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## Form 990-ÉZ

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

2007

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

(except black lung benefit trust or private foundation)

▶ Sponsoning organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	For the 2007 calend	dar year, d	or tax	year beginning	10/1/2007	and ending	9/30	/2008		
В	Check if applicable	Please	C N	lame of organization		<u></u>		D Employe	er identification n	umber
	Address change	use IRS	KINA	ANIC CLUB OF AL	MEDA WEST FOU	JOATION DDA I	ANAVANIE C		31-1758810	1
	Name change	label or print or			if mail is not delivered to street a			E Telephone number		
	Initial return	type.	"	ambor and outcor (or r or box,	II THEIR IS NOT GENTERED TO SECUL	1001000)	rtoon//suite	L Telepin	one number	
	Termination	See	PO E	3ox 150583						
Ħ	Amended return	Specific		City, town, or country	Sta	te Z	P+4	F Ground	Exemption	
H	Application pending	Instruc- tions.		EWOOD	CC		0215	Numbe		
										Accrual
•	Section 501(c)(3)			no 4947(a)(1) nonexe Schedule A (Form 9	empt charitable trusts	must attacn	G Accoun Other (s	•	o [∧]Casn[ ▶	Acciuai
	··· , · ·	a comp	neteu	Schedule A (Folili 3	30 01 330-LZ).		<del>'</del>	<del></del>		
	Mahaisa, a NA						H Check		if the organiza	tion
	Website: ►NA		-1	[V]504(1) ( 0 )	4/	(-)(4) [		equired to		000 DE)
<u>J</u>	Organization type (che	eck only on	e)—	X 501(c) ( 3 )	(insert no ) 494/	(a)(1) or 527	Schedu	ie B (Form	n 990, 990-EZ,	or 990-PF)
					supporting organization			nally <b>not</b> n	nore than \$25,0	000
					e a return, be sure to fi					
9					ts, if \$100,000 or more					11,535
P					et Assets or Fund	Balances (See	e page 55 o	of the ins	structions)	
		s, gıfts, g	rants,	and similar amoun	ts received			1		5,929
ا ھ					it fees and contracts			. 2	_	
	3 Membership		d asse	essments				3		
AUG	4 Investment		: .					. 4	,	146
				assets other than i	<del>-</del>	5a			, 1	
				nd sales expenses		. [5b]			-	•
ANNED					ry Subtract line 5b from		_	_   50	<u> </u>	0
<b>29</b>					If any amount is fro	im <b>ganning,</b> che ibutions	ck nere ►	┙╽.		
<b>€</b>	<ul> <li>-a Gross reven reported on</li> </ul>	•	iciuali	ng \$	01 CONU	6a		5,460		
				r than fundraising e	· · Ynansas	6b		1,180		
	DE Vellinger	or (loss)	from s	pecial events and a	ictivities Subtract lin	e 6b from line 6		60	c	1,280
	7a_Gross sales	oflievent	orv. le	ess returns and allow	vances .	.   7a	• •		-	
Γ	b Less costo	f goods s	old .			. 7b				
222				sales of inventory S	Subtract line 7b from	line 7a .   .		70	c	0
15	8 Other reven	ne-( <del>qe</del> şcı	ibe 🕨	•				_) 8		
<u> </u>				, 2, 3, 4, 5c, 6c, 7c,				<b>▶</b> 9	<u> </u>	7,355
1				s paid (attach sched	lule)			. 10		5,251
	11 Benefits paid						•	1		
es				on, and employee b				. 12	<del></del>	
xpenses					endent contractors		•	13		
				ind maintenance age, and shipping.			•	. 14		
Ш	• • • • • • • • • • • • • • • • • • • •			age, and snipping . ► See attached s			•	) 10		5,791
				10 through 16 .		•		-′ <u>▶ 17</u>		11,042
_				ear. Subtract line 1				18		-3,687
Assets					ar (from line 27, colu	ımn (A)) (must a	aree with	- <u>'`</u>		0,007
8					rn)			. 19	9	16,055
Net /					(attach explanation)					
Z					mbine lines 18 throu			▶ 2	1	12,368
P	art II Balance	Sheets-	-If To	tal assets on line 25	, column (B) are \$25	50,000 or more,	file Form 99	0 instead	of Form 990	
				e 60 of the instruction	·	· · ·		ning of year		d of year
22	Cash, savings, ar							16,055		12,368
23	=						_	,	23	
24						)			24	
25	Total assets		—					16,055	25	12,368
26	Total liabilities (	describe	<b>•</b>			)			26	
27	Net assets or fur	nd balan	ces (li	ne 27 of column (B	must agree with lin	e 21) .		16,055	27	12,368
East					ha aanassta instructus				- 00	0 EZ (2002)

