

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning 10/1 , **2009**, and ending 9/30 , **20** 10

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

I Website: ▶

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) () ◀ (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

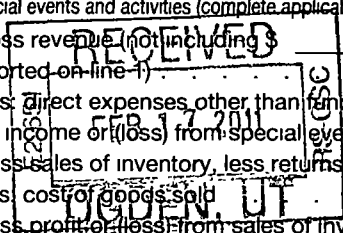
	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	22,070
	4 Investment income	4	113
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ reported on line 1) of contributions	6a	22025
	b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	22025	
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 (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	44212	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	7888
	11 Benefits paid to or for members	11	22740
	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	379
	16 Other expenses (describe ▶ Fund raiser expenses (see attached))	16	13331
	17 Total expenses. Add lines 10 through 16	17	44338
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(126)
	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	35086
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	34960

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	35212	34960
23	Land and buildings	23	
24	Other assets (describe ▶)	24	
25	Total assets	35212	34960
26	Total liabilities (describe ▶)	26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	35212	34960

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
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		✓
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?		✓
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 period covered by this return?		✓
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
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.		✓
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
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)?	Yes	No
	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 .		
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 _____ <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 **0**

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 **0**

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

Signature of officer: Edwin L. Cooper Date: 2/11/11

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: _____ Preparer's identifying number (See instructions): _____

EIN: _____ Phone no: _____

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



**Statement 1- Form 990-EZ, Part III Line 10/Line 32
Year 10/1/2009-9/30/2010 Civic**

54-6052398

Description	Amount
Youth Services	
Scholarships	\$2500
Lee Davis High School \$500	
James Madison University \$500	
Virginia Tech \$500	
Virginia Commonwealth University \$500	
Patrick Henry High School \$500	
Donations to Elementary and Middle Schools	\$2000
Gandy PTA \$500	
Henry Clay PTA \$500	
Elmont PTA \$500	
Liberty PTA \$500	
Part III line 28	\$4500
Community Services	
Ashland Holiday Parade	
2010 expenses	\$912.56
2011 expenses	\$200.45
Patrick Henry HS Band Boosters	\$200
Hart Wood Foundation	\$200
NTAF Midwest Spinal Cord	\$250.00
Ashland Strawberry Fair	\$60
Patrick Henry High School Spring Fling	\$44.60
Part III line 29	\$1867.81
Action Club	
Picnic supplies	\$97.08
Key Clubs	
Lee Davis Key Club	
Convention	\$439.32
Fund Raiser matching funds	\$300.0
Circle K International (CKI)	
Meeting expense	\$33.03
Printing expense	\$42.50
CKI Governor visit	\$100
Kiwanis International Foundation	
Key Leader	\$350
	\$1264.95
Miscellaneous Expense	
Christmas entertainment	\$150
Printing for YMCA proposal	\$8.50
	\$158.50
Part III line 30	\$1520
Part III Total line 32 990-EZ	<u>\$7888.34</u>

Statement 2-Form 990-EZ Part 1 line 11

54-6052398

Expenses Benefits paid Year 10/1/2009 to 9/30/2010 Operations

Description

Amount

Printing and Postage	
We Think In Ink	
Roster	\$57.60
News Letter	\$66.52
Membership	\$255
Total line 15	\$379.12
Benefits paid to or for members	
Kiwanis International	
Annual Gift	\$400
Dues	\$5164
New Members	\$100
Capital District	
Birthday Gift	\$200
Life membership	\$100
Training	\$45
Club Resources (Kiwanis one subscription)	\$275
Kiwanis Conferences	
Capital District Kiwanis (Mid Winter Conf Reg)	\$450
Expenses (Berry Wright)	\$1301.49
Expenses (Tom Varner)	\$500
Capital District (Conv)	\$300
Postmaster (P.O. Box Rent)	\$110
Flowers for Richard Sanders	\$50.75
50/50 pay out	\$373
Barbeque Most tickets thank you	\$54.44
Supplies	\$544.97
Division Four Lt Governor Fund	\$400
Member Ship Drive	
Posters	\$51.89
Cups for new members	\$162.30
Campaign Material	\$78.07
Kiwanis Balloons	\$95.68
Missing members post cards	\$15.21
Checking Service Charge	\$35
Chartwells (10 Meals)	\$11633.23
Funds Transfer to Civic Fund	\$200
Thank you gifts for hosing fund raising events	\$100
Total Line 11 990-ez	<u>\$22740.03</u>

**Statement 3 - Form 990-EZ Other Expense Statement line 16 54-6052398
Year 10/1/2009-9/30/2010**

Special Events Fund Raiser Direct Expenses Civic Account

Description	Amount
	\$
Column A	
Barbeque Dinner 09	
Cost of Goods Sold	<u>9199</u>
Column B	
Barbeque Dinner 10	
Cost of Goods Sold	<u>3508</u>
Sub Total	<u>12707</u>
Column C	
Pancake Breakfast 09	
Cost of Goods Sold	<u>0</u>
Column D	
Pancake Breakfast 10	
Cost of Goods Sold	<u>589</u>
Sub Total	<u>589</u>
Column E	
Bird Mill Products	0
Sub Total	<u>0</u>
Other	
None	<u>35</u>
Total	<u>13331</u>

Attachment 1, Form 990-EZ Special Events Schedule

54-6052398

10/1/2009-9/30/2010

Kiwanis Club of Ashland VA

	(A)	(B)	(C)	(D)	(E)	Others	Total
Gross Receipts	<u>11326</u>	<u>5971</u>	<u>150</u>	<u>3055</u>	<u>531</u>	<u>992</u>	line 6a \$22025
Less contributions	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	0
Gross Revenue	<u>11326</u>	<u>5971</u>	<u>150</u>	<u>3055</u>	<u>531</u>	<u>992</u>	22025
Less direct expenses	<u>9199</u>	<u>3508</u>	<u>0</u>	<u>589</u>	<u>0</u>	<u>35</u>	line 16 \$13331
Net income (loss)	<u>2127</u>	<u>2463</u>	<u>150</u>	<u>2466</u>	<u>531</u>	<u>957</u>	8694

Description (A)	<u>Barbeque Dinner 09</u>
(B)	<u>Barbeque Dinner 10</u>
(C)	<u>Pancake Breakfast 09</u>
(D)	<u>Pancake Breakfast 10</u>
(E)	<u>Bird Mill Products</u>
Others	<u>Interest income \$3, Returned scholarship fund \$500 Returned funds Key Club Conv \$489</u>

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

Name Address City, State, Zip	Title	Average Hrs	Compensation	Benefits	Expenses
Fred Hodnett 14372 Riverside Drive Ashland, VA 23005	Past Pres	4	0	0	0
Berry Wright 12320 Cedar Lane Ashland, VA 23005	President	4	0	0	0
John Myers 12247 Yowell Road Ashland, VA 23005	Pres Elect	3	0	0	0
Ed Hutchingson 7214 Ancient Oak Drive Mechanicsville 23111	Vice Pres	6	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
Gregory Glassner P O Box 1864 Ashland, VA 23005	Director	3	0	0	0
Art Bokonen 8701 Claymont Drive apt C Richmond, VA 23229	Director	3	0	0	0
Earl Holzinger 10002 Cheroy Woods 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 102 Dewey Street Ashland, VA 23005	Director	3	0	0	0
Edwin Hutchinson 7214 Ancient Oak Drive Mechanicsville, VA 23111	Director	3	0	0	0
Kyle Hendricks 1812 Cornell Ave Richmond, VA 23226	Director	3	0	0	0