

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

**2004**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2004 calendar year, or tax year beginning** , **and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> Kiwanis Club of Ashland VA		<b>D Employer identification number</b> 54-6052398
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P O Box 2045		<b>E Telephone number</b>
		City or town, state or country, and ZIP + 4 Ashland VA 23005		<b>F Group Exemption Number</b>

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

**G Accounting method:**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶

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

**J Organization type** (check only one)-  501(c) ( 4 ) (insert no.)  4947(a)(1) or  527

**K Check**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ 42,086

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received	1	300
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	28,039
4	Investment income	4	186
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 (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1) See Worksheet	6a	13,561
b	Less: direct expenses other than fundraising expenses	6b	6,399
c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	7,162
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 (line 7a less line 7b)	7c	
8	Other revenue (describe ▶)	8	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶	9	35,687
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	26,416
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	1,898
16	Other expenses (describe ▶ See Statement 1)	16	19,008
17	<b>Total expenses</b> (add lines 10 through 16) ▶	17	47,322
18	Excess or (deficit) for the year (line 9 less line 17)	18	-11,635
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	31,139
20	Other changes in net assets or fund balances (attach explanation)	20	
21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20) ▶	21	19,504

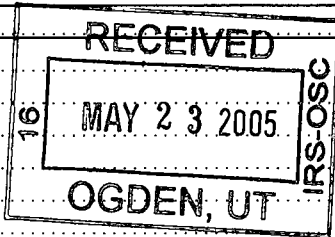
### Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	31,139	19,504
23	Land and buildings		
24	Other assets (describe ▶)		
25	<b>Total assets</b>	31,139	19,504
26	<b>Total liabilities</b> (describe ▶)	0	0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	31,139	19,504

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

Form **990-EZ** (2004)

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**Part III Statement of Program Service Accomplishments** (See page 41 of the instructions.)

**Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?  
Community Services

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28	Youth Services	(Grants \$ 11,265 )	28a	22,530
29	Kiwanis Foundation	(Grants \$ 3,014 )	29a	6,028
30	Scholarships	(Grants \$ 2,000 )	30a	4,000
31	Other program services (attach schedule)	(Grants \$ )	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)		<b>32</b>	<b>32,558</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 41 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contrib. to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement 2				

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.		0
b Did the organization file Form 1120-POL for this year?		N/A
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.		38b
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9		39a
b Gross receipts, included on line 9, for public use of club facilities		39b
40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		X
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		0
d Enter: Amount of tax on line 40c, above, reimbursed by the organization		0
41 List the states with which a copy of this return is filed.		None
42 The books are in care of		Ed Cooper Telephone no.
Located at		Ashland, VA ZIP + 4 23005
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

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.

Please Sign Edwin L. Cooper Signature of officer Date 5/16/05

Date	Check if self-	Preparer's SSN or PTIN (See Gen. Instr. W)
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54-6052398

**Federal Statements**

FYE: 12/31/2004

**Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
	\$
Expenses	
Youth Services	
YMCA Playground	7,390
Children Priority #1	297
Children Miracle Network	500
Gandy School Program	1,028
YMCA	600
High School Key Clubs	1,066
Action Services	384
Kiwanis Foundation	
Hixson Foundation	2,014
Kiwanis Foundation	1,000
Scholarships	2,000
Community Services	
Policeman of the Year	200
Ashland Christmas Parade	1,029
Miss Virginia Wheelchair	500
HARC	300
24th Infantry Reunion	50
Hanover Community Support	500
March of Dimes	150
Total	<u>\$ 19,008</u>

## Federal Statements

### Statement 2 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name	Address	City, State, Zip	Title	Average Hours	Compensation	Benefits	Expenses
Jeffrey S Andrews	Beaverdam VA 23005	17168 Tulip Poplar Road	President	4	0	0	0
Jody L Korman	Glen Allen VA 23060	10529 Meadowbrook Road	Pres.-Elect	3	0	0	0
William J Hefele	Ashland VA 23005	12276 Eagle Point Lane	Vice Pres.	3	0	0	0
Tom Varner	Ashland VA 23005	13065 Riverside Court	Secretary	5	0	0	0
Ed Cooper	Ashland VA 23005	13461 Deer Creek Road	Treasurer	3	0	0	0
Donald G Morgan	Ashland VA 23005	101 Beverly Road	Director	3	0	0	0
Richard Saunders	Ashland VA 23005	12253 Cedar Lane	Director	3	0	0	0
Mark F Walker	Ashland VA 23005	12162 Fox Mill Run Lane	Director	3	0	0	0
Thomas B Eggleston	Ashland VA 23005	11030 Bazile Road	Director	3	0	0	0
David A Haine	Richmond VA 23233	1702 Gately Drive	Director	3	0	0	0
Richard Mallory	Ashland VA 23005	9609 Country Club Way Road	Director	3	0	0	0
Randolph Robertson	Ashland VA 23005	12173 Center Street Road	Director	3	0	0	0

# Federal Statements

## Special Events Direct Expenses

<u>Description</u>	<u>Amount</u>
Column A	\$
Barbecue Dinner	
Cost of Goods Sold	<u>5,831</u>
SubTotal	<u>5,831</u>
 Column B	
Pancake Breakfast	
Cost of Goods Sold	<u>568</u>
SubTotal	<u>568</u>
 Total	<u><u>6,399</u></u>

Direct expenses other than fundraising expenses reported on Form 990-EZ, page 1, line 6b.

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)**

**Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <u>Kiwanis Club of Ashland, VA</u>	Employer identification number <u>54-6052398</u>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <u>Post Office Box 2045</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Ashland, Virginia 23005</u>	

**Check type of return to be filed (file a separate application for each return):**

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ \_\_\_\_\_

Telephone No. ▶ \_\_\_\_\_ FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole group**, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until May 16, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 20\_\_ or  
 ▶  tax year beginning October 1, 2003 and ending September 30, 2004

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.