

# Short Form Return of Organization Exempt From Income Tax

2006

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)

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2006 calendar year, or tax year beginning \_\_\_\_\_, 2006, and ending \_\_\_\_\_, 20

<p><b>B</b> Check if applicable:</p> <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	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C</b> Name of organization <b>Kiwanis Club of Ashland</b></p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>P.O. Box 2045</b></p> <p>City or town, state or country, and ZIP + 4 <b>Ashland, VA 23005</b></p>	<p><b>D</b> Employer identification number <b>54 6052398</b></p> <p><b>E</b> Telephone number ( )</p> <p><b>F</b> Group Exemption Number . . . ▶</p>
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• **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) ▶

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

**I** Website: ▶ \_\_\_\_\_

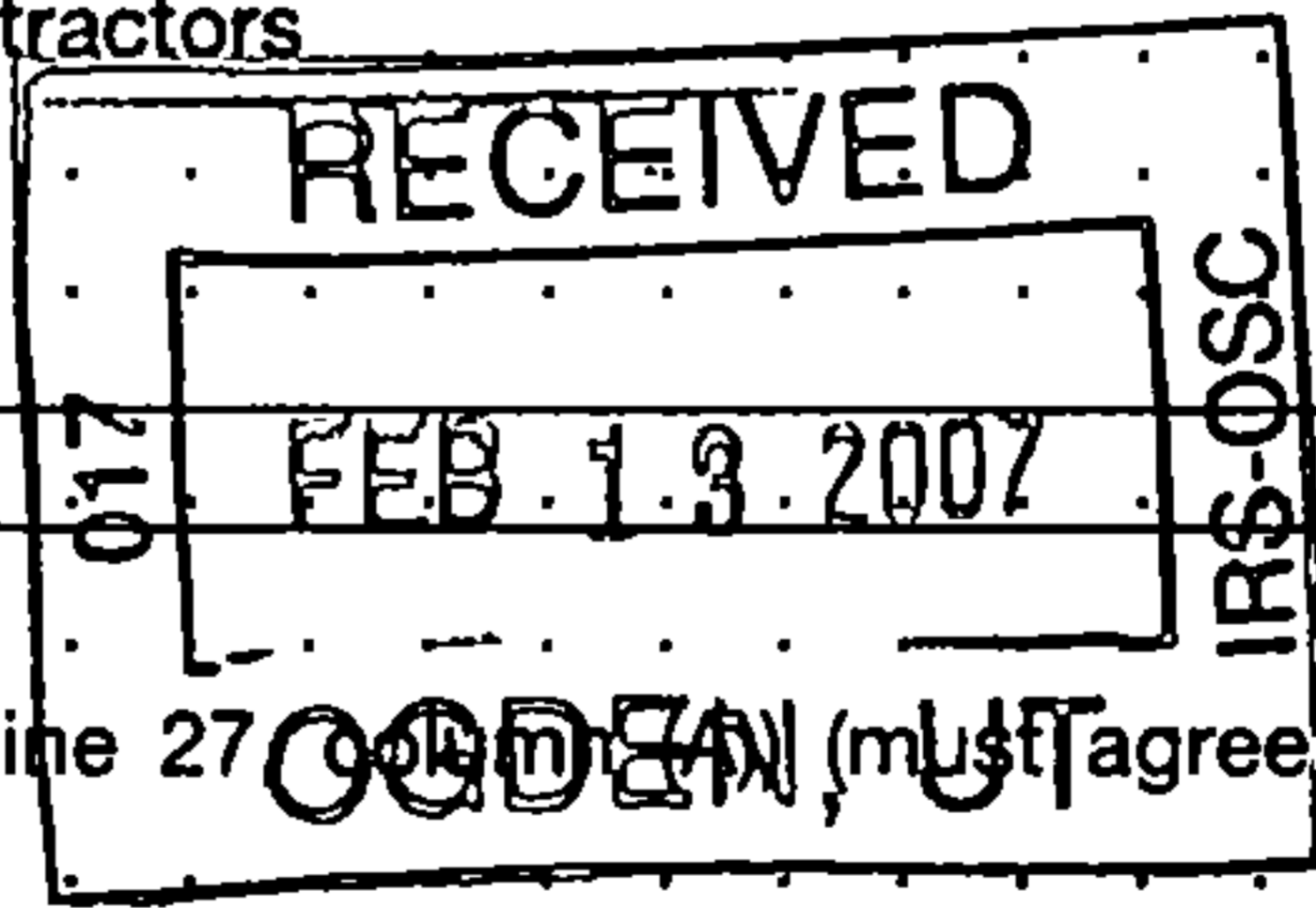
**J** Organization type (check only one)—  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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. ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)**

