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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)

2012

OMB No 1545-1150

Department of the Treasury Internal Revenue Service 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 (see instructions). 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

Open to Public

Inspection

A	For t	ne 2012 calendar year, or tax year beginning Oct 1 , 2012, and ending Sep 30	, 2013
		f applicable C Name of organization D Er	nployer identification number
_	Name (schange Kiwanis Club of Alameda West Foundation 3	1-1758810
_	Initial r	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite F. Te	elephone number
=	Termin		303) 204-5692
\vdash		City or town, state or country, and ZIP + 4	
	Applica		roup Exemption umber
G	Acco		if the organization is not
	Webs	ite: N/A required to	attach Schedule B
J	Tax-ex	empt status (check only one) — 501(c)(3)	990-EZ, or 990-PF)
	ınstru	If the organization is not a section 509(a)(3) supporting organization or a section 527 organization are ally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postca ctions). But if the organization chooses to file a return, be sure to file a complete return nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	
•	asset	s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	►\$ <u>35,105.</u>
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct	
		Check if the organization used Schedule O to respond to any question in this Part I	x
	1	Contributions, gifts, grants, and similar amounts received	1 19,185.
ĺ	2	Program service revenue including government fees and contracts	2
	3	Membership dues and assessments .	3
i	4	Investment income	1.
	5 a	Gross amount from sale of assets other than inventory 5 a	
	b	Less: cost or other basis and sales expenses 5 b	
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c
	6	Gaming and fundraising events	
RE	а	Gross income from gaming (attach Schedule-Gif greater than \$15,000)	
ĒΙ	b	Gross income from fundraising events (not including of contributions	
N U E		from fundraising events reported on [ine 1] (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 15,919.	
	С	Less direct expenses from-gaming-and fundraising events 6c 7, 210.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 8,709.
	7 a	Gross sales of inventory, less returns and allowances 7 a	7.03.
	b	Less: cost of goods sold 7b	
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c
	8	Other revenue (describe in Schedule O)	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 27,895.
		Grants and similar amounts paid (list in Schedule O)	10 32,506.
	11	Benefits paid to or for members	11
E	12	Salaries, other compensation, and employee benefits	12
EXPENSES	13	Professional fees and other payments to independent contractors	13
Ņ	14	Occupancy, rent, utilities, and maintenance	14
Ē	15	Printing, publications, postage, and shipping.	15
٦	16	Other expenses (describe in Schedule O) See Form 990 EZ, Part I Line 16 Other Expenses	16 10.
	17	Total expenses. Add lines 10 through 16	17 32,516.
\Box	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -4,621.
A S S E	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 13,135.
T S	20	Other changes in net assets or fund balances (explain in Schedule O)	20
	21	figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 Paperwork Reduction Act Notice, see the separate instructions.	21 8,514.
	_		Form 990-EZ (2012);

