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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

► Sponsoring organizations 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

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008, and ending 09-30-2009

B Check if applicable

Address change

Name change

Initial return

Termination

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
KIWANIS CLUB OF PUYALLUP
K00590

Number and street (or P O box, if mail is not delivered to street address)Room/suite
PO BOX 246

City or town, state or country, and ZIP + 4
PUYALLUP, WA 98371

D Employer identification number
91-6034556

E Telephone number

F Group Exemption Number
0026

► Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►

I Website:► WWW.PUYALLUPKIWANIS.COM

J Organization type (check only one)—☒ 501(c) (4) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

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

K Check ☐ if the 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

L 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 ☒ \$ 72,763

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	15,550
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	17,563
	4	Investment income	4	1,851
	5a	Gross amount from sale of assets other than inventory	5c	
	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)		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here <input type="checkbox"/>	6c	24,235
	a	Gross revenue (not including \$_____ of contributions reported on line 1) <input checked="" type="checkbox"/>		
	b	Less direct expenses other than fundraising expenses		
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
	7a	Gross sales of inventory, less returns and allowances	7c	
	b	Less cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe <input checked="" type="checkbox"/>)	8	3,609
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	62,808
	10	Grants and similar amounts paid (attach schedule) <input checked="" type="checkbox"/>	10	43,604
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	3,459
	13	Professional fees and other payments to independent contractors	13	
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe <input checked="" type="checkbox"/>)	16	16,647
	17	Total expenses (add lines 10 through 16)	17	63,710
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-902
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	80,002
	20	Other changes in net assets or fund balances (attach explanation) <input checked="" type="checkbox"/>	20	500
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	79,600

Part II 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

22 Cash, savings, and investments

23 Land and buildings

24 Other assets (describe ►)

25 Total assets

26 Total liabilities (describe ►)

27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .

80,002

80,002

80,002

22

23

24

25

26

27

79,600

79,600

79,600

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO CHANGE THE WORLD ONE CHILD AND ONE COMMUNITY AT A TIME			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	43,604

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part VI.)

Yes

No

33

Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

33

No

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

No

35

If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a

Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a

No

b

If "Yes," has it filed a tax return on **Form 990-T** for this year?

35b

36

Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N

36

No

37a

Enter amount of political expenditures, direct or indirect, as described in the instructions ▶

37a

b

Did the organization file **Form 1120-POL** for this year?

37b

No

38a

Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

38a

No

b

If "Yes," complete Schedule L, Part II and enter the total amount involved .

38b

39

501(c)(7) organizations. Enter

a

Initiation fees and capital contributions included on line 9

39a

b

Gross receipts, included on line 9, for public use of club facilities

39b

40a

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶

b

Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.

40b

No

c

Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶

d

Enter amount of tax on line 40c reimbursed by the organization ▶

e

All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

40e

No

41

List the states with which a copy of this return is filed ▶

42a

The books are in care of ▶ DAN MCCLUNG Telephone no ▶ (253) 863-7972

1911 MAIN

Located at ▶ SUMNER, WA ZIP + 4 ▶ 98390

b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42b

Yes

No

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

c

At any time during the calendar year, did the organization maintain an office outside of the U S ?

42c

No

If "Yes," enter the name of the foreign country ▶

43

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶

and enter the amount of tax-exempt interest received or accrued during the tax year ▶

43

44

Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.

44

Yes

No

45

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.

45

No

Form 990-EZ (2008)

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization(s) a section 527 organization?		
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(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
Total number of other employees paid over \$100,000				

51	Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."	
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	***** Signature of officer		2010-05-10 Date		
Paid Preparer's Use Only	ETHYL DOW SECRETARY-TREASURER Type or print name and title				
	Preparer's signature	HAYDEN WILLIAMS CPA	Date 2010-05-07	Check if self-employed	Preparer's PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN	
	WILLIAMS & SCHLOER CPA'S INC 1843 E MAIN AVE PUYALLUP, WA 983723147			Phone no.	(253) 845-4281
May the IRS discuss this return with the preparer shown above? See instructions.					

OMB No 1545-0047

91-6034556

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		AUCTION (event type)	SPAGHETTI FEED (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	24,784	5,255	30,039
	2	Less Charitable contributions			
	3	Gross revenue (line 1 minus line 2)	24,784	5,255	30,039
Direct Expenses	4	Cash Prizes			
	5	Non-cash Prizes			
	6	Rent/Facility costs			
	7	Other direct expenses	6,768	452	7,220
	8	Direct expense summary Add lines 4 through 7 in column (d) ▶			7,220
	9	Net income summary Combine lines 3 and 8 in column (d). ▶			22,819

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<div><input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No</div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	No
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	No
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	No

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility 13a		
b An outside facility 13b		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► DAN MCCLUNG		
Address ► 1911 MAIN SUMNER, WA 98390		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	No
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	No
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

TY 2008 Compensation Explanation

Name: KIWANIS CLUB OF PUYALLUP

K00590

EIN: 91-6034556

Person Name	Explanation
DAN MCCLUNG	
TED MALONEY	
RUDY FYLES	
JOYCE RUTH	
ETHYL DOW	
STAN CROSS	

