





	Yes	No
<b>46</b> 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	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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 . . . . .

	Yes	No
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	<input checked="" type="checkbox"/>
<b>50</b> 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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**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
None		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**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

<b>Sign Here</b>	▶ Signature of officer	Date
	▶ <b>Edwin L. Cooper Treasure</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

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

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
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)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
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
37b 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 tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b 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
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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 Club Treasure Telephone no. Located at P.O.Box 2045 Ashland, VA ZIP + 4 23005-2045
42b 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.
42c At any time during the calendar year, did the organization maintain an office outside 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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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)

Statement 1-Form 990EZ Special Events Direct Expenses 54-6052398  
Statement Part I, Line 6c  
Dispersed Year 10/1/2011 to 9/30/2012 Civic

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

<b>Description</b>	<b>Amount</b>
Column (A)	
Barbeque Dinner 11	
Cost of Goods Sold	\$1242.74
<b>Sub Total</b>	<b>\$1242.74</b>
Column (B)	
Street party 12	
Cost of Goods Sold	\$1015.75
<b>Sub Total</b>	<b>\$1015.75</b>
Column (C)	
Kiwanis Peanuts	
Cost of Goods Sold	\$548.00
<b>Sub Total</b>	<b>\$548.00</b>
Column (D)	
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>Fund Raised Direct Expense Total Line 6c</b>	<b>\$2806.49</b>

Attachment 1-Form 990EZ Special Events Schedule  
 Dispersed Year 10/1/2011 to 9/30/2012 Civic

54-6052398

Kiwanis Club of Ashland

Interest earned on Investments

Certificate of Deposit cashed in 5/12	\$67
Civic Checking Account	\$16
<b>Total Interest Earned on Investments Line 4</b>	<b>\$83</b>

	(A)	(B)	(C)	(D)	Total
Gross Receipts	\$6635.02	\$8500.00	\$865.00	\$482.00	Line 6b <b>\$16,482.02</b>
Less Contributions	\$0	\$0	\$0	\$0	
Gross Revenue	\$6635.02	\$8500.00	\$865.00	\$482.00	\$16,482.02
Less Direct Expenses	\$1242.74	\$1015.75	\$548.00	\$0	Line 6c <b>\$2,806.49</b>
Net Income (Loss)	\$5392.28	\$7454.25	\$317.00	\$482.00	Line 6d <b>13,675.71</b>

- Description: (A) Barbeque Dinner 11  
 (B) Street Party 12  
 (C) Kiwanis Peanuts Sales  
 (D) Bird Mill Products

Statement 1-Form 990EZ Part III Line 28,29,30&32 Page 3 of 3  
54-6052398 Funds Dispersed Year 10/1/2011 to 9/30/2012 Civic

Description	Amount
Spiritual Aims Breakfast	\$50.00
Akton Club Picnic Supplies in support of HARC	\$119.80
Division 4 LT Gov HOV Family Fun Day	\$500
Capital District (Ducky Derby)	\$50
<b>Kiwanis Local, International, Capital District Support</b>	
<b>Subtotal Part III Line 30</b>	<b>\$13403.80</b>
Miscellaneous Expense	
Service Charge bank fees	\$14.00
Crime Insurance	\$155.00
<b>Miscellaneous Expense Subtotal Part III Line 30</b>	<b>\$169.00</b>
<b>Total Part III Line 30</b>	<b>\$21451.30</b>

Statement 2-Form 990EZ Part 1 Line 11&15 Page 1 of 2 54-6052398  
Expenses Benefits Paid Year 10/1/2011 to 9/30/2012 Operations

Description	Amount
<b>Benefits Paid to or for Members</b>	
<b>Kiwanis International</b>	
Dues	\$5520.00
New members	\$144.00
<b>Kiwanis Division 4</b>	
LT Governor's Fund	\$300.00
"Kiwanis One" Subscription (Club Resources)	\$275.00
<b>Membership Education</b>	
Board meeting handouts	\$42.00
Kiwanis Conferences/Conventions	
Capital District Kiwanis fellowship lunch	\$75.00
Midwinter Registration (Club Members)	\$125.00
International Convention Delegate	\$500.00
<b>Club Support</b>	
State Corporation Commission catch up fee	\$210
Incorporation expenses	\$6
Life Membership Award (Past President)	\$102.50
Liability Insurance	\$655.00
Christmas Dinner favors	\$10.78
<b>Supplies</b>	<b>\$323.96</b>
Kiwanis Clubs Presidents pin	\$18.14
<b>Meals</b>	<b>\$14202.93</b>
<b>Banking fees</b>	
Checking Service Charge	\$16.00
New Checks	\$23.05
<b>Total Line 11 990-EZ</b>	<b>\$22549.36</b>

Statement 2-Form 990EZ Part 1 Line 11&15 Page 2 of 2 54-6052398  
Expenses Benefits Paid Year 10/1/2011 to 9/30/2012 Operations

Description	Amount
Printing and Postage	
Post Office Box rent	\$110.00
2011 taxes postage	\$6.54
<b>Total Line 15</b>	<b>\$106.54</b>

Attachment 2-Form 990EZ Part IV –List of Officers, Directors, Trustees  
and Key Employees Page 1 of 2 Year 10/1/2011 to 9/30/2012

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Name

Address

City, State, Zip	Title	Average Hrs	Compensation	Benefits	Expenses
John Myers 12247 Yowell Road Ashland, VA 23005	Past President	4	0	0	0
Ed Hutchinson 7214 Ancient Oak Drive Mechanicsville, VA 23112	President	6	0	0	0
Kyle Hendricks 1812 Cornell Ave Richmond, VA 23226	Vice President	0	0	0	0
Andy Stiles 122277 Center Street Road Ashland, VA 23005	Secretary	12	0	0	0
Ed Cooper 13461 Deer Creek Rd Ashland, VA 23005	Treasurer	16	0	0	0
Don August 102 Dewey Street Ashland, VA 23005	Director	3	0	0	0
Richard Holt 14474 Pinehurst Lane Ashland, VA 23005	Director	3	0	0	0
John McDaniel 10176 Cool Hive Place Mechanicsville, VA 23116	Director	3	0	0	0

**Attachment 2-Form 990EZ Part IV –List of Officers, Directors, Trustees  
and Key Employees Page 2 of 2 Year 10/1/2011 to 9/30/2012**

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Upton Martin	Director	3	0	0	0
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113 Henry Clay Road  
Ashland, VA 23005