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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) FIVE to unudation;

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending 30, 2009 Check if applicable C Name of organization D Employer identification number Please label or Name change Kiwanis Club of Pasco K01395 print or 91-0283373 type Initial return Number and street (or P O box, if mail is not delivered to street address) E Telephone number Room/suite Termin-PO Box 556 N/A Instruc-Amended City or town, state or country, and ZIP + 4 F Group Exemption Application 99301 Pasco, WA Number -G Accounting method X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Accrual Schedule A (Form 990 or 990-EZ). Other (specify) ▶ Website: ► N/A H Check **X** If the organization is **not** Organization type (check only one) X 501(c) (4) (Insert no) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PD) K Check Light organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 66,029. Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part 1) 2,019. Contributions, gifts, grants, and similar amounts received 1 4,320. 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 50,321. 3 Investment income 4 5a Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ a Gross revenue (not including \$ 11) of contributions reported on line 1) RE 9,366. SCANNED JUN 2 Less direct expenses other than fundraising expenses 3,471. 6b c Net income of (loss) from special events and activities (Subtract line 6b from line 6a)
7a Gross sales of inventory, less returns and allowances 6с 5,895. 7a Less cost of goods sold

Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b 7c Other revenue (describe Interest 8 62,558. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 g Stmt 3 Grants and similar amounts paid (attach schedule) 17,234. 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 15 Other expenses (describe See Statement 1) 44,437. 16 16 61,671. 17 Total expenses. Add lines 10 through 16 17 887. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 10,935. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 11,822. Net assets or fund balances at end of year Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 11,610. 12,939. 22 Cash, savings, and investments 22 23 Land and buildings 24 24 Other assets (describe 11,610.12,939. 25 25 Total assets 1,117.See Statement 2) 675. 26 26 Total liabilities (describe 10,935. 11,822. Net assets or fund balances (line 27 of column (B) must agree with line 21) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008) KIWANIS CIUD OI PASCO			91-	-02833	373 Page 2
Part III Statement of Program Service Accomplish	nments (See the instructions for	Part III)		E	xpenses
What is the organization's primary exempt purpose? See Statem	ent 5				for 501(c)(3)
Describe what was achieved in carrying out the organization's exempt purpos	es. In a clear and concise manner, d	lescribe the services		7 and (4) o 4947(a)(rganizations and 1) trusts, optional
provided, the number of persons benefited, or other relevant information for e	ach program title			for others	
28 Graduation Party for Pasco High	School Seniors				
(Grants \$) If this amount includes for	eign grants, check here	>		28a	5,226.
29 Sports Awards Banquets for Pasco	High School Ath	letic			-,
Teams					
				i j	
(Grants \$) If this amount includes for	eign grants, check here	•		29a	2,095.
30	oigh granto, andok here		<u>—</u>	230	2,033.
				1 1	
(Grants \$) If this amount includes for	olan granto, chack hara	>		30a	
31 Other program services (attach schedule)	eigh grants, check here			304	
	oran aranta abank ban	_		04 -	
(Grants \$) If this amount includes for 32 Total program service expenses (add lines 28a through 31a)	eigh grants, check here		-	31a	7,321.
Part IV List of Officers, Directors, Trustees, and K	ey Employees			32	/,321.
FAREIV List of Officers, Directors, Trustees, and R	Cy Limployees. List each one en	ven if not compensated			
	(b) Title and average hours	(c) Compensation	1,-,	ntributions mployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
	position	-0)	1	eferred	other allowances
Dave Davis	Comptens		com	pensation	
	Secretary			•	
Pasco, WA 99301	2.00	0.	-	0.	0.
Keith Anderson	Past Preside	1			
Pasco, WA 99301	2.00	0.		0.	0.
Lorna Bennett	Treasurer				
Pasco, WA 99301	5.00	0.		0.	0.
Rich Cummings	Director				
Pasco, WA 99301	2.00	0.		0.	0.
Dennis Maguire	Director				
Pasco, WA 99301	2.00	0.		0.	0.
Sal Beltran	Director				
Pasco, WA 99301	2.00	0.		0.	0.
Teddy Mahaffey	Director				
Pasco, WA 99301	2.00	0.		0.	0.
Bill Leggett	President				
Pasco, WA 99301	2.00	0.		0.	0.
Ferris Neaf	President Ele	ct			
Pasco, WA 99301	2.00	0.		0.	0.
Craig Johnson	Director				
Pasco, WA 99301	2.00	0.		0.	0.
Darroll Clark	Vice Presiden	t [
Pasco, WA 99301	2.00	0.		0.	0.
Jesus Melendez	Director				
Pasco, WA 99301	2.00	0.		0.	0.
John Davis	Director				
Pasco, WA 99301	2.00	0.		0.	0.
	<u> </u>				
	-				
					_
832172 12-17-08				Form	990-EZ (2008)
17:17:40				1 01111 ((2000)

