

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning 10/1/2013, 2014, and ending 9/30, 2014

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**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 province, country, and ZIP or foreign postal code: **Ashland, VA 23005**

**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 (Form 990, 990-EZ, or 990-PF).

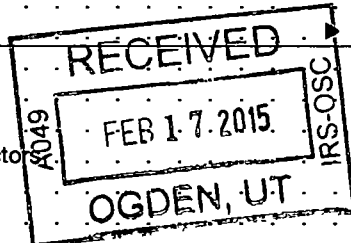
**I** Website: ▶ \_\_\_\_\_  
**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**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 II, 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

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	\$24317
	4	Investment income	4	\$137
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	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)	6b	6493	
c	Less: direct expenses from gaming and fundraising events	6c	1344	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	\$5132	
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 in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	\$29586	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	\$8270
	11	Benefits paid to or for members	11	\$22906
	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	\$721
	16	Other expenses (describe in Schedule O)	16	
	17	<b>Total expenses.</b> Add lines 10 through 16	17	\$31897
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(\$2311)
	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	\$24369
	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	21	\$22058



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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

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

**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 . . . . . 

	Yes	No
46		✓

**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
47		✓
48		✓
49a		✓
49b		✓

**47** 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 . . . . .

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

**b** If "Yes," was the related organization a section 527 organization? . . . . .

**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 title of each employee	(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

**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 business address of each independent contractor	(b) Type of service	(c) Compensation

**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 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>	▶ <u>Edwin L. Cooper</u> Signature of officer	▶ <u>2/5/2015</u> Date
	▶ Edwin L. Cooper Treasure 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

Statement 2-Form 990EZ Part 1 Line 3,4,11&15 Page 1 of 2 54-6052398  
 Expenses Benefits Paid Year 10/1/2013 to 9/30/2014 Operations

Description	Amount
<b>Club Dues Received, Inter club 50/50, CKI Eliminate Funds</b>	
Club Dues (\$23,850 / Inter Club Meals \$60)	\$23910.00
50/50 pot inc \$118/\$150 payout	\$(70.00)
50/50 Funds for Eliminate	\$210.00
Steak sales left over from picknick	\$268.00
<b>Total dues and assessments</b>	
<b>Total Line 3 990-EZ</b>	<b>\$24317.86</b>
<b>Kiwanis Club of Ashland</b>	
<b>Interest earned on Investments</b>	
Operations Checking Account	\$69.88
Civic Checking Account	\$67.26
<b>Total Interest Earned on Investments Line 4</b>	<b>\$137.14</b>
<b>Benefits Paid to or for Members</b>	
<b>Kiwanis International</b>	
Dues	\$6168
Insurance	\$828.00
New members	\$200.00
CKI Eliminate funds	\$93
<b>Kiwanis Division 4</b>	
Capital District Dues	\$130.00
LT Governor's Fund	\$300.00
"Kiwanis One" Subscription (Club Resources)	\$275.00
<b>Membership Education</b>	
<b>Kiwanis Conferences/Conventions</b>	
Capital District Midwinter Registration Club members	\$75.00
Capital Convention Registration	\$276.75
DECON (Club Members)	\$105.00

Statement 2-Form 990EZ Part 1 Line 3,4,11&15 Page 2 of 2 54-6052398  
Expenses Benefits Paid Year 10/1/2013 to 9/30/2014 Operations

Description	Amount
<b>Club Support</b>	
Check purchase	\$12.15
State Corporation Commission	\$25
Life Membership Award (Past President)	\$100.00
Safe Hiring Solutions	\$209
Officer's pins	\$135
Supplies	\$50.13
Meals	\$13,924.44
<b>Total Line 11 990-EZ</b>	<b>\$22905.72</b>
<b>Printing and Postage</b>	
Post Office Box rent	\$140.00
2013 taxes postage	\$7.12
Pre stamped envelopes	\$573.45
<b>Total Line 15</b>	<b>\$720.57</b>

Statement 1-Form 990EZ Part III Line 28,29,30&32 Page 1of 2  
54-6052398 Funds Dispersed Year 10/1/2013 to 9/30/2014 Civic

Description	Amount
<b>Community Services</b>	
<b>Ashland Holiday Parade 14</b>	
Printing & mailing	\$271.98
Banner (Grand Marshal)	\$227.13
Brunch	\$351.25
Santa	\$100
Parade Reimbursement (Town of Ashland)	-\$309.73
<b>Subtotal Part III Line 28 Ashland Parade</b>	<b>\$640.63</b>
<b>Community Support</b>	
Strawberry Fair (Booth Registration Fee)	\$75.00
Strawberry Fair (Balloons & Helium)	\$100.00
YMCA (Bright Beginnings)	\$150.00
ACES	\$1000.00
Patrick Henry Band Boosters	\$200.00
Perfect Attendance sweet frog	\$215.87
Perfect Attendance Bikes	\$1164.69
Ashland Police	\$250.00
CJStuff	\$200.00
Akton Club Picnic	\$88.97
<b>Subtotal Part III Line 28 Community Support</b>	<b>\$3344.53</b>
<b>Total Community Services Part III Line 28</b>	<b>\$4085.16</b>