		1 Contributions, gifts, grants, and similar amounts received . . . . .				
		2 Program service revenue including government fees and contracts . . . . .				
		3 Membership dues and assessments . . . . .		25528		
		4 Investment income . . . . .		379		
Revenue		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) . . . . .	6a	11,065		
		b Less: direct expenses other than fundraising expenses . . . . .	6b	3152		
		c Net income or (loss) from special events and activities (line 6a less line 6b) . . . . .			6c	7913
		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	33820	
Expenses		10 Grants and similar amounts paid (attach schedule) . . . . .		10		
		11 Benefits paid to or for members . . . . .		11	21883	
		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	3434	
		16 Other expenses (describe ▶ See Statement 1) . . . . .		16	8544	
	17 <b>Total expenses</b> (add lines 10 through 16) . . . . .			17	33861	
Net Assets		18 Excess or (deficit) for the year (line 9 less line 17) . . . . .		18	-41	
		19 Net assets or fund balances at beginning of year (from line 27 of column (A), must agree with end-of-year figure reported on prior year's return) . . . . .		19	23659	
		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	23618



**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 51 of the instructions.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments . . . . .	23659	22	23618
23 Land and buildings . . . . .		23	
24 Other assets (describe ▶ _____)		24	
25 <b>Total assets</b> . . . . .	23659	25	23618
26 <b>Total liabilities</b> (describe ▶ _____)		26	
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	26659	27	23618

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<b>Part III Statement of Program Service Accomplishments</b> (See page 51 of the instructions.)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <u>Community Services</u>			
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.			
<b>28</b> Youth Services			
(Grants \$ <u>2589</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>28a</b>	<b>2598</b>
<b>29</b> Community Services			
(Grants \$ <u>2105</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>29a</b>	<b>2105</b>
<b>30</b> Kiwanis Foundation			
(Grants \$ <u>3850</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>30a</b>	<b>3850</b>
<b>31</b> Other program services (attach schedule)			
(Grants \$ <u>          </u> ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a)		<b>32</b>	<b>8544</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 52 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) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V.)		Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		✓
<b>34</b> 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	<b>34</b>		✓
<b>35</b> 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.			
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>		✓
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>		✓
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	<b>36</b>		✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> <u>0</u>			
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>		✓
<b>38a</b> 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 unpaid at the start of the period covered by this return?	<b>38a</b>		✓
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>		
<b>39</b> 501(c)(7) organizations. Enter:			
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>		

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

**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 . . .

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ \_\_\_\_\_

**d** 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? . . .

	Yes	No
<b>40b</b>		✓
<b>40e</b>		✓

**41** List the states with which a copy of this return is filed. ▶ None

**42a** The books are in care of ▶ Edwin L. Cooper Telephone no. ▶ (\_\_\_\_\_)\_\_\_\_\_  
 Located at ▶ Ashland, VA ZIP + 4 ▶ 23005

**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**.

	Yes	No
<b>42b</b>		
<b>42c</b>		

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .  
 If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

**Please Sign Here**

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.