Pa	rt III. Statement of Program Service Acc	complishments (See pa	age 60 of the ins	tructions)		Expen	ses	
Wh	at is the organization's primary exempt purpose?	TO PROMOTE THE PRO	OGRAMS OF KIW	ANIS CLUB OF	(Req	uired for	501(0	:)(3)
	cribe what was achieved in carrying out the organizat				and (4) organizations and 4947(a)(1) trusts			
	cribe the services provided, the number of persons be							
$\overline{}$	Supported the Bear Creek/Littleton High Schoo		<u> </u>	•	Орио	nal for o	iners	)
	International Conventions Provided dinner for					l		
	Foundation Leadership Conference Provided I	Medical Assistance to Rur	al Youth in Rocky	Mountain Region		l		
20	(Grants \$ 5,251 ) it this almo	unt includes foreign grants	s, check here .	. ▶ 🔝	28a	<del></del>	;	3,76 <u>7</u>
29								
					]			
					1			
	(Grants \$ ) If this amo	unt includes foreign grants	s, check here	▶	29a			
30								
	•	•••••			]	ı		
	(Grants \$ ) If this amo	unt includes foreign grants	s, check here	. ▶	30a	ı		
31	Other program services (attach schedule)							
	(Grants \$ 0 ) If this amo	unt includes foreign grants	s, check here	▶□	31a	ı		0
32	Total program service expenses. Add lines 2	Ba through 31a		. •	32			3,767
	List of Officers, Directors, Trustees,		each one even if not co	omnensated See na		the inetri		
	ziot di dinocia, biledera, frances,	(B) Title and average	(C) Compensation	(D) Contribution				·
	(A) Name and address	hours per week	(If not paid,	employee benefit p		ns & account and		
	B.B. 1405001	devoted to position	enter -0)	deferred compens	ation	other a	illowan	ces
	tme DARL HOBSON Str 8756 W. IIIFF AVENI	. 1						
	City LAKEWOOD ST CO ZIP 80227	Hr/WK 00	0					
	ime DICK LISSEVELD Str 10630 W WARREN	• •						
	City LAKEWOOD ST CO ZIP 80227	Hr/WK 00	0					
-	Ime JAN BYBEE Str 930 FIELD ST	Title TREASURER						
	City LAKEWOOD ST CO ZIP 80215 Ime JIM HABERER Str 6542 KIPLING ST.	Hr/WK .00	0					
	ime JIM HABERER Str 6542 KIPLING ST. City ARVADA ST CO ZIP 80004	Title SECRETARY Hr/WK 00	O.					
Pa							Yes	Na
ıα	Other information (Note the State)	nent requirement in Ger	erai mstruction	<b>v</b> )		<del></del>	res	NO
33	Did the organization make a change in its activ	vities or methods of condu-	cting activities? If	"Yes," attach a				
	detailed statement of each change					33		Х
34	Were any changes made to the organizing or	governing documents but i	not reported to the	RS? If "Yes,"				
						34		X
35	If the organization had income from business activiti							. :
	not reported on Form 990-T, attach a statement exp						~ :	- • ^
á	Did the organization have unrelated business	gross income of \$1,000 or	more or 6033(e) r	notice, reporting,	and			
	proxy tax requirements?				•	35a		X
	If "Yes," has it filed a tax return on Form 990-1				•	35b	N/A	
36	Was there a liquidation, dissolution, termination	n, or substantial contraction	on during the year	? If "Yes," attach	а			
27.	statement.					36		<u> X</u>
	Enter amount of political expenditures, direct of		the instructions.	► 37a		<u> </u>		
	Did the organization file Form 1120-POL for the					37b		
30 E	Did the organization borrow from, or make any	ioans to, any officer, direc	tor, trustee, or ke	y employee or we	ere any			,
	such loans made in a prior year and still unpai			turn'?		38a		X
	If "Yes," attach the schedule specified in the lin	ie 38 instructions and ente	er the amount	201				· '
39	involved			38b		<b>⊣</b> !		
	501(c)(7) organizations. Enter Initiation fees and capital contributions include	d on line C		200				1
	Gross receipts included on line 9, for public us			.   39a				•