Form	990-EZ (2012) Kiwanis Club of	Alameda West Fou	undation	31-	-175	58810 Page 2
Par	Balance Sheets. (see the ins	structions for Part II.)	estion in this Part II			Γ
	Check if the organization used Sche	dule O to respond to any qui		A) Beginning of year	ar	(B) End of year
22	Cash, savings, and investments			13,135	. 22	8,514
23	Land and buildings			0		0
24	Other assets (describe in Schedule O)			0		0
25	Total assets			13,135		8,514
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of e		luno 21)	0	-	0 514
Par				13,135	. 2/	8,514 Expenses
Par	Check if the organization used Sci	bedule O to respond to any o	ous for rail III.)		(Reg	uired for section 501
What	is the organization's primary exempt purpose?	promote the programs of	f the Kiwanie Club	of Alameda West) and 501(c)(4)
Desc	ribe the organization's program service a	ccomplishments for each of	ts three largest program	services, as		nizations and section (a)(1) trusts, optional
mea: bene	ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the servic ach program title	ces provided, the numbe	r of persons		thers)
28	Provide grants to variou					
	organizations supported					
	Club					
	(Grants \$ 9,565.) If the	is amount includes foreign g	rants, check here	-	28 a	9,565
29	To support youth in the					
	work of various committe					
	Alameda West.					
	(Grants \$ 22,931.) If th	is amount includes foreign g	rants, check here	▶	29 a	22,931
30						
	(Crosts 6	is amount includes foreign g	rants shock hara		30 a	
31	(Grants \$) If the Other program services (describe in Sch		iants, check here	- 1 1	30 a	
31	, ,	is amount includes foreign q	rants check here	▶ □	31 a	
32	Total program service expenses (add lin		ranto, check here	<u> </u>	32	32,496
	t IV List of Officers, Directors,		niovees List each one ou	en if not compensated i		
<u> F ai</u>	Check if the organization used Sci	nedule O to respond to any o	proyees. List each one evuestion in this Part IV	en ii not compensated. ((266 (1)	e mstructions for Part IV
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defection	yee	(e) Estimated amount of other compensation
<u>Dav</u>	id Harris					
	esident	0.00	0.		0.	0.
<u>Bar</u>	<u>bara_Fuller</u>					_
	retary	0.00	0.		0.	0.
	<u> Bybee </u>					
	easurer	0.00	0.		0.	0.
	ig_Cook	0.00	0.		0.	0.
	rector	0.00			υ.	
	l Hobson	0.00	0.		0.	0.
	i Merritts	0.00	<u> </u>		<u> </u>	<u></u>
	ector	0.00	0.		0.	0.
	ley Katz	0.00				<u>_</u>
	ector	0.00	0.		0.	0
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BAA		TEE 40812	02/14/12	<u> </u>		Form 990-F7 (2012)

	m 990-EZ (2012) Kiwanis Club of Alameda West Foundation 31-175881	0	Р	age 3			
Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any guestion in this Part V							
33		-	Yes	No			
33	provide a detailed description of each activity in Schedule O	33		х			
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		х			
35	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)?	35 a		X			
	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	35 b					
	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	35 c		x			
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		Х			
37	a 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?	37 b		X			
	a 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?	38 a		x			
	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						
	b Gross receipts, included on line 9, for public use of club facilities 39 b						
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.						
	section 4911 ►						
	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	40 ь		х			
	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	40 e		X			
41	List the states with which a copy of this return is filed Colorado		!				
	a The organization's books are in care of ► Jan W. Bybee Located at ► 930 Field St. Lakewood CO ZIP + 4 ► 80215	204					
I	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	401	Yes	No			
	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: •	42 b		X			
,	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:	42 c		x			
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		Yes	No			
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		x			
1	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	44 b		x			
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		X			
	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	44 d					
	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		<u>X</u>			
	b 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)	45 b		<u>x</u> _			