Statement 1-Form 990EZ Part III Line 28,29,30&32 Page 2 of 2  
54-6052398 Funds Dispersed Year 10/1/2013 to 9/30/2014 Civic  
Description Amount

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Sponsor Club Support

Key Clubs

Lee Davis High School, DECON	\$693.68
Glen Allen High School, DECON	\$322.67
Gift Certificates for Club Sponsors	\$205.00
Capital District Fall Training	\$105.00
Capital District Spring Training	\$110.00
Meal Expense	\$40.00

**Key Clubs and CKI Subtotal Part III Line 29 \$1476.35**

Student Activates

Key club ICON	\$325.00
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**Student Activities Subtotal Part III Line 29 \$325.00**

**Total Sponsor Club Support Part III Line 29 \$2126.28**

Kiwanis Local, International, Capital District Support

Kiwanis International Foundation (Eliminate)	\$376.00
Kiwanis International Foundation (Birthday Gift)	\$320.00
Kiwanis Capital District Foundation (Birthday Gift)	\$350.00
Eliminate Project (Hixson Award)	\$1000.00
Spiritual Aims Breakfast	\$40.00

**Kiwanis Local, International, Capital District Support**

**Subtotal Part III Line 30 \$2086.00**

**Total Part III Line 30 \$2086.00**

Attachment 1-Form 990EZ Special Events Schedule  
 Dispersed Year 10/1/2013 to 9/30/2014 Civic

54-6052398

Kiwanis Club of Ashland

Interest earned on Investments

Operations Checking Account	\$69.88
Civic Checking Account	\$67.26
<b>Total Interest Earned on Investments Line 4</b>	<b>\$137.14</b>

	(A)	(B)	(C)	(D)	Total
Gross Receipts	\$4658.51	\$1113.00	\$199.00	\$522.30	Line 6b <b>\$6493</b>
Less Contributions	\$0	\$0	\$0	\$0	\$0
Gross Revenue	\$4658.51	\$1113.00	\$199.00	\$522.30	\$6493
Less Direct Expenses	\$500.00	\$0	\$574.42	\$269.64	Line 6c <b>\$1344</b>
Net Income (Loss)	\$4158.51	\$1113.00	(\$375.42)	\$225.66	Line 6d <b>\$5123</b>

Description:	(A)	Street Party 14
	(B)	Bird Mill Products
	(C)	Train Day
	(D)	Art Center

Statement 1-Form 990EZ Special Events Direct Expenses 54-6052398  
Statement Part I, Line 6c  
Dispersed Year 10/1/2013 to 9/30/2014 Civic

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

<b>Description</b>	<b>Amount</b>
Column (A)	
Street party 14	
Cost of Goods Sold	\$500.00
<b>Sub Total</b>	<b>\$500.00</b>
Column (B)	
Bird Mill Products	
Cost of Goods Sold	\$0
<b>Sub Total</b>	<b>\$0</b>
Column (C)	
Train Day	
Cost of goods sold	\$574.42
<b>Sub Total</b>	<b>\$574.42</b>
Column (D)	
Art Center	
Cost of goods sold	\$296.64
<b>Sub Total</b>	<b>\$296.64</b>
Other	\$0
<b>Sub Total</b>	<b>\$0</b>
<b>Fund Raised Direct Expense Total Line 6c</b>	<b>\$1371.06</b>

Attachment 2-Form 990EZ Part IV –List of Officers, Directors, Trustees and Key Employees Page 1 of 2 Year 10/1/2013 to 9/30/2014

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Name

Address

City, State, Zip	Title	Average Hrs	Compensation	Benefits	Expenses
Kyle Hendricks 1812 Cornell Ave Richmond, VA 23226 Mechanicsville, VA 23112	Past President	4	0	0	0
Tim Boschen 12339 Lees Ln Ashland, VA 23005	President	6	0	0	0
Tim Boschen 12339 Lees Ln Ashland, VA 23005	Vice President	4	0	0	0
Ed Hutchinson 7214 Ancient Oak Drive Mechanicsville, VA 23112	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 10/1/2013 to 9/30/2014

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Upton Martin	Director	3	0	0	0
113 Henry Clay Road Ashland, VA 23005					
John Hodges	Director	3	0	0	0
106 Howard Street Ashland, VA 23005					
Kyle Hendricks	Director	3	0	0	0
812 Cornell Ave Richmond, VA 23226					
Pettus Gillman	Director	3	0	0	0
14539 Mountain Rd Glen Allen, VA 23059					