▶ Edwin L. Cooper Signature of officer Date 1/29/07  
 ▶ EDWIN L. COOPER TREASURE Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed ▶  Preparer's SSN or PTIN (See Gen. Inst. X) \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_ EIN ▶ \_\_\_\_\_ Phone no. ▶ (\_\_\_\_\_)\_\_\_\_\_



**Statement 1- Form 990ez, Part 1 Line 16 – Other Expenses  
Year 10/1/2005-9/30/2006**

54-6052398

<b>Description</b>	<b>Amount</b>
<b>Youth Services</b>	
YMCA	\$500
School Perfect Attendance Program	\$1040
Key Club Convention	\$325
HOBY	\$525
Read & Share program	\$99
Key Club Dues	\$100
<b>Kiwanis Foundation</b>	
North Richmond Kiwanis Foundation	\$3000
Kiwanis international Birthday Gift	\$375
Capital District Foundation Birthday Gift	\$375
Capital District Foundation Life Member	\$100
<b>Community Services</b>	
Hanover community support	\$500
Patrick Henry HS Band Boosters	\$200
Lee Davis HS Band Boosters	\$200
Hanover HS Band Boosters	\$200
Proclaim	\$200
Playground	\$238
Kiwanis International Katrina fund	\$375
<b>Spiritual Aims</b>	
Action Club	\$192
<b>Total</b>	<b><u>\$8544</u></b>

54-6052398

**Federal Statements**

Year 10/1/2005 – 9/30/2006

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

<b>Name Address City, State, Zip</b>	<b>Title</b>	<b>Average Hrs</b>	<b>Compensation</b>	<b>Benefits</b>	<b>Expenses</b>
Louis Flanagan 102 England Street Ashland, VA 23005	President	4	0	0	0
Richard Saunders 12253 Cedar Lane Ashland, VA 23005	Vice-President	4	0	0	0
Jody Korman 1052 Meadow Brook Rd Glen Allen, VA 23060	Past	3	0	0	0
Tom Varner 13065 Riverside Court Ashland, VA 23005	Secretary	6	0	0	0
Edwin L Cooper 13461 Deer Creek Rd Ashland, VA 23005	Treasurer	4	0	0	0
Tom Herbert 115 Lee Avenue Ashland, VA 23005	Director	3	0	0	0
Tim Boschen 12339 Lees Lane Ashland, VA 23005	Director	3	0	0	0
Kyle H. Hendricks 1812 Cornell Avenue Richmond, VA 23226	Director	3	0	0	0
Thomas S. Herbert 115 Lee Avenue Ashland, VA 23005	Director	3	0	0	0
Frederick A. Hodnett 14372 Riverside Drive Ashland, VA 23005	Director	3	0	0	0
Upton Martin III 113 Henry Clay Ashland, VA 23005	Director	3	0	0	0
Benjamin L. Steele 15470 Goshen Road Montpelier, VA 23192	Director	3	0	0	0

54-6052398

**Federal Statements**

Year 10/1/2005 9/30/2006

**Special Events Direct Expenses**

<b>Description</b>	<b>Amount</b>
	<b>\$</b>
Column A	
Barbeque Dinner	
Cost of Goods Sold	<u>2739</u>
Sub Total	<u>2739</u>
Column B	
Pancake Breakfast	
Cost of Goods Sold	<u>413</u>
Sub Total	<u>413</u>
Total	<u>3152</u>

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

990  
10/1/2005-11/30/2006

Special Events Schedule

2006

Kiwanis Club of Ashland VA

54-6052398

	(A)	(B)	(C)	Others	Total
Gross Receipts	<u>8690</u>	<u>2375</u>	<u>0</u>	<u>0</u>	<u>11065</u>
Less contributions	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Gross Revenue	<u>8690</u>	<u>2375</u>	<u>0</u>	<u>0</u>	<u>11065</u>
Less direct expenses	<u>2739</u>	<u>413</u>	<u>0</u>	<u>0</u>	<u>3152</u>
Net income (loss)	<u>5951</u>	<u>1962</u>	<u>0</u>	<u>0</u>	<u>7913</u>

Description (A)	<u>Barbeque Dinner</u>
(B)	<u>Pancake Breakfast</u>
(C)	<u></u>
Others	<u></u>