

# Short Form Return of Organization Exempt From Income Tax

**2010**

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2010 calendar year, or tax year beginning 10/1, 2010, and ending 9/30, 2011

**B** Check if applicable:  Address change,  Name change,  Initial return,  Terminated,  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: \_\_\_\_\_

**G** Accounting Method:  Cash,  Accrual,  Other (specify) \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B

**I** Website: \_\_\_\_\_

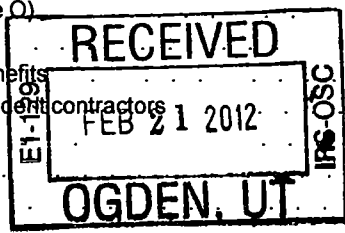
**J** Tax-exempt status (check only one) —  501(c)(3),  501(c) ( ) (insert no. ),  4947(a)(1) or  527 (Form 990, 990-EZ, or 990-PF)

**K** Check  if the organization is not a section 509(a)(3) supporting 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 I, line 25, column (B) below) are \$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.)**  
Check if the organization used Schedule O to respond to any question in this Part I.

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	26069
4	Investment income	113
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)	18286
6c	Less: direct expenses from gaming and fundraising events	13079
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	5207
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
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	31389
10	Grants and similar amounts paid (list in Schedule O)	8106
11	Benefits paid to or for members	21285
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	1208
16	Other expenses (describe in Schedule O)	16
17	Total expenses Add lines 10 through 16	30599
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	790
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)	34960
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	35751



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**Other Information (Note the 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 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
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	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 ▶ _____		
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)? 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 of 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	X

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? Yes No  
 a 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) 45a 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 46 X

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 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? If "Yes," complete Schedule C, Part II 47 X  
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 X  
 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X  
 b If "Yes," was the related organization a section 527 organization? 49b X  
 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

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 Date  
 Signature of officer Edwin L. Cooper  
 Type or print name and title

Paid Preparer Use Only Date  
 Print/Type preparer's name Preparer's signature  
 Firm's name Firm's EIN  
 Firm's address Phone no  
 Check if self-employed PTIN

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

Statement 1-Form 990EZ Part III Line 28,29,30&32 Page 1 of 2  
54-6052398 Funds Dispersed Year 10/1/2010 to 9/30/2011 Civic  
Description Amount

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Youth Services

Scholarships

James Madison University	\$500.00
Furman University	\$500.00
Virginia Tech	\$500.00

**Total Scholarships Part III Line 28 \$1500.00**

Community Services

Ashland Holiday Parade

Printing	\$141.89
Banner (Christmas Mother)	\$200.00
Brunch	\$296.00
Kiwanis Vest	\$713.00
Miscellaneous Supplies	\$15.37
Parade Reimbursement (Town of Ashland)	-\$178.84

**Total Ashland Parade \$1187.42**

Strawberry Fair (Booth Registration Fee)	\$60.00
Balloons (give-a-way @ Strawberry Fair)	\$38.00
Adopt-A-Highway	\$188.72
YMCA (Annual Giving)	\$500.00
YMCA (Bright Beginnings)	\$450.00
DMUMC Youth Group	\$431.75

**Total Community Services Part III Line 29 \$2855.89**

Sponsor Club Support

Key Clubs

Lee Davis High School	\$100.00
Patrick Henry High School	\$100.00

Statement 1-Form 990EZ Part III Line 28,29,30&32 Page 2 54-6052398  
 Funds Dispersed Year 10/1/2010 to 9/30/2011 Civic

Description	Amount
Hanover High School	\$100.00
Student Activates	
Key Leader Training	\$234.00
Hanover DECA Club	\$50.00
BOLD	\$200.00
Kiwanis Local, International, Capital District Support	
Kiwanis International Foundation (MNT)	\$1,250.00
Kiwanis International Foundation (Birthday Gift)	\$355.00
Kiwanis Capital District Foundation (Birthday Gift)	\$210.00
Heart of Virginia Capital District	\$180.00
SLP Advisors Gift Certificates	\$150.00
Division Four Kiwanis LT Gov Prayer	\$80.00
Akton Club	
Picnic Supplies in support of HARC	\$100.00
CKI	
Recruitment meeting supplies	\$39.60
Poster and Flier printing	\$75.00
Miscellaneous Expence	
Service Charge (New Checks)	\$26.15
Liability Insurance	\$500.00
<b>Total Part III Line 30</b>	<b>\$3,749.75</b>
<b>Total Part III Line 32</b>	<b>\$8105.64</b>

Statement 2-Form 990EZ Part 1 Line 11&15 Page 1 of 2 54-6052398  
Expenses Benefits Paid Year 10/1/2010 to 9/30/2011 Operations