P	THE VIOLENTIALION (Note the statement requirements in the instructions for Part VI)		V = -	NI.
	Date of the control o		Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		_
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			ĺ
_	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T	1		1
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy	05-		v
	tax requirements?	35a	N/	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	147	X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 37a 0.	36		_^
		{		Х
	Did the organization file Form 1120-POL for this year?	37b		_^
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	20-		х
	in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	382		
				ĺ
39	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 N/A			Ė
_	· · · · · · · · · · · · · · · · · · ·			İ
b				į
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 N/A section 4912 N/A section 4955 N/A			ĺ
				ł
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or	405		Х
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			Į
				į
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	400		Х
4.4	transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ► None The books are in care of ► Lorna Bennett Telephone no ► 509-73	5_1	300	
42 a		$\frac{3-1}{935}$		
		<u> </u>		
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	162	X
	account)? If "Yes," enter the name of the foreign country	720		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
^	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	ı	Х
C	If "Yes," enter the name of the foreign country	420	I	
42	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
43	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		ш
	and enter the amount of tax-exempt interest received of accided during the tax year	11/ 11	_	
		1	Yes	No
AA	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		. 63	110
44	Form 990-EZ	44		Х
AF	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	74		
45	completed instead of Form 990-EZ	45		Х
		43 Form 9	90-F7 /	

	he organization engage in direct or indirect political campaign activit	ties on behalf of or in opposition to	candidates for nublic	•	1	es No
	46 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					140
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II					46	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E					48	
49a Did the organization make any transfers to an exempt non-charitable related organization?					49a	
	s," was the related organization(s) a section 527 organization?	· ·		ľ	49b	
	plete this table for the five highest compensated employees (other the organization of there is none, enter "None"	nan officers, directors, trustees and	key employees) who	each received mo	ore than	\$100,000
	(a) Name and address of each employee paid more than $\$100,000$ N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deterred compensation	(E)	Expense ount and allowances
	per of other employees paid over \$100,000	otors who each received more than	\$100,000 of nom	neation from the c	ranciss	non léabre
i1 Comp	per of other employees paid over \$100,000 plete this table for the five highest compensated independent contraine, enter "None" N/A (a) Name and address of each independent contractor paid m		\$100,000 of comper	<u>,</u>		ensation
i1 Comp	plete this table for the five highest compensated independent contraine, enter "None" ${f N/A}$			<u>,</u>		
is nor	plete this table for the five highest compensated independent contraine, enter "N/A (a) Name and address of each independent contractor paid m			<u>,</u>		
is nor	polete this table for the five highest compensated independent contraine, enter "None" N/A (a) Name and address of each independent contractor paid mer of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on Signature of officer.	g accompanying schedules and statemen all information of which preparer has any Secha for Fig.	(b) Type of ser	vice (c)	Compe	ensation
otal numb	polete this table for the five highest compensated independent contraine, enter "None" N/A (a) Name and address of each independent contractor paid mer of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on Signature of officer.	ore than \$100,000 pg accompanying schedules and statemen all information of which preparer has any	(b) Type of ser	vice (c)	Compe	ensation
otal numb	polete this table for the five highest compensated independent contraine, enter "None" N/A (a) Name and address of each independent contractor paid m Per of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including correct, and oriplete Declaration of preparer (other than officer) is based on Signature of officer DAVID B. DAVID Som	ore than \$100,000 g accompanying schedules and statemen all information of which preparer has any Searca to kg Katery Date A Date Che emp	(b) Type of ser	v knowledge and believed to the state of the	Compe	ensation

Form 990-EZ	Other Expenses		Statement 1
Description			Amount
Lt Governor Expenses			430.
Jackpot			440.
District & Other Conventions			1,947.
Office Supplies			362.
Supplies & Awards			1,138.
Storage Rent			120.
Presidents Expense Dues			162.
Insurance			39,189. 500.
Licenses			20.
Newsletter			129.
Total to Form 990-EZ, line 16			44,437.
Form 990-EZ	Other Liabilities		Statement 2
			
Description		Beg. of Year	End of Year
Collection for Camp Kiwanis		475.	917.
Collection for Hixon Award		200.	200.
Total to Form 990-EZ, line 26		675.	1,117.

Form 990-EZ	Cash Grants and Alloc	Cash Grants and Allocations	
Class of Activity/Done	ee's Name and Address	Donee's Relationship	Amount
Education Award Crystal Apple Award		None	400.
Richland, WA 99352			
Foundation Pasco Kiwanis Foundati	.on	Affliate	1,137.
Pasco, WA 99306			
Bicycle Helmets Boys and Girls Club		None	500.
Pasco, WA 99306			
Car Seats for Infants Lourdes Hospital		None	250.
Pasco, WA 99306			
Pasco High School Athl Pasco High School Athl		None	100.
Pasco, WA 99306			
Scholarships Pasco High School		None	3,500.
Pasco, WA 99306			
Music Department Pasco High School Musi	c Department	None	500.
Pasco, WA 99306			
Graduation Party Pasco High School		None	5,226.
Pasco, WA 99306			
Sports Awards Banquet Pasco High School		None	2,095.
Pasco, WA 99306			

Kiwanis Club of Pasco K01395		91-0283373
Scholarship ' ' Miss Tri Cities Pagent	None	500.
Kennewick, WA 99336		
Support SIGN	None	414.
Richland, WA 99352		
Support Tri Cities Dive and Rescue	None	468.
Kennewick, WA 99336		
Pasco High Key Club Pasco High School	Affliate	1,943.
Pasco, WA 99306		
Christmas Lights City of Pasco	None	201.
Pasco, WA 99306		
Total Included on Form 990-EZ, Line 10		17,234.

FORM 990-EZ	ORM 990-EZ Information Regarding Transfers Associated with Personal Benefit Contracts		4
directly o	ganization, during the year, receive any funds, r indirectly, to pay premiums on a personal ntract?	[] Yes [X]	No
	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. [] Yes [X]	No

990-EZ Pg 2 Statement 5

Kiwanis Club of Pasco is a service organization.