Form 990	-EZ (2012) Kiwanis Club of Ala	ameda West Four	ndation	31-175	58810		age 4
41		Alice		or in apposition to		Yes	No
can	the organization engage, directly or indirect didates for public office? If 'Yes,' complete	Schedule C, Part I	n activities on behalf of		46		<u>x</u>
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	only ons must answer q	uestions 47-49b an	d 52, and complete	the table	es	
	Check if the organization used Schedule	O to respond to any q	uestion in this Part VI				
A7 Did	the organization engage in lobbying activiti	es or have a section 50)1(h) election in effect d	uring the tax year? If 'Ye	es' r	Yes	No
	plete Schedule C, Part II	es of flave a section se	Transfer and the condition of	arring the tax year. It is	47		Х_
	ne organization a school as described in sec			ule E	48		X
	the organization make any transfers to an o		related organization?		49 a		Х
	es,' was the related organization a section aplete this table for the organization's five h		nployees (other than off	icers, directors, trustees	<u> </u>		
	ployees) who each received more than \$100						
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
none							
				-		_	_
	al number of other employees paid over \$10						
51 Con	nplete this table for the organization's five happensation from the organization. If there is	nighest compensated in none, enter 'None '	dependent contractors v	vho each received more	than \$100,0	000 of	
	Name and address of each independent contractor paid		(b) Type	of service	(c) Comp	ensatio	1
none		- · · · · · · · · · · · · · · · · · · ·	-				
	 =		-				
				!			
-							
52 Did	al number of other independent contractors the organization complete Schedule A? No	te: All section 501(c)(3		7(a)(1) nonexempt	► X Yes		No
Under penalt	ritable trusts must attach a completed Sche ties of perjury, I declare that I have examined this return,	including accompanying sched	dules and statements, and to the	e best of my knowledge and bel		· <u>L</u>	
true, correct,	and complete Declaration of preparer (other than office	r) is based on all information of	of which preparer has any knowl	ledge			
Sign	Signature of officer			Date		<u> </u>	
Here	Jan Bybee Type or print name and little						
	Print/Type preparer's name	Preparer's signature	Date	•	TIN		
Paid	Tamela m kul	Panula m	July 2/13,	Check U if self-employed	PTIN OC	ا ب	973
Preparer Use Only	Firm's name ► <u>CPA</u> Firm's address ► 3609 S WADSWORT	H BLVD STE 140		Firm's EIN	84-122	001	<u></u>
	LAKEWOOD		CO 80235-2	2108 Phone no 30	82710	360	2
May the II	RS discuss this return with the preparer sho	own above? See instruc	ctions		► X Yes		No
					Form 99 0)-EZ (2	2012)

SCHEDULE A (Form 990 or 990-EZ)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2012

Open to Public

Department of the Treasury Internal Revenue Service Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number 31-1758810 Kiwanis Club of Alameda West Foundation Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 X related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly 11 supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated d |_ Type III - Non-functionally integrated Type I C By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? 11 g (ii) A family member of a person described in (i) above? (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (m) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your support? (iv) is the (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (vi) is the organization rganization in column (i) organization in column (i) listed in your governing document? organized in the (see instructions)) US Yes No Yes Yes No No (A) (B) (C) (D) (E)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III I f the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support	-	,					
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4					· 		
Sec	tion B. Total Support				T			
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
7	Amounts from line 4			<u> </u>				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activi	ities, etc (see inst	tructions)			12		
13	First five years. If the Form 990 organization, check this box and		ation's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ [
	tion C. Computation of Pu							
	Public support percentage for 20			e 11, column (f))		14		
	Public support percentage from 2					15	<u>%</u>	
16 a	33-1/3% support test – 2012. If and stop here. The organization	the organization of qualifies as a pub	did not check the bolicly supported or	oox on line 13, and ganization	d the line 14 is 33	-1/3% or more, che	eck this box	
b 33-1/3% support test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	b 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
18	Private foundation. If the organiz	ation did not che	ck a box on line 13	3, 16a, 16b, 17a, 6	or 17b, check this	box and see instru	ictions	
RΔΔ					Scl	hedule A (Form 99)	0 or 990-F7\ 2012	