orm 990-EZ (2007)	KIWANIS CLUB OF ALAMEDA WEST FOUNDATION DBA KIWANIS CLUBS OF JEFFERSON COUNTY	10	Page 3
	TRIVATIO CEOP OF ALAMEDA WEST I COMPATION DEA RIVATIOS CEOPS OF JEFFERSON COUNTY	.10	i ugc 🛡

Part	V ,	Other Informati	on (Note the	e statement req	uırement	t in General Ins	truction	V ) (Co	ontinue	d)			
40 a		)(3) organizations on 4911 ►				ganızatıon during secti							
b		(3) and (4) organizati	ons Did the or	ganızatıon engage	in any sec	tion 4958 excess b	enefit trai	nsaction				Yes	No
		ar or did it become av						n explan	ation		40b		_X_
С		amount of tax impo			rs or disqı	ualified persons of	during						
_		ar under sections					. ▶						
a		amount of tax on li						L:4 d 4					
e		<i>ganizations</i> . At any action? .	diffie during t	ne tax year, was	-	• •	a proni	oited ta	k sneitei		40e		
41		ie states with which	n a copy of the	s return is filed			•			•	400		
42 a		ooks are in care of	• •	WALL DADEE				Tele	ephone i	no ▶	303-2	38-519	94
		ed at ► 930 FIEL							•	+ 4 ► 80			
b		time during the ca							<b>-</b>		<u> </u>		
		financial account	•	-			•			-		Yes	No
		int)?		, (		,		0. 0			42b		
		s," enter the name	of the foreign	country:	• •		•		•	•	72.0		
		ne instructions for e	_		ents for F	orm TD F 90-22	1						
c		y time during the ca	· ·	• •				ells 2			42c		~ • ~
•	-	s," enter the name	-		don mann	am an omoc oat	nac or a				420		
43		on 4947(a)(1) none	_			E7 in how of Ear	m 1041	Chool	horo				$\Box$
73		nter the amount of		-				—Crieci	Cilere	<b>43</b>   <sub>NI</sub>		•	
	anu e		•					•	•	[14/	-		
		Under penalties of perp and belief, it is true, co											
Pleas	se	and concer, it is true, or		Deciaration of pre-	parer (other)	man onicer) is based (	on an mion	I I	mich piepa プ つ		y Kilowiec	ye	
Sign		Signature of officer	W, J	yree_		<del></del>		Date	-24	0-1	<u>U</u>		
Here		Signature of officer	IAI R.	$\mathcal{G}$ —	7			Date					
		Type or print name	and title	bee, I	<u>reas</u>	urer							
		Type of print hande	and true ,	<u> </u>		Date	Check if		Dropo	rer's SSN c	r DTIM /C	oo Con	Inct Y
Paid		Preparer's	·	Λ		Date	self-		гіера	161 2 22N C	JI FINN (S	ee Gen	ilist A)
Prepa	arer's	signature 400	nelsm	Buly	<u>CPA</u>	7/23/2010	employed	<b>-</b>	P00010	973			
Use (		Firm's name (or yours if self-employed).	Feely As	sociates, PC				EIN	<b>►</b> 84-	1220016	3		
	,	address, and ZIP + 4 777 S Wadsworth Blvd, #2-203, Lakewood, CO 80226 Phone no 303-271-06						02					
												90-EZ	(2007)

