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A For the 2011 calendar year, or tax year beginning 10-01-2011, and ending 09-30-2012			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization KIWANIS INTERNATIONAL - YAKIMA KIWANIS K00396 YAKIMA		D Employer identification number 91-0481058
	Number and street (or P O box, if mail is not delivered to street address) PO BOX 611		E Telephone number (509) 248-7000
	Room/suite		
	City or town, state or country, and ZIP + 4 YAKIMA, WA 98901		F Group Exemption Number ▶

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

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

I Website: ☐ N/A _____

J Tax-Exempt status (check only one)— ☐ 501(c)(3) ☒ 501(c)(4) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 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. **\$ 66,003**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1		
	2	Program service revenue including government fees and contracts		2		
	3	Membership dues and assessments		3	28,159	
	4	Investment income		4	108	
	5a	Gross amount from sale of assets other than inventory	5a	500	5c	500
	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)				
	6	Gaming and fundraising events			6d	21,550
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) * \$	6b	37,236		
	c	Less direct expenses from gaming and fundraising events	6c	15,686		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)				
	7a	Gross sales of inventory, less returns and allowances	7a		7c	
b	Less cost of goods sold	7b				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8	Other revenue (describe in Schedule O)			8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	50,317	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	1,500	
	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	600	
	14	Occupancy, rent, utilities, and maintenance		14		
	15	Printing, publications, postage, and shipping		15	1,107	
	16	Other expenses (describe in Schedule O)		16	45,403	
	17	Total expenses. Add lines 10 through 16			17	48,610
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,707	
	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	48,097	
	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	49,804	

Part II

Balance Sheets

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

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	51,417	22	52,335
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	177	24	2,778
25	Total assets	51,594	25	55,113
26	Total liabilities (describe in Schedule O)	3,497	26	5,309
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	48,097	27	49,804

Part III

Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose? COMMUNITY SERVICE CLUB		(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	CAMP ROGANUNDA CAMP MAINTENANCE ASSISTANCE (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	28a	4,000
29	YOUNG CHILDREN PO (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	29a	1,650
30	COMMUNITY FUNDS REQUEST (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	30a	1,000
31	Other program services (describe in Schedule O) . . . ☐ (Grants \$) If this amount includes foreign grants, check here . . . ☐	31a	
32	Total program service expenses (add lines 28a through 31a) . . . ☐	32	6,650

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
See Additional Data Table				

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

☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
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)	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, 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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	36	No
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?	37b	
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?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 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 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	40b	No
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 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0		
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	40e	No
41	List the states with which a copy of this return is filed ☐ _____		
42a	The organization's books are in care of ☐ JOHN BENSON Telephone no ☐ (509) 248-7000 PO BOX 611 Located at ☐ YAKIMA, WA ZIP + 4 ☐ 98901		
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 .	42b	No
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 ☐ _____	42c	No
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		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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 (see instructions)	45b	

		Yes	No
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		
46			No

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.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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 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	(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 "

(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	***** Signature of officer	2013-01-31 Date				
	JOHN BENSON TREASURER Type or print name and title					
Paid Preparer's Use Only	Preparer's signature	RALPH A CONNER CPA	Date 2013-01-31	Check if self-employed	Preparer's taxpayer identification number (See instructions) P00185729	
	Firm's name (or yours if self-employed), address, and ZIP + 4	CLIFTONLARSONALLEN LLP 610 NORTH 39TH AVENUE YAKIMA, WA 98902			EIN 41-0746749	
					Phone no (509) 823-2910	
May the IRS discuss this return with the preparer shown above? See instructions						Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
KIWANIS INTERNATIONAL - YAKIMA KIWANIS
K00396 YAKIMA

Employer identification number

91-0481058

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☒ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>ROCK THE GAP</u>	<u>WINTER BALL</u>	<u>4</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	17,718	9,910	9,608	37,236	
	2	Less Charitable contributions					
3	Gross income (line 1 minus line 2)	17,718	9,910	9,608	37,236		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses . .	100	6,806	8,780	15,686	
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					(15,686)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					
						21,550	

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
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) ▶					

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

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?

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

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

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

Director/officer

Employee

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?

