u> </u>					
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SCHEDULE D

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

➤ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TEXAS-OKLA. KIWANIS DISTRICT FOUNDATION

Employer identification number 74-6073526

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's	<u> </u>	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
·	for chantable purposes and not for the benefit of the donor of	<u> </u>	•
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizati		
-	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
_	Number of conservation easements included in (c) acquired a	• •	- 1
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by th	
	year ▶	isasse, skingalonea, or terminated by in	o organization daring the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements r	· · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expens	
-	include, if applicable, the text of the footnote to the organizar	•	·
	conservation easements		3
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
ь	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e		
	relating to these items.		22.10 20.11.00, p . 0.11.00 11.11.11.11.11.11.11.11.11.11.11.11.11.
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X	•	· • • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of art, historical tre		al gain, provide
~	the following amounts required to be reported under SFAS 1		
а	Revenue included in Form 990, Part VIII, line 1	- (▶ \$
b	Assets included in Form 990, Part X	•	S
-		• •	· ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Ass 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its (check all that apply). a Public exhibition b Scholarly research d Loan or exchange programs e Other	s collection items
(check all that apply). a Public exhibition b Scholarly research d Loan or exchange programs e Other	
a Public exhibition b Scholarly research d Loan or exchange programs e Other	art XIII
b Scholarly research e Other	art XIII
	art XIII
	art XIII
c Preservation for future generations	art XIII
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Pa	ar C / (111)
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	
to be sold to raise funds rather than to be maintained as part of the organization's collection?	Yes No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV	, line 9, or
reported an amount on Form 990, Part X, line 21	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included	
on Form 990, Part X?	Yes
b If "Yes," explain the arrangement in Part XIII and complete the following table:	
	Amount
c Beginning balance . 1c	.
d Additions during the year	· · · · · · · · · · · · · · · · · · ·
e Distributions during the year	
f Ending balance . 1f	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	☐ Yes ☐ No
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back	k (e) Four years back
1a Beginning of year balance	
b Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities	
and programs	
f Administrative expenses	
g End of year balance	<u> </u>
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 \(\sum_{\text{\tinit}\ext{\tinit}}\text{\tinit}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\\ \text{\texi{\text{\texi}\tint{\tex{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\texi}\tinttilex{\tiint{\texit{\text{\texi}\text{\texit{\text{\text{	
c Temporarily restricted endowment ▶%	
The percentages in 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	TV IN
by	Yes No
(i) unrelated organizations	3a(i)
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3a(ii)
	3b
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" to Form 990, Part IV, line 11a See Form 990, Part X, line 10	
	(d) Rook value
Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation	(d) Book value
1a Land b Buildings 400,000 135,869	264,131.
	404,131.
c Leasehold improvements d Equipment	
e Other	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	264,131.

Schedule D (Form 990) 2014

a) Description of security or category (including name of security)	(b) Book value	e 11b See Form 990, Part >		-of-vear market value
	(b) Dook value	(C) Wellion of Valuati	077 0001 07 0710	or your market value
Financial derivatives			-	· .
Closely-held equity interests	<u>-</u>			
Other			 -	
(A)				
(B)				-
(C)				
(D)		· · · · · · · · · · · · · · · · · · ·		
(E)				
(F)				
(G)				
(H)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
art VIII Investments - Program Related.				
Complete if the organization answered "Yes" to (a) Description of investment	o Form 990, Part IV, IIII (b) Book value	(c) Method of valuat		Lof year market valu
	שטטא אמוטפ (עו)	(c) Metriod or Valuati	on. Cost of effe	or your market value
(1)				<u> </u>
(2)				
(3)		-		-
(4)				
(5)		·		
(6)				
(7)				
(8)				
(9)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
	- C 000 Ded IV In	a 11d Can Form 000 Dard)	/ line 15	
Complete if the organization answered "Yes" to		e 11d. See Form 990, Part	K, line 15	(b) Book value
(a) D	o Form 990, Part IV, lin Description	e 11d. See Form 990, Part)	K, line 15	(b) Book value
(a) D		e 11d. See Form 990, Part)	K, line 15	(b) Book value
(a) D (1) (2)		9 11d. See Form 990, Part)	K, line 15	(b) Book value
(a) D (1) (2) (3)		e 11d. See Form 990, Part)	(, line 15	(b) Book value
(a) D (1) (2) (3) (4)		e 11d. See Form 990, Part)	(, line 15	(b) Book value
(a) D (1) (2) (3) (4) (5)		e 11d. See Form 990, Part)	K, line 15	(b) Book value
(a) D (1) (2) (3) (4) (5)		e 11d. See Form 990, Part)	K, line 15	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7)		9 11d. See Form 990, Part)	K, line 15	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part)	K, line 15	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description			(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) etal. (Column (b) must equal Form 990, Part X, col (B) line	Description		(, line 15	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	Description			
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to	Description	e 11e or 11f. See Form 990		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability	Description			
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes	Description	e 11e or 11f. See Form 990 (b) Book value		
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Sche	edule D (Form 990) 2014 TEXAS-OKLA. KIWANIS DIST		<u>74-607352</u>	O Page 4
	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenue pe	r Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d	-	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		<u> </u>	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expenses	per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	•		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
~ a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
-	Other (Describe in Part XIII.)	2d		
d	Add lines 2a through 2d			
е 3	Subtract line 2e from line 1		3	
4	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	40		
a	Other (Describe in Part XIII.)	4a		
þ	•	_40	 	
_	Add lines As and Ah		1 4 4	
C	Add lines 4a and 4b Total expanses Add lines 3 and 4a (This must equal Form 990, Part I, line 18.)		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5 5	
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.	Part IV lines 1h and 2h: Part V	5	art YI
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;		5	art XI,
Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.		5	art XI,
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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.
Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

2014

Employer identification number

Open to Public Inspection

TEXAS-OKLA. KIWANIS DISTRICT FOUNDATION 74-6073526
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
KIWANIS SPONSORED YOUTH ORGANIZATIONS AND SERVICES.
FORM 990, PART VI, SECTION B, LINE 11:
FORM 990, PART VI, SECTION B, LINE 11(B),
WE NOTIFY MEMBERS TO CONTACT US IF THEY HAVE ANY QUESTIONS REGARDING THIS
FORM.
FORM 990, PART VI, SECTION C, LINE 19:
INFORMATION AVAILABLE FOR PUBLIC INSPECTION AT DISTRICT OFFICE
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