Part II Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Gilst, grants, contributions and member plant feet and provided any fundable grants 9, 352. 4,797. 8,722. 16,020. 38,85	Section A. Public Support						
2 Gross receipts from admissions, merchandase sold or services performed, or facilities in relative properties of the comparization's tax-exempt purpose 11, 477. 17, 983. 15, 907. 5, 587. 50, 95	Calendar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
2 Gross receipts from admissions, merchandase sold or services performed, or facilities in relative properties of the comparization's tax-exempt purpose 11, 477. 17, 983. 15, 907. 5, 587. 50, 95	 Gitts, grants, contributions and membership fees 						
2 Gross receipts from admissions, merchandise sold of the properties and properti	received (Do not include	0 252	4 707	0 722	16 020		30 001
Soins, merchandises old or services performed, or facilities in the properties of the control	, ,	9,352.	4,/9/.	0,122.	10,020.		30,891.
### Fundamental Computation of Public Support Calendary say (or fiscal yr beginning to 9) ### Section B. Total Support Calendary say (or fiscal yr beginning to 9) ### A mounts included on lines 2 and 3 received from line 6 and or 10 securities loans; rents. ### Section B. Total Support Calendary say (or fiscal yr beginning to 9) ### A mounts included on lines 1 from line 6 and or 10 securities loans; rents. ### Section B. Total Support Calendary say (or fiscal yr beginning to 9) ### A mounts included on lines 2 and 3 received from line 6 and lines 1 through 5 and 10 securities loans; rents. ### Section B. Total Support Calendary say (or fiscal yr beginning to 9) ### A mounts from line 6 and 10 securities loans; rents. ### Section B. Total Support Calendary say (or fiscal yr beginning to 9) ### A mounts from line 6 and 10 securities loans; rents. ### Section B. Total Support Calendary say (or fiscal yr beginning to 9) ### A mounts from line 6 and 10 securities loans; rents. ### Section B. Total Support Calendary say (or fiscal yr beginning to 9) ### A mounts from line 6 and 10 securities loans; rents. ### Section B. Total Support Calendary say (or fiscal yr beginning to 9) ### A mounts from line 6 and 10 securities loans; rents. ### Section B. Total Support Calendary say (or fiscal yr beginning to 9) ### A mounts from line 6 and 10 securities loans; rents. ### I have been a secure of 11 secure of 10 securities loans; rents. ### I have been a secure of 11 secure of 10 securities loans; rents. ### I have been a secure of 11 secure of 10 securities loans; rents. ### I have been a secure of 11 secure of 10 securities loans; rents. ### I have been a secure of 10 securities loans; rents. ### I have been a secure of 10 secure of 10 securities loans; rents. ### I have been a secure of 10 secure of 10 secure of 10 securities loans; rents. ### I have been a secure of 10 secure of	sions, merchandise sold or						
1,477. 17,983. 15,907. 5,587. 50,95	services performed, or facilities furnished in any activity that is						
3 Gross receipts from activities that are not a unrelated trade or business under section 513 4 Tax revenues leved for the either paid to or expended on its behalf or the section 515 5 The value of services or 15 5 The value of services or 15 6 Total Add Ines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disquarified persons 62 2 disquarified persons 62 3 disquarified persons 62 4 disquarified persons 62 6 Add Ines 1 Statis Support (Subtract line 7 total Support 6 total 5 t	related to the organization's						
that are not an unrelated trade or business under section 513 4 Tax revenues leved for the either paid to or expended on its behalf 5 The value of services or facilities furnished by a graphical or expended on its behalf 7 The value of services or facilities furnished by a graphical or expended on its behalf 8 The value of services or facilities furnished by a graphical or expended on its behalf 8 The value of services or facilities furnished by a graphical or expended on its behalf 8 Amounts included on lines 1, 2, and 3 received from disqualified persons 9 Amounts included on lines 2, and 3 received from disqualified persons 1881 1 Section B. Total Support 1 Section B. Total Support 1 Section B. Total Support 2 O, 829. 22, 780. 24, 629. 21, 607. 89, 84 2 O, 829.		11,477.	17,983.	15,907.	5,587.		50,954.
organization's benefit and either part to or expended on the tract to end to expended on the tractiles to behalf to services or facilities frumshed by a governmental unit to the organization without charge for Table and the property of th	that are not an unrelated trade or business under section 513						
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	line 18 is not more than 33-1/3%	, check this box an	d stop here. The d	organization qualif	fies as a publicly s	supported organ	eization P
TERMAN ORIGINAL A (Farm 000 at 000 E2) (zation did not check			ck this box and se	e instructions	<u> </u>

Scriedule A (Form 990 or 990-E2) 2012 Kiwanis Club of Alameda West Foundation 31-1756810 Fage 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Open to Public Inspection

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. Department of the Treasury Internal Revenue Service

