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2010

Open to Public  
Inspection

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 of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

A For the 2010 calendar year, or tax year beginning OCT 1, 2010 and ending SEP 30, 2011

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

KIWANIS INTERNATIONAL/K00127 WASHINGTON

Number and street (or P O box, if mail is not delivered to street address)

1120 20TH STREET, NW, SUITE 300 SOUTH

Room/suite

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20036

D Employer identification number

53-0094755

E Telephone number

(202) 445-3169

F Group Exemption  
Number ►G Accounting Method  Cash  Accrual Other (specify) ►

I Website: ► WWW.KIWANISDC.ORG

J Tax-exempt status (check only one) —  501(c)(3)  501(c)(4)  (insert no)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 118,686.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

1 Contributions, gifts, grants, and similar amounts received	1	95,000.
2 Program service revenue including government fees and contracts	2	7,246.
3 Membership dues and assessments	3	13,693.
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$15,000 from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	of contributions
c Less direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	2,747.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	118,686.
10 Grants and similar amounts paid (list in Schedule O)	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	25,348.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	339.
16 Other expenses (describe in Schedule O)	16	114,321.
17 Total expenses. Add lines 10 through 16	17	140,008.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-21,322.
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	29,320.
20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	7,998.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

**Part II Balance Sheets.** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	29,320.	22 7,998.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	29,320.	25 7,998.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,320.	27 7,998.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **SEE SCHEDULE O**

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, and other relevant information for each program title.

**28 SEE SCHEDULE O**

(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a 88,783.
29 THE CLUB MEMBERS HOLD LUNCHEON MEETINGS TO PLAN AND ORGANIZE THE PROGRAMS THAT ARE CONDUCTED EACH YEAR AND TO PROMOTE THE CLUB'S GOAL OF SERVICE TO OTHERS.		
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a 19,148.
30		
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32 107,931.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and 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
JOSEPH RESSA, 1120 20TH STREET, NW, SUITE 300 SOUTH, WASHINGTON, DC	PRESIDENT 5.00	0.	0.	0.
LUCINDA CRIST, 1120 20TH STREET, NW, SUITE 300 SOUTH, WASHINGTON, DC	PRESIDENT-ELECT 5.00	0.	0.	0.
BRIAN EGGER, 1120 20TH STREET, NW, SUITE 300 SOUTH, WASHINGTON, DC	VICE PRESIDENT 5.00	0.	0.	0.
HARVEY JACOBS, 1120 20TH STREET, NW, SUITE 300 SOUTH, WASHINGTON, DC	IMMEDIATE PAST PRESIDENT 3.00	0.	0.	0.
GRETCHEN KEARNEY, 1120 20TH STREET, NW, SUITE 300 SOUTH, WASHINGTON, DC	SECRETARY 3.00	0.	0.	0.
TROY DIBLEY, 1120 20TH STREET, NW, SUITE 300 SOUTH, WASHINGTON, DC	TREASURER 5.00	0.	0.	0.
SERENA BEARMAN, 1120 20TH STREET, NW, SUITE 300 SOUTH, WASHINGTON, DC	DIRECTOR 3.00	0.	0.	0.
ORLANDO CARVAJAL, 1120 20TH STREET, NW, SUITE 300 SOUTH, WASHINGTON, DC	DIRECTOR 3.00	0.	0.	0.
EDWIN DAVILA-BLOISE, 1120 20TH STREET, NW, SUITE 300 SOUTH,	DIRECTOR 3.00	0.	0.	0.
DICK JUERGENS, 1120 20TH STREET, NW, SUITE 300 SOUTH, WASHINGTON, DC	DIRECTOR 3.00	0.	0.	0.
APRIL GASSLER, 1120 20TH STREET, NW, SUITE 300 SOUTH, WASHINGTON, DC	DIRECTOR 3.00	0.	0.	0.
TRIS KRUGER, 1120 20TH STREET, NW, SUITE 300 SOUTH, WASHINGTON, DC	DIRECTOR 3.00	0.	0.	0.

