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Form **990**Department of the Treasury
Internal Revenue Service**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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2006Open to Public
Inspection**A** For the 2006 calendar year, or tax year beginning **OCT 1, 2006** and ending **SEP 30, 2007****B** Check if
applicable

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Final
return
- ☒ Amended
return
- ☐ Application
pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions**C** Name of organization**KIWANIS INTERNATIONAL - CHEYENNE**

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 1266

City or town, state or country, and ZIP + 4

CHEYENNE, WY 82003-1266**D** Employer identification number**83-6005438****E** Telephone number**307-638-3763****F** Accounting method ☒ Cash ☐ Accrual
☐ Other (Specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****G** Website: **WWW.CHEYENNEKIWANIS.ORG****J** Organization type (check only one) ☒ 501(c) (4) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 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** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **413,125.****M** Check ☒ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b		
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ noncash \$)	1e		0.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		53,631.
	3	Membership dues and assessments	3		168,449.
	4	Interest on savings and temporary cash investments	4		5,138.
	5	Dividends and interest from securities	5		
Expenses	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c		
	7	Other investment income (describe)	7		
	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
	9	Special events and similar activities (attach Schedule E). If any amount is from gaming, check here ☐	9a		
	a	Gross revenue (not including) of contributions reported on line 1b)	9b	185,907.	
Net Assets	b	Less: direct expenses other than fundraising expenses	9b	203,914.	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		-18,007.
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
	11	Other revenue (from Part VII, line 103)	11		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		209,211.
	13	Program services (from line 44, column (B))	13		140,466.
	14	Management and general (from line 44, column (C))	14		56,422.
	15	Fundraising (from line 44, column (D))	15		
16	Payments to affiliates (attach schedule)	16		32,524.	
17	Total expenses. Add lines 16 and 44, column (A)	17		229,412.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		-20,201.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		136,653.	
20	Other changes in net assets or fund balances (attach explanation)	20		0.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		116,452.	

623001
01-18-07

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

Form 990 (2006)

P 24

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here ☐				
22b Other grants and allocations (attach schedule) (cash \$ <u>18,200</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here ☐	18,200.	18,200.	STATEMENT 4	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	14,400.	0.	14,400.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c				
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	1,208.		1,208.	
30 Professional fundraising fees				
31 Accounting fees	300.		300.	
32 Legal fees				
33 Supplies	606.		606.	
34 Telephone	840.		840.	
35 Postage and shipping	748.		748.	
36 Occupancy				
37 Equipment rental and maintenance	1,049.		1,049.	
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings	5,136.		5,136.	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 3	154,401.	122,266.	32,135.	
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	196,888.	140,466.	56,422.	0.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►

COMMUNITY SERVICE

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a WEEKLY MEETINGS ARE HELD FOR MEMBERS WITH MEALS AND SPEAKERS PROVIDED. A NEWSLETTER IS PUBLISHED, WHICH BENEFITS APPROXIMATELY 400 MEMBERS.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

114,179.

b KIWANIS CLUB OF CHEYENNE CONTRIBUTES FUNDING AND SERVICE TO VARIOUS PROGRAMS AND PROJECTS INCLUDING YOUTH SERVICES INTERNATIONAL RELATIONS AND SPIRITUAL AIMS. MEMBERS OF THE COMMUNITY BENEFIT FROM THE CLUB.

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

26,287.

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) **140,466.**

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Part IV Balance Sheets (See the instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	46,018.	45	45,141.
	46 Savings and temporary cash investments	90,635.	46	71,311.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities ☐ Cost ☐ FMV		54a	
	b Investments - other securities ☐ Cost ☐ FMV		54b	
55 a Investments - land, buildings, and equipment, basis	55a			
b Less: accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a			
b Less: accumulated depreciation	57b	57c		
58 Other assets, including program-related investments (describe ☐)		58		
59 Total assets (must equal line 74) Add lines 45 through 58	136,653.	59	116,452.	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ☐)		65	
66 Total liabilities. Add lines 60 through 65	0.	66	0.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☐ and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ☒ and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds	57,049.	70	57,049.
	71 Paid-in or capital surplus, or land, building, and equipment fund	23,395.	71	23,395.
	72 Retained earnings, endowment, accumulated income, or other funds	56,209.	72	36,008.
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	136,653.	73	116,452.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	136,653.	74	116,452.	