Description	Amount
<b>Benefits Paid to or For Members</b>	
<b>Kiwanis International</b>	
Dues	\$5432.00
New members	\$116.00
<b>Kiwanis Division 4</b>	
LT Governor's Fund	\$210.00
"Kiwanis One" Subscription (Club Resources)	\$275.00
<b>Membership Education</b>	
40 copies of "Kiwanis is a Verb"	\$140.00
TCI-WSP Fund Term	\$2.50
New member training Material	\$102.42
Victory Medals (Awards)	\$73.00
<b>Kiwanis Conferences/Conventions</b>	
KCDC212 Registration	\$315.00
Midwinter Registration (Club Members)	\$125.00
Midwinter Registration/Expenses Delegate	\$375.00
International Convention Delegate	\$625.00
Life Membership Award (Past President)	\$41.08
Speakers Gifts (Kiwanis Cups)	\$49.77
Kiwanis Clubs Presidents pin	\$20.14
Meals	\$13377.69
Checking Service Charge	\$5.00
<b>Total Line 11 990-EZ</b>	<b>\$21284.60</b>

Statement 2-Form 990EZ Part 1 Line 11&15 Page 2 of 2 54-6052398  
Expenses Benefits Paid Year 10/1/2010 to 9/30/2011 Operations

Description	Amount
Printing and Postage	
News Letter	\$815.84
Mailing membership	\$5.60
Post Office Box rent	\$110.00
2010 taxes postage	\$6.32
U.S. Postal Service (Envelopes)	\$262.00
U.S. Postal Service (Shipping Envelopes)	\$8.60
<b>Total Line 15</b>	<b>\$1,208.36</b>

Attachment 1-Form 990EZ Special Events Schedule  
 Dispersed Year 10/1/2010 to 9/30/2011 Civic

54-6052398

Kiwanis Club of Ashland

	(A)	(B)	(C)	(D)	(E)	Others	Total
Gross Receipts	\$7922.48	\$8997.00	\$100	\$617	\$647	\$2.07	Line 6b <b>\$18285.55</b>
Less Contributions	\$0	\$0	\$0	\$0	\$0	\$0	
Gross Revenue	\$7922.48	\$8997.00	\$100	\$617	\$647	\$2.70	\$17668.55
Less Direct Expenses	\$4638.95	\$8193.97	\$0	\$246.11	\$0	\$0	Line 6c <b>\$13079.03</b>
Net Income (Loss)	\$3283.53	\$803.03	\$100	\$367.89	\$647	\$2.70	Line 6d <b>\$5206.52</b>

Description:	(A)	Barbeque Dinner 10
	(B)	Barbeque Dinner 11
	(C)	Pancake Breakfast 10
	(D)	Pancake Breakfast 11
	(E)	Bird Mill Products
	Other	Interest Income

Statement 3-Form 990EZ  
Other Expense Statement Line 16  
Dispersed Year 10/1/2010 to 9/30/2011 Civic

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54-6052398

**Special Events Fund Raiser Direct Expenses Civic Account**

<b>Description</b>	<b>Amount</b>
Column (A)	
Barbeque Dinner 10	
Cost of Goods Sold	\$4,638.95
Column (B)	
Barbeque Dinner 11	
Cost of Goods Sold	\$8,193.97
<b>Sub Total</b>	<b>\$1,2833</b>
Column (C)	
Pancake Breakfast 10	
Cost of Goods Sold	\$0
Column (D)	
Pancake Breakfast 11	
Cost of Goods Sold	\$246.11
<b>Sub Total</b>	<b>\$246</b>
Column (E)	
Bird Mill Products	
Cost of Goods Sold	\$0
<b>Sub Total</b>	<b>\$0</b>
Other	\$0
<b>Sub Total</b>	<b>\$0</b>
<b>Total</b>	<b>\$13,325</b>

Attachment 2-Form 990EZ Part IV –List of Officers, Directors, Trustees and Key Employees Page 1 of 2 Year 10/1/2010 to 9/30/2011

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Name	Average				
Address	Title	Average Hrs	Compensation	Benefits	Expenses
Berry Wright 12320 Cedar Lane Ashland, VA 23005	Past President	4	0	0	0
John Myers 12247 Yowell Road Ashland, VA 23005	President	6	0	0	0
Ed Hutchinson 7214 Ancient Oak Drive Mechanicsville, VA 23111	Vice President	6	0	0	0
Art Bokonen 8701 Claymont Drive Apt C Richmond, VA 23229	Secretary	12	0	0	0
Ed Cooper 13461 Deer Creek Rd Ashland, VA 23005	Treasurer	16	0	0	0
Gregory Glassner P.O. Box 1864 Ashland, VA 23005	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

<b>James Smith III</b>	<b>Director</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
12309 Ashcake Road Ashland, VA 23005					
<b>Don August</b>	<b>Director</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
102 Dewey Street Ashland, VA 23005					
<b>Kyle Hendricks</b>	<b>Director</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
1812 Cornell Ave Richmond, VA 23226					