

2007

Open to Public Inspection

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, 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

Department of the Treasury Internal Revenue Service

A For the 2007 calendar year, or tax year beginning 10/1/06, 2007, and ending 9/30, 2007

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: Kiwanis Club of Ashland. D Employer identification number: 54-6052398. E Telephone number: ( )-. F Group Exemption Number: .

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: [X] 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) [X] 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 55 of the instructions.)

Table with 17 rows for Revenue (1-8), Expenses (10-17), and Net Assets (18-21). Includes sub-rows for 5a-5c, 6a-6c, 7a-7c. Total revenue on line 9 is 35363. Total expenses on line 17 is 34659. Net assets at end of year on line 21 is 24322.

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.

Table with 6 rows (22-27) for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Total assets on line 25 are 24322. Net assets on line 27 are 24322.

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

Cat No 106421

Form 990-EZ (2007)

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<b>Part III Statement of Program Service Accomplishments</b> (See page 60 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>	<u>Youth services</u>		
	(Grants \$ <u>3812</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>3812</b>
<b>29</b>	<u>Community services &amp; spritual aims</u>		
	(Grants \$ <u>1654</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>1654</b>
<b>30</b>	<u>Kiwanis Foundation</u>		
	(Grants \$ <u>850</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	<b>850</b>
<b>31</b>	<u>Other program services (attach schedule)</u>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses.</b> Add lines 28a through 31a	<b>32</b>	<b>6116</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 61 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
<u>Attached</u>				

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V.)			Yes	No
<b>33</b>	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	<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>	<i>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</i>			
<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 <b>Form 990-T</b> 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>			
<b>b</b>	Did the organization file <b>Form 1120-POL</b> 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>	<b>501(c)(7) organizations.</b> 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**.

**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: ▶ \_\_\_\_\_

	Yes	No
<b>42b</b>		✓
<b>42c</b>		

**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 Here**  
 Signature of officer: Edwin L. Cooper Date: 11/19/08  
 Type or print name and title: EDWIN L. COOPER TREASURE

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

**Statement 1- Form 990ez, Part 1 Line 16 – Other Expenses**  
**Year 10/1/2006-9/30/2007**

54-6052398

**Civic**

Description

Amount

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**Youth Services**

DMUMC	\$50
School Perfect Attendance Program	\$987
HOBY	\$525
BSA Troop 700	\$250
Scholarship Lee Davis High school	\$1000
Scholarship Hanover High School	\$1000

**Kiwanis Foundation**

Kiwanis international Birthday Gift	\$375
Capital District Foundation Birthday Gift	\$375
Capital District Foundation Life Member	\$100

**Community Services**

Ashland Holiday Parade	\$231
HARC	\$100
Patrick Henry HS Band Boosters	\$200
Hanover HS Band Boosters	\$200
Proclaim	\$200
Policeman of the year	\$150
The Plaza	\$120
CPR Class	\$165

**Spiritual Aims**

Ecclessia	\$200
Kiwanis Lt Gov Spiritual Aims Breakfast	\$88

**Total**

\$6116

## Operations

Description	Amount
Circuit City (Supplies)	\$63
Tom Varner (Event Tee Shirts)	\$464
Tom Varner (Members Name Badges)	\$413
Club Resources (Club Management Sys)	\$300
Postmaster (P.O. Box Rent)	\$144
Betty Bell (LT Gov Expenses)	\$262
LT Gov Fund	\$300
Lin Varner (Christmas favors)	\$60
Kiwanis International Foundation (new member)	\$100
Kiwanis International Foundation (new member)	\$25
Total	<u>\$2131</u>

**54-6052398****Federal Statements****Year 10/1/2006 – 9/30/2007****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>
Linda Budi 3507 Whelford Way Glen Allen, VA 23060	President	4	0	0	0
Louis Flanagan 102 England Street Ashland, VA 23005	Past Pres	4	0	0	0
Richard Saunders 12253 Cedar Lane Ashland, VA 23005	Pres elect	4	0	0	0
Upton Martin, III 1052 Meadow Brook Rd Glen Allen, VA 23060	Vice Pres	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
Phil Doty 9030 Hopkins Branch Way Mechanicsville, VA 23116	Director	3	0	0	0
Berry Wright 12320 Cedar Lane Ashland, VA 23005	Director	3	0	0	0
Linwood Attkisson P O Box 1775 Ashland, VA 23005	Director	3	0	0	0
Randy Robertson 12173 Center Street Ashland, VA 23005	Director	3	0	0	0
Jim Smith III 12309 Ashcake Road Ashland, VA 23005	Director	3	0	0	0

**Don August**                      Director                      3                      0                      0                      0  
102 Dewey Street  
Ashland, VA 23005

**Charles Hartgrove**            Director                      3                      0                      0                      0  
400 John Street  
Ashland, VA 23005

990  
10/1/2006-11/30/2007

Special Events Schedule

2007

Kiwanis Club of Ashland VA

54-6052398

	(A)	(B)	(C)	(D)	Others	Total
Gross Receipts	<u>6822</u>	<u>930</u>	<u>3034</u>	<u>370</u>	<u>5</u>	<u>11161</u>
Less contributions	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Gross Revenue	<u>6822</u>	<u>930</u>	<u>3034</u>	<u>370</u>	<u>5</u>	<u>11161</u>
Less direct expenses	<u>113</u>	<u>1068</u>	<u>273</u>	<u>73</u>	<u>(5)</u>	<u>1532</u>
Net income (loss)	<u>6709</u>	<u>(138)</u>	<u>2761</u>	<u>297</u>	<u>0</u>	<u>9629</u>

Description (A)	<u>Barbeque Dinner 06</u>
(B)	<u>Barbeque Dinner 07</u>
(C)	<u>Pancake Breakfast 07</u>
(D)	<u>Bird Mill Products</u>
Others	<u>Interest income, service charge</u>

54-6052398  
Year 10/1/2006 9/302007

Federal Statements

Special Events Direct Expenses Civic Account

Description	Amount
	\$
Column A	
Barbeque Dinner 06	
Cost of Goods Sold	<u>113</u>
Column B	
Barbeque Dinner 07	
Cost of Goods Sold	<u>1068</u>
Sub Total	<u>1181</u>
Column C	
Pancake Breakfast	
Cost of Goods Sold	<u>273</u>
Column D	
Bird Mill Products	73
Sub Total	<u>273</u>
Other	
Checking service charge	<u>5</u>
Total	<u>1532</u>

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