Form 990 (2006)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	N/A
b Amounts included on line a but not on Part I, line 12			
1 Net unrealized gains on investments	b1		
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify) _____	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 12, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify) _____	d2		
Add lines d1 and d2		d	
e Total revenue (Part I, line 12) Add lines c and d		e	

[illegible]

a Total expenses and losses per audited financial statements		a	N/A
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify) _____	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 17, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify) _____	d2		
Add lines d1 and d2		d	
e Total expenses (Part I, line 17) Add lines c and d		e	

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

[illegible]

Part VI Other Information (continued)

Yes No

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X	
c Dues, assessments, and similar amounts from members	85c	N/A	
d Section 162(e) lobbying and political expenditures	85d	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>			
b 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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>			
d Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a List the states with which a copy of this return is filed <u>NONE</u>			
b Number of employees employed in the pay period that includes March 12, 2006	90b		1
91 a The books are in care of <u>LEONARD TREBER</u> Telephone no. <u>307-638-3763</u> Located at <u>P.O. BOX 1266, CHEYENNE, WY</u> ZIP + 4 <u>82003-1266</u>			
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)?	91b		X
If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a **SOCIAL FUNCTIONS**

b

c

d

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets

other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue

a

b

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93A **SOCIAL FUNCTIONS ARE FOR MEMBERS TO PROMOTE THE COMMUNITY AND SERVICE**94 **DUES ARE FROM MEMBERS WHO GATHER TO PROMOTE COMMUNITY SERVICE****FUNDRAISERS PROVIDE AMOUNTS DONATED TO CHARITABLE ORGANIZATIONS AND**101 **OTHER COMMUNITY PROJECTS****Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

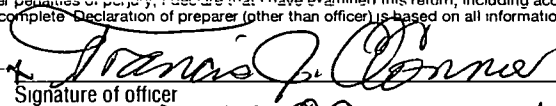
Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here:  Date 5/13/10

Type or print name and title: Francis J. Connor Adm Secretary

Paid Preparer's Use Only: Preparer's signature  Date 5/13/10 Check if self-employed ☐ Preparer's SSN or PTIN (See Gen Inst X) P00019152

Firm's name (or yours if self-employed), address, and ZIP + 4: MCGEE, HEARNE & PAIZ, LLP EIN 83-0331229

P. O. BOX 1088 Phone no. 307-634-2151

CHEYENNE, WY 82003

Form 990 (2006)

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
AGRICULTURE					
COMMITTEE/LIVESTOCK SALE	88,860.		88,860.	129858.	-40,998.
JUNIOR MISS CONTEST	1,892.		1,892.	1,135.	757.
STARS OF TOMORROW	7,736.		7,736.	7,373.	363.
CHOCOLATE INDULGENCE	8,676.		8,676.	1,957.	6,719.
CORPORATE CHALLENGE	21,550.		21,550.	116.	21,434.
FFA	1,952.		1,952.	960.	992.
SUPERDAY	0.			1,361.	-1,361.
OTHER VARIOUS PROJECTS	19,078.		19,078.	6,900.	12,178.
RIBFEST	36,163.		36,163.	54,254.	-18,091.
TO FM 990, PART I, LINE 9	185,907.		185,907.	203914.	-18,007.

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	2
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AFFILIATE'S NAMEAFFILIATE'S ADDRESS

KIWANIS INTERNATIONAL

INDIANAPOLIS, INDIANA

PURPOSE OF PAYMENTAMOUNT

INTERNATIONAL DUES

21,095.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

KIWANIS ROCKY MOUNTAIN DISTRICT

BROOMFIELD, COLORADO

PURPOSE OF PAYMENTAMOUNT

DISTRICT DUES

11,429.

TOTAL TO FORM 990, PART I, LINE 16

32,524.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
MEALS FOR MEMBERS	80,612.	77,656.	2,956.	
MEMBERSHIP				
DEVELOPMENT	6,597.		6,597.	
INTERCLUB EXPENSE	309.		309.	
INSURANCE EXPENSE	1,649.		1,649.	
PUBLIC RELATIONS	224.		224.	
AGRICULTURAL				
COMMITTEE	2,104.	2,104.		
MISCELLANEOUS	537.		537.	
REIMBURSABLE EVENTS				
EXPENSES	4,502.		4,502.	
SOCIAL FUNCTIONS	10,432.	10,432.		
INTERNATIONAL				
RELATIONS	415.	415.		
SPONSORED K FAMILY	427.	427.		
IT/CLUB				
COMMUNICATIONS	2,491.	2,491.		
PROGRAMS/SPEAKERS	230.	230.		