Yes

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 \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization KIWANIS INTERNATIONAL - YAKIMA KIWANIS K00396 YAKIMA	Employer identification number 91-0481058
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 108
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME YVCC SCHOLARSHIP ENDOWMENT AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME SALVATION ARMY AMOUNT GIVEN 500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 1,500
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CLUB ROSTER AMOUNT 413 DESCRIPTION CONVENTIONS AMOUNT 5,734 DESCRIPTION DUES DISTRICT & INTERNATIONAL AMOUNT 5,933 DESCRIPTION INSURANCE FIDELITY BOND AMOUNT 500 DESCRIPTION LT GOVERNOR CONTRIBUTION AMOUNT 375 DESCRIPTION MEALS ACTIVE AMOUNT 15,576 DESCRIPTION NEW MEMBER COSTS AMOUNT 522 DESCRIPTION SOCIAL COMMITTEE FAMILY CHRISTMAS AMOUNT 2,261 DESCRIPTION SUPPLIES AMOUNT 859 DESCRIPTION INSTALLATION BANQUET AMOUNT 1,276 DESCRIPTION AKTION CLUB AMOUNT 300 DESCRIPTION CAMP ROGANUNDA WORK DAY AMOUNT 4,000 DESCRIPTION BUG PROGRAM AMOUNT 184 DESCRIPTION COMMUNITY FUNDS REQUEST AMOUNT 1,000 DESCRIPTION D&O INSURANCE AMOUNT 500 DESCRIPTION KIWANIS INTL TRUST AMOUNT 250 DESCRIPTION LIABILITY INSURANCE AMOUNT 734 DESCRIPTION PIONEER PICNIC AMOUNT 67 DESCRIPTION PRESIDENT PROJECT AMOUNT 1,000 DESCRIPTION SANTA SUPPORT AMOUNT 644 DESCRIPTION MISCELLANEOUS EXPENSE AMOUNT 543 DESCRIPTION YOUNG CHILDREN POJ AMOUNT 1,650 DESCRIPTION KIWANIS ONW DIST AMOUNT 1,082 TOTAL TO FORM 990-EZ, LINE 16 45,403
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE/PREPAID EXPENSE BEG OF YEAR AMOUNT 177 END OF YEAR AMOUNT 2,778
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE AND ACCRUED EXPENSES BEG OF YEAR AMOUNT 1,679 END OF YEAR AMOUNT 2,291 DESCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 1,818 END OF YEAR AMOUNT 3,018

**TY 2011 Transfers Personal Benefits
Contracts Declaration**

Name: KIWANIS INTERNATIONAL - YAKIMA KIWANIS
K00396 YAKIMA

EIN: 91-0481058

Declaration: 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.

Additional Data

Software ID:

Software Version:

EIN: 91-0481058

Name: KIWANIS INTERNATIONAL - YAKIMA KIWANIS
K00396 YAKIMA

Form 990-EZ, Special Condition Description:

Special Condition Description

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
CAMI LEONARD-CORBIN PO BOX 611 YAKIMA,WA 98901	PRESIDENT 1 00	0	0	0
BECKY SCHOLL PO BOX 611 YAKIMA,WA 98901	PRESIDENT ELECT/VP 1 00	0	0	0
PAT ANDREOTTI PO BOX 611 YAKIMA,WA 98901	IMMEDIATE PAST PRESIDENT 1 00	0	0	0
PENNY BAKER PO BOX 611 YAKIMA,WA 98901	SECRETARY 1 00	0	0	0
DR MIKE WILSON PO BOX 611 YAKIMA,WA 98901	SECRETARY 1 00	0	0	0
JOHN BENSON PO BOX 611 YAKIMA,WA 98901	TREASURER 1 00	0	0	0
BETH KLINGELE PO BOX 611 YAKIMA,WA 98901	TREASURER 1 00	0	0	0
BOB BROWN PO BOX 611 YAKIMA,WA 98901	DIRECTOR 1 00	0	0	0
STACEY DRAKE PO BOX 611 YAKIMA,WA 98901	DIRECTOR 1 00	0	0	0
AMY NEAL PO BOX 611 YAKIMA,WA 98901	DIRECTOR 1 00	0	0	0
JILL CHRISTIANSON PO BOX 611 YAKIMA,WA 98901	DIRECTOR 1 00	0	0	0
TRESSA SHOCKLEY PO BOX 611 YAKIMA,WA 98901	DIRECTOR 1 00	0	0	0