**Part V. Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 

	Yes	No
33		X
34		X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 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, explain in Schedule O why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ►  37a 0. b Did the organization file Form 1120-POL for this year? 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 outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a 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 b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations 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? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed ►  NONE 42a The organization's books are in care of ►  TROY DIBLEY Telephone no. ►  (202) 445-3169  
Located at ►  1120 20TH ST., NW, STE 300 SOUTH, WASHINGTON, DC ZIP + 4 ►  20036 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)? 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.? 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  N/A 

	Yes	No
42b		X
42c		X

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 

	Yes	No
44a		X
44b		X
44c		X
44d		

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3)

organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

Yes	No
47	
48	
49a	
49b	

48 Is the organization 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?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and 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 & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	► <i>Troy C. Dibley</i> Signature of officer	► <i>Troy Dibley, Treasurer</i> Type or print name and title	1/21/2012 Date
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Paid Preparer Use Only	Print/Type preparer's name <i>Joseph F. Wilson, Jr.</i>	Preparer's signature <i>Joseph F. Wilson, Jr.</i>	Date 2/11/2012	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► CHACONAS & WILSON, P.C.			Firm's EIN ►	
	Firm's address ► 2100 PENNSYLVANIA AVENUE, NW, SUITE 580 WASHINGTON, DC 20037			Phone no (202) 429-8890	

May the IRS discuss this return with the preparer shown above? See instructions

032174  
03-04-11►  Yes  No

Form 990-EZ (2010)

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**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.

OMB No. 1545-0047

**2010**Open to Public  
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Name of the organization

KIWANIS INTERNATIONAL/K00127 WASHINGTON

Employer identification number  
53-0094755FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

<u>DESCRIPTION OF OTHER REVENUE:</u>	<u>AMOUNT:</u>
<u>MISCELLANEOUS</u>	<u>2,747.</u>

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
<u>CONVENTION EXPENSE</u>	<u>4,791.</u>
<u>DONATIONS</u>	<u>1,715.</u>
<u>INSURANCE</u>	<u>733.</u>
<u>KIWANIS INTERNATIONAL DUES</u>	<u>5,852.</u>
<u>LUNCH EXPENSES</u>	<u>17,001.</u>
<u>OFFICE SUPPLIES AND EXPENSES</u>	<u>2,194.</u>
<u>AWARDS</u>	<u>148.</u>
<u>WEB SITE</u>	<u>1,300.</u>
<u>MIDDLE AND HIGH SCHOOL PROGRAMS</u>	<u>15,110.</u>
<u>FLOWERS</u>	<u>66.</u>
<u>PROGRAMS THAT BENEFIT CHILDREN WITH DISABILITIES</u>	<u>14,521.</u>
<u>PROGRAMS THAT BENEFIT COLLEGE STUDENTS</u>	<u>46,768.</u>
<u>PROGRAMS THAT BENEFIT THE ELDERLY</u>	<u>548.</u>
<u>SERVICE PROJECTS</u>	<u>1,881.</u>
<u>EVERYBODY WINS</u>	<u>600.</u>
<u>MEMBERSHIP</u>	<u>1,093.</u>
<u>TOTAL TO FORM 990-EZ, LINE 16</u>	<u>114,321.</u>

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO FURTHER THE IDEALS OF  
JUSTICE AND GOODWILL THROUGH SERVICE TO OTHERSLHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
032211  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

## 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.

OMB No 1545-0047

**2010**

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Employer identification number  
53-0094755

### FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE CLUB CONDUCTS VARIOUS PROGRAMS TO HELP CHILDREN AND  
THE ELDERLY. FOR EXAMPLE THE PET-A-PET AND FALL PROGRAM  
BENEFIT CHILDREN WITH DISABILITIES AND THE JOE RILEY  
PROGRAM PROVIDES COLLEGE SUPPORT TO GRADUATING HIGH SCHOOL SENIORS. IN  
ADDITION, SERVICES TO THE ELDERLY ENGAGE SENIOR CITIZENS IN THE  
COMMUNITY.

### FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.  
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

KIWANIS INTERNATIONAL/K00127 WASHINGTON

**Employer identification number**  
**53-0094755**

**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
JAY POPE, 1120 20TH STREET, NW,	DIRECTOR	3.00	0.	0.