Person Name	Explanation
TIM GREGOIRE	
DENNIS KING	
TOM THOMAS	
EARL OTIS	
DARLEEN MCCALLUM	
MAC OWEN	

Person Name	Explanation
MATT MADSEN	

TY 2008 Grants and Similar Amounts Paid Schedule

Name: KIWANIS CLUB OF PUYALLUP
K00590

EIN: 91-6034556

Item No.	1
Class of Activity	YOUNG CHILDREN
Donee's Name	YCPO
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	2
Class of Activity	YOUTH SERVICES
Donee's Name	YOUTH SERVICES
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	3
Class of Activity	COMMUNITY SERVICES
Donee's Name	COMMUNITY SERVICES
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	4
Class of Activity	SCHOLARSHIPS
Donee's Name	SCHOLARSHIPS
Donee's Address	
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

TY 2008 Other Changes in Net Assets Schedule

Name: KIWANIS CLUB OF PUYALLUP
K00590
EIN: 91-6034556

Description	Amount
PRIOR YEAR SCHOLARSHIP RETURNED	500

TY 2008 Other Expenses Schedule**Name:** KIWANIS CLUB OF PUYALLUP

K00590

EIN: 91-6034556

Description	Amount
EXPENSES	
CONVENTIONS	4,490
KIWANIS INTERNATIONAL DUE	6,496
MEMBERSHIP	2,276
BOD INSURANCE	507
ROOM SERVICE TIP	150
WEB SITE MAINTENANCE	330
DIRECTORY	234
POSTAGE	44
BOD MEETINGS-PRINTING REP	153
GUEST MEALS-SPEAKERS	451
LT GOVNERNOR SUPPORT	500
ACCOUNTING TOOL	15
LICENSES	10
MEL DENNIS AWARD	100
PO BOX	95
PRESIDENT'S PLAQUE	82
SUPPLIES	44
UNALLOCATED EXPENSES	35
TECH SUPPORT	635

TY 2008 Other Revenues Schedule

Name: KIWANIS CLUB OF PUYALLUP
K00590

EIN: 91-6034556

Description	Amount
PUYALLUP FAIR PARADE	1,000
MOTHER'S DAY FLOWERS	850
NW JR LIVESTOCK SHOW	800
AUTO SHOW	600
FAIR LUNCHEON	305
MISCELLANEOUS	54

Additional Data

Software ID:

Software Version:














EIN: 91-6034556

Name: KIWANIS CLUB OF PUYALLUP
K00590

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
28 YOUNG CHILDREN PRIORITY ONE-SUPPORT TO VARIOUS NON-PROFIT ORGANIZATIONS FOR THE BENEFIT OF UNDERPRIVILEGED CHILDREN (Grants \$ 12,037) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	12,037
29 YOUTH SERVICES-SCHOLARSHIPS AND SUPPORT TO VARIOUS NON-PROFIT ORGANIZATIONS PROMOTING LEADERSHIP AND DEVELOPMENT OF YOUTH (Grants \$ 23,802) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	23,802
30 COMMUNITY SERVICES-VARIOUS COMMUNITY SERVICE PROJECTS INCLUDING ANNUAL TEACHERS' APPRECIATION LUNCH AND SUPPORT TO AREA FOOD BANKS (Grants \$ 5,765) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	5,765
INTERNATIONAL RELATIONS-SUPPORT TO WORLD VISION AND STUDENT EXCHANGE PROGRAM SPECIAL NEED SUPPORT TO AREA FOOD BANKS, SPECIAL OLYMPICS, AND OTHER COMMUNITY PROGRAMS (Grants \$ 2,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		2,000

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DAN MCCLUNG  1911 MAIN SUMNER, WA 98390	PRESIDENT 0	0		
TED MALONEY  2207 35TH AVE SE PUYALLUP, WA 98374	PRES ELECT 0	0		
RUDY FYLES  8101 182ND ST E PUYALLUP, WA 98375	VICE PRES 0	0		
JOYCE RUTH  6305 116TH ST CT E PUYALLUP, WA 98373	PAST PRES 0	0		
ETHYL DOW  5101 30TH ST NE TACOMA, WA 98422	SEC/TRES 0	3,000		
STAN CROSS  4219 CRYSTAL LANE LOOP SE PUYALLUP, WA 98372	BOARD 0	0		
TIM GREGOIRE  323 N MERIDIAN PUYALLUP, WA 98371	BOARD 0	0		
DENNIS KING  1113 N MERIDIAN PUYALLUP, WA 98371	BOARD 0	0		
TOM THOMAS  2501 36TH AVE SE PUYALLUP, WA 98374	BOARD 0	0		
EARL OTIS  909 7TH ST SW PUYALLUP, WA 98371	BOARD 0	0		
DARLEEN MCCALLUM  808 26TH AVE SW PUYALLUP, WA 98373	BOARD 0	0		
MAC OWEN  1203 WILLOW STREET SUMNER, WA 98390	BOARD 0	0		
MATT MADSEN  8708 134TH ST CT E PUYALLUP, WA 98373	BOARD 0	0		