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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)

- 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.

OMB No 1545-1150

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**A For the 2012 calendar year, or tax year beginning 10/01/12, and ending 09/30/13****B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organization**Kiwanis Club of Puyallup
K00590**

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

PO BOX 246

Room/suite

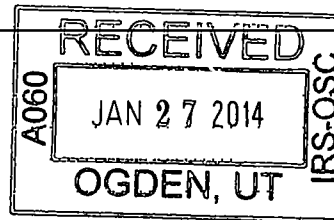
City or town, state or country, and ZIP + 4

Puyallup**WA 98371****D** Employer identification number**91-6034556****E** Telephone number**253-863-7972****F** Group ExemptionNumber ► **0026****G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► **www.puyallupkiwanis.com****H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**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.► \$ **48,531****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

☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	19,800
	2	Program service revenue including government fees and contracts	2	273
	3	Membership dues and assessments	3	12,250
	4	Investment income	4	111
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	13,252
6c	Less direct expenses from gaming and fundraising events	6c	7,670	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,582	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	2,845	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	40,861	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	30,858
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	3,399
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	13,937
	17	Total expenses. Add lines 10 through 16	17	48,194
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,333
	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	61,693
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	54,360



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

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	61,693	22	54,360
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	61,693	25	54,360
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)	61,693	27	54,360

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?

TO CHANGE THE WORLD ONE CHILD AND ONE COMMUNITY AT A TIME.

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 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 \$ 4,977) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	4,977
29 YOUTH SERVICES-SCHOLARSHIPS AND SUPPORT TO VARIOUS NON-PROFIT ORGANIZATIONS PROMOTING LEADERSHIP AND DEVELOPMENT OF YOUTH (Grants \$ 22,505) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	22,505
30 COMMUNITY SERVICES-VARIOUS COMMUNITY SERVICE PROJECTS INCLUDING ANNUAL TEACHERS' APPRECIATION LUNCH AND SUPPORT TO AREA FOOD BANKS (Grants \$ 3,376) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	3,376
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	175
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	31,033

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 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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BARBARA HERBERT DIRECTOR	1.00	0	0	0
TED MALONEY DIRECTOR	1.00	0	0	0
PETE BRISTOW DIRECTOR	1.00	0	0	0
ETHYL DOW SEC/TRES	2.00	0	0	0
KLAUS SNYDER PRESIDENT	4.00	0	0	0
JOE TUCCI DIRECTOR	1.00	0	0	0
TOM THOMAS DIRECTOR	1.00	0	0	0
ROSEMARY ECKERSON DIRECTOR	1.00	0	0	0
HAYDEN WILLIAMS PAST PRESIDENT	1.00	0	0	0
LORRAINE WILSON DIRECTOR	1.00	0	0	0
SCOTT ENGLE PRESIDENT ELECT	2.00	0	0	0
DENNIS KING SR DIRECTOR	1.00	0	0	0

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 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	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)	34	X
35a 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	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	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	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	X
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	X
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	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 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	X
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	40e	X
41 List the states with which a copy of this return is filed ▶ None		
42a The organization's 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)? 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	X
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	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 ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	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	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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	X

- 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
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 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 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"

	Yes	No
47		
48		
49a		
49b		

(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 amount of other compensation

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

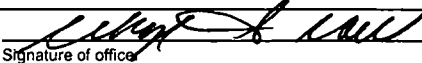
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"


(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		1/24/14
	Signature of officer ETHYL DOW Type or print name and title	Date SECRETARY-TREASURER

Paid Preparer Use Only	Print/Type preparer's name Hayden Williams, CPA	Preparer's signature 	Date 01/23/14	Check <input type="checkbox"/> if self-employed	PTIN P00025438
	Firm's name ▶ Williams & Schloer, CPA's, Inc.	Firm's EIN ▶ 91-1306345			
	Firm's address ▶ 1843 E Main Ave Puyallup, WA 98372-3147	Phone no 253-845-4281			

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

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

2012Open to Public
Inspection

Name of the organization

Kiwanis Club of Puyallup
K00590

Employer identification number

91-6034556**Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
PARKING LOT SALE	\$ 1,996
LUNCH OVERS	\$ 1,508
FAIR VAN DRIVING	\$ 1,220
NW JR LIVESTOCK SHOW	\$ 800
MOTHER'S DAY FLOWERS	\$ 765
NEWS LETTER	\$ 350
OTHER	\$ 13
CASH BASIS ADJUSTMENT	\$ -3,807
Total	\$ 2,845

Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations

Name and Address	Class of Activity	Date of Gift
Desc. of Property		
Cash Contrib. Noncash Contrib.		
Book Value	BV Expl.	FMV Expl.
YOUTH SERVICES	YOUTH SERVICES	
\$ 6,977	\$	0
\$ 0		
SCHOLARSHIPS		
\$ 15,528	\$	0
\$ 0		

Name of the organization

Kiwanis Club of Puyallup

Employer identification number

91-6034556**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	
CONVENTIONS/CONFERENCES	\$ 2,967
KIWANIS INT'L DUES	\$ 6,794
MEMBERSHIP	\$ 1,426
BOD INSURANCE	\$ 328
INSTALLATION DINNER	\$ 116
WEB SITE MAINTENANCE	\$ 330
DIRECTORY	\$ 324
POSTAGE	\$ 48
BOD MEETINGS-PRINTING REP	\$ 290
GUEST MEALS-SPEAKERS	\$ 300
LT GOVNERNOR SUPPORT	\$ 300
ACCOUNTING TOOL	\$ 180
LICENSES	\$ 10
PO BOX	\$ 122
PRESIDENT'S PLAQUE	\$ 227
SUPPLIES	\$ 175
Total	\$ 13,937

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
CASH BASIS ADJUSTMENT	\$ 0

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

Name of the organization

Kiwanis Club of Puyallup

Employer identification number

91-6034556

**INTERNATIONAL RELATIONS-SUPPORT TO WORLD VISION
AND STUDENT EXCHANGE PROGRAM
SPECIAL NEED SUPPORT TO AREA FOOD BANKS, SPECIAL
OLYMPICS, AND OTHER COMMUNITY PROGRAMS**