### **SCHEDULE A** (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

KIWANIS CLUB OF ALAMEDA WEST FOUNDAT	TION DBA KIWANIS CLU	BS OF JEFFERSO	N CO 31-1758810	
Part I Compensation of the Five High	hest Paid Employees	Other Than Offi	cers, Directors, a	ind Trustees
(See page 1 of the instructions I	List each one If there a	re none, enter "N	lone ")	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			
Part II-A Compensation of the Five High	hest Paid Independen	t Contractors fo	r Professional S	ervices
(See page 2 of the instructions I	List each one (whether	individuals or firn	ns) If there are no	ne, enter "None ")
(a) Name and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE				
Total number of others receiving over \$50,000 for professional services	0		•	
Part II-B Compensation of the Five High (List each contractor who perform firms If there are none, enter "N	med services other than	n professional sei		
(a) Name and address of each independent contractor p		·	of service	(c) Compensation
NONE		(-, , , , , -		(e) components
				•
Total number of other contractors receiving over \$50,000 for other services	0			

Part	Statements About Activities (See page 2 of the instructions )	,	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		- ~	- ئىر ب
а	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		x
С	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
е	Transfer of any part of its income or assets?	2e		Х
3 a		За		X
b	Did the organization have a section 403(b) annuity plan for its employees?	ВЬ		X
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		<u>x</u> _
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g if "No," complete lines 4f and 4g	la		Х
b	Did the organization make any taxable distributions under section 4966?	ь	$\dashv$	_
С	Did the organization make-a distribution to a donor, donor advisor, or related person?	lc		
d	Enter the total number of donor advised funds owned at the end of the tax year	/A		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	/A		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

certify that										
	t the organization is not a private fo	oundation because	e it is (Please check only O	NE applicable bo	ox )					
5	A church, convention of churches	, or association of	churches Section 170(b)(1	)(A)(ı)						
. 🗀										
6	A school Section 170(b)(1)(A)(II)	(Also complete P	art V)							
7	A hospital or a cooperative hospital	al service organiza	ation Section 170(b)(1)(A)(i	u)						
· Ш	Tribopida or a cooperative mospite	ai service organiza		,						
8	A federal, state, or local government	ent or government	al unit Section 170(b)(1)(A)	)(v)						
	A medical research organization				_	pital's name, city,				
	and state		City	ST	Country					
10	An organization operated for the b	senefit of a college	or university owned or one	rated by a gover	amental unit. Secti	on 170/h)/1)/A)/w)				
· ·	(Also complete the Support Sche	_	•	rated by a govern	illental unit Secti					
	(		,							
11 a 🔲	An organization that normally rece	eives a substantia	part of its support from a g	overnmental unit	or from the genera	al public Section				
	170(b)(1)(A)(vi) (Also complete the	ne Support Sched	dule⊣n Part IV-A)							
$\square$										
11 Ь	11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)									
12 X	An organization that normally rece	eives (1) more th	an 33 1/3% of its support fro	om contributions	membershin fees	and aross				
12 (	receipts from activities related to									
	of its support from gross investme									
	acquired by the organization after			•	•					
13	An organization that is not controlle	ed by any disquali	fied persons (other than fou	indation manage	rs) and otherwise r					
	requirements of section 509(a)(3)			aatioii iiiaiiago	0, 4114 04101 11100 1	neers the				
	, , , ,		iat describes the type of sup	porting organiza	tion	neets the				