Name	of the organization					Employer identific	cation number		
Kiw	Kiwanis Club of Alameda West Foundation 31-1758810								
Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part									
1	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply								
а	Mail solicitations			е	Solicitation of non-	government grants			
b	Internet and email solicitations			f	Solicitation of gove	ernment grants			
С	Phone solicitations			g	Special fundraising	a events			
d	H			5		,			
	_ ·	!			al (maludina officers o	diractors trustocs or ka	.,		
Za	Did the organization have a written employees listed in Form 990, Part	or oral agreem VII) or entity it	ient with a n connecti	ny inaivial on with pro	iai (including officers, d ofessional fundraising s	ervices?	Yes No		
	If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	lividuals or enti							
(ı)	Name and address of individual	(ii) Activity	(III) Did	fundraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to		
	or entity (fundraiser)			ty or control ributions?	from activity	(or retained by) fundraiser listed in column (i)	(or retained by) organization		
			Yes	No					
1				 					
1									
2									
3									
4									
5									
6							"		
7		_							
8									
9									
10									
		<u> </u>	1	!					
Total	List all states in which the organiza	tion is register	ed or licen	sed to solu	cit contributions or has	heen notified it is even	not from registration		
3	or licensing	nion is registere	ca or neer	300 10 3011	en contributions of has	been notined it is exem	pt nom regionation		
				- -					
		- 				·			
		- -							
		- -							
		 -		-					
						. – – – – – – – – .			
		-							
			-						

			(a) Event #1 Railroad Museum (event type)	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c)
	1	Gross receipts		(evenity)	(0.00.10.10.7)	12 041
	2	Less Charitable contributions	12,041.			12,04
	3	Gross income (line 1 minus line 2)	12,041.			12,04
Ť	4	Cash prizes	12,041.			12,04.
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	4,193.			4,19
	8	Entertainment	4,155.			4,15.
	9	Other direct expenses				
	_	,				
1	10 11	Direct expense summary Add lines 4 thr Net income summary Combine line 3, co	. ,		P :	4,193 7,848
rt	Ш	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Yes	s' to Form 990, Par	t IV, line 19, or rep	
			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c)
			1			
1	1	Gross revenue	!			
		Gross revenue Cash prizes				
	2	Cash prizes Non-cash prizes				
	2 3 4	Cash prizes Non-cash prizes Rent/facility costs				
	2	Cash prizes Non-cash prizes	Yes %	Yes %	Yes %	
	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses	No	 	H-1 1	
	2 3 4 5 6 7	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 three	No	No	No	
	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	No	No	No	
al	2 3 4 5 6 7 8 Ente	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 three Net gaming income summary Combine I er the state(s) in which the organization ope organization licensed to operate gaming	No ough 5 in column (d) ines 1, column (d) and I erates gaming activities	No nne 7 se states?	No P	Yes No

		31-1758810	Page 3
	Dees 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 for administer charitable gaming?	med to	No
13	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	
b	An outside facility	13b	8
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	d records:	
	Name •		
	Address •		
15 a	a Does the organization have a contact with a third party from whom the organization receives gaming revenue	e [?]	No
	o If 'Yes,' enter the amount of gaming revenue received by the organization 🕨 \$ and		
	of gaming revenue retained by the third party • \$		
c	c if 'Yes,' enter name and address of the third party		
	Name •		
	Address ►		į
	Address		
16	Gaming manager information		
	Name •		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to ret state gaming license?	ain the	No
Ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the	
	organization's own exempt activities during the tax year 💄 \$		<u> </u>
Par	columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as app this part to provide any additional information (see instructions).	ed by Part I, line I licable. Also comp	2b, olete
			
BAA	TEEA3703 01/07/13 Schedul	e G (Form 990 or 990)-EZ) 2012

SCHEDULE O (For 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

-	Employer identification number
Kiwanis Club of Alameda West Foundation	31-1758810
	-
	·

Total

10.