	Type I Ty	ne II	1			neets the				
	Туре І Ту	pe II	Type III-Functionally Integr		tion Type III-Other	neets the				
	Provide the following info		Type III-Functionally Integr	ated T	ype III-Other					
			Type III-Functionally Integr	ated T	ype III-Other					
Name(s) o	Provide the following info	ormation about	Type III-Functionally Integr	ations. (See page 1	ype III-Other age 8 of the insti	ructions )				
Name(s) o	Provide the following info	ormation about	Type III-Functionally Integr the supported organiz (c)	ations. (See pa	ype III-Other age 8 of the insti	ructions )				
Name(s) o	Provide the following info	ormation about (b) Employer	the supported organiz  (c)  Type of  organization (described in lines	ations. (See pa	ge 8 of the institution of the institution of the institution listed in porting	ructions ) (e) Amount of				
Name(s) o	Provide the following info	ormation about (b) Employer identification	the supported organiz  (c)  Type of  organization (described in lines 5 through 12	ations. (See particular see particul	ge 8 of the insti pported porting ation's	ructions ) (e) Amount of				
Name(s) (	Provide the following info	ormation about (b) Employer identification	the supported organiz  (c)  Type of organization (described in lines 5 through 12 above or IRC	ations. (See pa	ge 8 of the insti pported porting ation's	ructions ) (e) Amount of				
Name(s) (	Provide the following info	ormation about (b) Employer identification	the supported organiz  (c)  Type of  organization (described in lines 5 through 12	ations. (See particular see particul	ge 8 of the insti pported porting ation's	ructions ) (e) Amount of				
Name(s) (	Provide the following info	ormation about (b) Employer identification	the supported organiz  (c)  Type of organization (described in lines 5 through 12 above or IRC	ations. (See particular see particul	gype III-Other age 8 of the institution ipported on listed in porting ration's ocuments?	ructions ) (e) Amount of				
Name(s) (	Provide the following info	ormation about (b) Employer identification	the supported organiz  (c)  Type of organization (described in lines 5 through 12 above or IRC	ations. (See particular see particul	ge 8 of the insti pported porting ation's	ructions ) (e) Amount of				
Name(s) (	Provide the following info	ormation about (b) Employer identification	the supported organiz  (c)  Type of organization (described in lines 5 through 12 above or IRC	ations. (See particular see particul	gype III-Other age 8 of the institution ipported on listed in porting ration's ocuments?	ructions ) (e) Amount of				
Name(s) (	Provide the following info	ormation about (b) Employer identification	the supported organiz  (c)  Type of organization (described in lines 5 through 12 above or IRC	ations. (See particular see particul	gype III-Other age 8 of the institution ipported on listed in porting ration's ocuments?	ructions ) (e) Amount of				
Name(s)	Provide the following info	ormation about (b) Employer identification	the supported organiz  (c)  Type of organization (described in lines 5 through 12 above or IRC	ations. (See particular see particul	gype III-Other age 8 of the institution ipported on listed in porting ration's ocuments?	ructions ) (e) Amount of				
Name(s)	Provide the following info	ormation about (b) Employer identification	the supported organiz  (c)  Type of organization (described in lines 5 through 12 above or IRC	ations. (See particular see particul	gype III-Other age 8 of the institution ipported on listed in porting ration's ocuments?	ructions ) (e) Amount of				
Name(s) o	Provide the following info	ormation about (b) Employer identification	the supported organiz  (c)  Type of organization (described in lines 5 through 12 above or IRC	ations. (See particular see particul	gype III-Other age 8 of the institution ipported on listed in porting ration's ocuments?	ructions ) (e) Amount of				

	e: You may use the worksheet in the instructions	•					_
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 20		(e) Total
15	Gifts, grants, and contributions received (Do			•			
	not include unusual grants See line 28)	890	61,260	114,177		13,775	190,102
16	Membership fees received						
17	Gross receipts from admissions, merchandise			_			
	sold or services performed, or furnishing of						
	facilities in any activity that is related to the						
	organization's charitable, etc , purpose	8,576	15,957	58,445		9,147	92,125
18	Gross income from interest, dividends,						
	amounts received from payments on securities						
	loans (section 512(a)(5)), rents, royalties,					1	
	income from similar sources, and unrelated	ĺ				1	
	business taxable income (less section 511		1			İ	
	taxes) from businesses acquired by the						
	organization after June 30, 1975	146	337	1,538		34	2,055
19	Net income from unrelated business		ľ				
	activities not included in line 18						C
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on						
	its behalf						C
21	The value of services or facilities furnished to						
	the organization by a governmental unit						
	without charge. Do not include the value of						
	services or facilities generally furnished to the						
	public without charge						C
22	Other income Attach a schedule Do not					ì	
	include gain or (loss) from sale of capital assets			6		1,266	1,272
23	Total of lines 15 through 22	9,612	77,554	174,166	2	24,222	285,554
24	Line 23 minus line 17	1,036	61,597	115,721	•	15,075	193,429
25	Enter 1% of line 23	96	776	1,742		242	·
26	Organizations described on lines 10 or 11:	a Enter 2% of a	mount in column	(e), line 24	•	26a	C
	Prepare a list for your records to show the name of a	nd amount contribu	ted by each perso	on (other than a		_ "	
	governmental unit or publicly supported organization)	whose total gifts fo	or 2003 through 20	006 exceeded the	•	l	
	amount shown in line 26a Do not file this list with	<b>/our return</b> . Enter t	the total of all thes	se excess amoun	ts 🕨	26b	
,	Total support for section 509(a)(1) test. Enter line 24,	column (e)				26c	C
	d Add Amounts from column (e) for lines 18	19		_			
	. 22	261	o	_		26d	0
-	Public support (line 26c minus line 26d total)				<b>•</b>	26e	0
	Public support percentage (line 26e (numerator) of	livided by line 26c	(denominator))			26f	0 00%
27	Organizations described on line 12: a For an prepare a list for your records to show the name of, a file this list with your return. Enter the sum of such		eceived in each ye			•	
	(2006) (2005)	• • • • • • • • • • • • • • • • • • • •	(2004)		(2003)		
I	For any amount included in line 17 that was received to show the name of, and amount received for each y \$5,000 (Include in the list organizations described in After computing the difference between the amount redifferences (the excess amounts) for each year	from each person ( year, that was more lines 5 through 11th	other than "disquant than the larger o o, as well as indivi	alified persons"), f (1) the amount d duals ) Do not fil	prepare a on line 25 le this list	for the ye	ear or (2) ur return.
	(2006) (2005)		(2004)		(2003)		
(	2 Add Amounts from column (e) for lines 15 20	<u>190,102</u> 16		_	•	27c	282,227
	Add Line 27a total and	line 27b total		_	<b>•</b>	27d	0
(	Public support (line 27c total minus line 27d total)		<del>-</del>	, .	<b>•</b>	27e	282,227
1	Total support for section 509(a)(2) test. Enter amount	t from line 23, colur	nn (e)	► 27f	285,554	_	
	Public support percentage (line 27e (numerator) o	•				27g	98 83%
	Investment income percentage (line 18, column (e	<u></u>			<u> </u>	27h	0.72%
28	Unusual Grants: For an organization described in lin	40 44 40 11 4		,	0000.41	1 000	

a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of

the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Part V.	Private School Questionnaire (See page 9 of the instructions )
	(To be completed ONLY by schools that checked the box on line 6 in Part IV

			ĭ	T
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	~	
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32 a	Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		-
t	basis?	32b		
(	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
(	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
á	Students' rights or privileges?	33a	1	
ı	Admissions policies?	33b		
ď	Employment of faculty or administrative staff?	33c		<del> </del>
(	Scholarships or other financial assistance?	33d	<u> </u>	<u> </u>
•	Educational policies?	33e		
f	Use of facilities?	33f		
9	Athletic programs?	33g		
ŀ	Other extracurricular activities?	33h	-	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
t	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Sche	dule A (Form 990 or 990-EZ) 2007 KIWA	NIS CLUB	OF ALAMEDA	WEST FOUNDAT	ON DB/31-1	758810		Page 6
Pa	rt VI-A Lobbying Expenditures by (To be completed ONLY by	_				uctions.)		·
Chec	tk ▶a				ked <b>"a"</b> and "li	mited contro	ol" provi	sions apply
	Limits on Lo		•	urred)		(a) Affiliated tota	group	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public	opinion (gra	issroots lobbying)		36			
. 37	Total lobbying expenditures to influence a legis	slative body	(direct lobbying)		37			
38	Total lobbying expenditures (add lines 36 and	37)			38		0	0
39	Other exempt purpose expenditures				39			
40	Total exempt purpose expenditures (add lines	•			_40		0	0
41	, , , , , , , , , , , , , , , , , , , ,							
	If the amount on line 40 is—  The lobbying nontaxable amount is—							
	Not over \$500,000		e amount on line					
	Over \$500,000 but not over \$1,000,000			excess over \$500,00	1		-	-
	Over \$1,000,000 but not over \$1,500,000			excess over \$1,000,0				
	Over \$1,500,000 but not over \$17,000,000			cess over \$1,500,00	10			
40	Over \$17,000,000	\$1,000,00	00		-	ma		
42	Grassroots nontaxable amount (enter 25% of I	•	1 00		42	<del> </del>	0	0
43	Subtract line 42 from line 36 Enter -0- if line 4:				43		<u>0</u> 0	
44	Subtract line 41 from line 38 Enter -0- if line 4	i is more tha	an line 30		44		0	U
	Caution: If there is an amount on either line 4.	3 or line 44,	you must file Foπ	n 4720				
	4-Yea	ar Averag	ing Period Ur	nder Section 50	1(h)		•	•
	(Some organizations that made	a section 50	01(h) election do i	not have to complete	all of the five	columns be	low	
	See the instru	uctions for lin	nes 45 through 50	on page 13 of the in	structions)			
			Lobby	ing Expenditure	s During 4-Y	ear Avera	ging F	Period
	Calendar year (or		(a)	(b)	(c)	(d)	<b>)</b>	(e)
	fiscal year beginning in)		2007	2006	2005	200	4	Total
45	Lobbying nontaxable amount							0
46	Lobbying ceiling amount (150% of line 45(e))					<u> </u>		0
47	Total lobbying expenditures							0
48	Grassroots nontaxable amount							0
49	Grassroots ceiling amount (150% of line 48(e))	)						0
50	Grassroots lobbying expenditures							0
Pa	rt VI-B Lobbying Activity by None	lecting P	ublic Charitie	S				
	(For reporting only by organi	zations tha	at did not com	plete Part VI-A) (	See page 1	4 of the II	nstruct	ions.)
	ng the year, did the organization attempt to influe				ıy	Yes	No	Amount
atter	ant to influence public opinion on a legislative ma						1	
а	npt to influence public opinion on a legislative ma Volunteers	J. 101011	endam, tinough ti			l	X	
a b	Volunteers						X	
a b c	Volunteers Paid staff or management (Include compensat						Х	
b	Volunteers Paid staff or management (Include compensat Media advertisements	ion in expen					X	
b	Volunteers Paid staff or management (Include compensat Media advertisements Mailings to members, legislators, or the public	ion in expen					X X X	
b c d	Volunteers Paid staff or management (Include compensate Media advertisements Mailings to members, legislators, or the public Publications, or published or broadcast statem	ion in expen					X	
b c d	Volunteers Paid staff or management (Include compensate Media advertisements Mailings to members, legislators, or the public Publications, or published or broadcast statem Grants to other organizations for lobbying purp	ents	ses reported on li	nes c through h.)			X X X	
b c d e f	Volunteers Paid staff or management (Include compensate Media advertisements Mailings to members, legislators, or the public Publications, or published or broadcast statem	ents esses ernment offic	ses reported on li	nes c through h.) ve body			X X X X	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part	ŅΙ		_	fers To and Transaction age 14 of the instructions	ns and Relationships With Non )	charitable		
51					ring with any other organization describe 527, relating to political organizations?	d in section		
а	Trans	fers from the reporting	organization to a	noncharitable exempt organiza	tion of		Yes	No
	(i)	Cash		•		51a(i)		Х
	(ii)	Other assets				a(ii)		Х
b	Other	transactions						
	(i)	Sales or exchanges o	of assets with a no	ncharitable exempt organization	1	b(i)		Х
	(ii)	Purchases of assets f	from a noncharital	ole exempt organization		b(ii)		Х
	(iii)	Rental of facilities, eq	uipment, or other	assets		b(iii)		Х
	(iv)	Reimbursement arran	gements			b(iv)		Х
	(v)	Loans or loan guarant	tees			b(v)		Х
	(vi)	Performance of service	ces or membershi	p or fundraising solicitations		b(vi)		Х
C	Sharıı	ng of facilities, equipm	ent, mailing lists,	other assets, or paid employees	5	С		Х
d	of the	goods, other assets,	or services given	by the reporting organization If	Column (b) should always show the fair rethe organization received less than fair regions, other assets, or services received (d)	narket value		
	e no	Amount involved	Name of non	charitable exempt organization	Description of transfers, transactions, ar	nd sharing arran	gement	s
N/A					· <del>-</del> ·			
			<del>                                     </del>					
				<del>-</del>				
	•							
		<u> </u>	ļ					
			L		<u> </u>			
	descr	ibed in section 501(c) s," complete the follow	of the Code (othe	ed with, or related to, one or mo r than section 501(c)(3)) or in se	ection 527?	► ☐ Yes	X	No
		(a) Name of organization	1	(b) Type of organization	(c) Description of relation	nship		
			***					
				-		_		
						<del></del>		
					-			

Line 1 (990-EZ) - Contributions, gifts, grants, and similar amounts received

Contributions		 . 1	1,800
NonCash Contributions		 2	
Membership dues and assessments (contributions fro	m the public).	 3	
Government contributions (grants)		 4	
Commercial co-venture		 5	
Special events contributions (Line 6 - Special Events)		 6	0
		7	4,000
		 8	129
		 9	
Total		 10	5,929

Line 6 (990-EZ) - Special events and activities

1 Special event name	Event A CHRISTMAS GREENS	Event B HEIFER PROJECT	Event C	All others	Totals
1a Number of special events					
2 Gross receipts 3 Less contributions	4,180	1,280			5,460 0
4 Gross revenue	4,180	1,280	0	0 4	5,460
5 Less direct expenses	4,180			5 _	4,180
6 Net income or (loss)	0	1,280	0	0 6	1,280

Check box ff donce is a business         Class of activity         Grantee's name         Address         City         State         Zp code           1         Helfer Foundation         KPTI Jungation         Image: Class of activity         KPTI Jungation         Image: Class of activity	Lin	e 10 (990-	Line 10 (990-EZ) - Grants and similar am	nilar amounts paid				
a business         Class of activity         Grantee's name         Address         City         State           Report of the condition of the condit		Check box if donee is						<u></u>
		a business	Class of activity	Grantee's name	Cıty	State	Zip code	Foreign
	-			Heifer Foundation				
	7			KPTI Jungle Mobile				
	3			Kiwanis International Foundation				
	4			Key Club@Bear Creek & Littletd				
6       7         7       1         8       1         9       1         10       1         11       1         12       1         13       1         16       1         17       1         18       1         19       1         20       1	2							
8       9       10       11       12       13       16       16       17       18       19       20	9							
8       9       10       11       12       13       16       16       17       18       19	_							
9       10       11       12       13       14       15       16       17       18       19       10       11       12       13       14       15       16       17       18       19       10       11       12       13       14       15       16       17       18       19       10       11       12       13       14       15       16       17       18       19       10       11       14       15       16       17       18       18       19       10       10       11       12       13       14       15       16       17       18       18       10       10       11       12       13	8							
10         11         12         13         14         15         16         17         18         19         10         10         11         12         13         14         14         15         16         17         18         19         10         11         12         13         14         15         16         17         18         19         10         11         12         13         14         15         16         17         18         18         19         10         11         12         13         14         15         16         17         18         18         10         11	6							
11       12       13       14       15       16       17       18       19       20	9							
12       13       14       14       14       14       14       15       15       16       17       17       18       17       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       19       19       10 <td< td=""><th>11</th><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	11							
13       14       15 <td< td=""><th>12</th><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	12							
14         15         16         17         18         19         20	13							
15       16       17       18       19       20	14							
16       17       18       19       20	15							
17 18 19 20	16							
18 19 20	17							
19	18							
20	19							
	20							

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	Date received												
	Method used to determine FMV												
0	Fair market												
	How book value determined												
0	Book value												
	Purpose of payment to affiliate												
	Description of the property												
	Relationship												
5,251	Amount of cash grant	1,475	784	392	2,600								

Part IV-A, Line 22 (Sch A (990/990-EZ)) - Other Income

<ul> <li>Description</li> </ul>	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
1 MISC INCOME			6	896	902
2 AWARDS BANQUET				370	370
3					0
4					0
5					0
6					0
7					0
8					0
9					0
10					0
Total of Other Income	0	0	6	1,266	1,272

Part VII, Line 51d (Sch A (990/990-EZ)) - Transfers and Transactions with Noncharitable Exempt Orgs.

(a)	(b)	(c)	(d)
Line no	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sharing arrangement
N/A			
			<del></del>
		<del></del>	

Part VII, Line 52b (Sch A (990/990-EZ)) - Affiliated Tax Exempt Orgs.

	(a)	(b)	(c)
	Name of organization	Type of organization	Description of relationship
1	N/A		
2			
3			
4			
5			
6			
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