PROPERTY RELOCATION	4,723.	4,723.	
MEMORIALS	100.	100.	
WAREHOUSE	15,361.		15,361.
COMMUNITY PROJECT	2,801.	2,801.	
CLAMBAKE	5,296.	5,296.	
CFD EXPENSES	15,591.	15,591.	
TOTAL TO FM 990, LN 43	154,401.	122,266.	32,135.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	4
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
JUNIOR MISS SCHOLARSHIP STEPHANIE KIRBY CHEYENNE, WYOMING 82001	775.
JUNIOR MISS SCHOLARSHIP ALLYSEA DICKEN CHEYENNE, WYOMING 82001	225.
JUNIOR MISS SCHOLARSHIP ADDISON MESSICK CHEYENNE, WYOMING 82001	1,200.
CHARITABLE CONTRIBUTION CHEYENNE KIWANIS CLUB FOUNDATION CHEYENNE, WYOMING 82001	2,000.
CHARITABLE CONTRIBUTION KIWANIS FOUNDATION - INTERNATIONAL CHEYENNE, WYOMING 82001	385.
CHARITABLE CONTRIBUTION ROCKY MTN DISTRICT KPTI DENVER, COLORADO 80205	1,500.
CHARITABLE CONTRIBUTION KIWANIS READS CHEYENNE, WYOMING 82001	1,000.

CHARITABLE CONTRIBUTION YOUNG CHILDREN PRIORITY ONE-NEEDS	750.
CHEYENNE, WYOMING 82001	
CHARITABLE CONTRIBUTION ATTENTION HOME	900.
CHEYENNE, WYOMING 82001	
CHARITABLE CONTRIBUTION NEEDS INC	1,000.
CHEYENNE, WYOMING 82001	
CHARITABLE CONTRIBUTION GREATER CHEYENNE CHAMBER-SCHOOL SUPPORT	2,500.
CHEYENNE, WYOMING 82001	
CHARITABLE CONTRIBUTION PIONEER PARK ELEMENTARY	225.
CHEYENNE, WYOMING 82001	
CHARITABLE CONTRIBUTION CHEYENNE JUNIOR BASEBALL	500.
CHEYENNE, WYOMING 82001	
CHARITABLE CONTRIBUTION CHEYENNE BASEBALL CLUB	500.
CHEYENNE, WYOMING 82001	
CHARITABLE CONTRIBUTION CHEYENNE YOUTH BASEBALL	300.
CHEYENNE, WYOMING 82001	
CHARITABLE CONTRIBUTION BOY'S & GIRL'S CLUB	1,000.
CHEYENNE, WYOMING 82001	
CHARITABLE CONTRIBUTION BODYLINE DANCERS	600.
CHEYENNE, WYOMING 82001	

CHARITABLE CONTRIBUTION
SAFE KIDS

165.

CHEYENNE, WYOMING 82001

CHARITABLE CONTRIBUTION
CHEYENNE STUDENT SOCCER PROGRAM

1,000.

CHEYENNE, WYOMING 82001

JUNIOR MISS SCHOLARSHIP
KIMBERLY KUHN

1,000.

CHEYENNE, WYOMING 82001

JUNIOR MISS SCHOLARSHIP
LAURA VANATTA

675.

CHEYENNE, WYOMING 82001

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

18,200.

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	5
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GREGORY THOMAS CHEYENNE, WY 82001	PRESIDENT 1.00	0.	0.	0.
PHIL VAN HORN CHEYENNE, WY 82001	PAST PRESIDENT 1.00	0.	0.	0.
TRAVIS LAWRENCE CHEYENNE, WY 82001	PRESIDENT-ELECT 1.00	0.	0.	0.
DAVID NIEMANN CHEYENNE, WY 82001	FIRST VICE PRESIDENT 1.00	0.	0.	0.
SHELLY FUERST CHEYENNE, WY 82001	SECOND VICE PRESIDENT 1.00	0.	0.	0.

SHARON MONLAGNINO	SECRETARY			
CHEYENNE, WY 82001	1.00	0.	0.	0.
SHELLEY SHELTON	TREASURER			
CHEYENNE, WY 82001	1.00	0.	0.	0.
DEBORAH HOTTLE	DIRECTOR			
CHEYENNE, WY 82001	1.00	0.	0.	0.
DIANE BURBRIDGE	ASST SECRETARY			
CHEYENNE, WY 82001	1.00	0.	0.	0.
PATRICK MCGUIRE	DIRECTOR			
CHEYENNE, WY 82001	1.00	0.	0.	0.
KIM LOVETT	ASST TREASURER			
CHEYENNE, WY 82001	1.00	0.	0.	0.
VICKIE BAKER	DIRECTOR			
CHEYENNE, WY 82001	1.00	0.	0.	0.
ROBERT DICKERSON	DIRECTOR			
CHEYENNE, WY 82001	1.00	0.	0.	0.
THOMAS ELSBERRY	DIRECTOR			
CHEYENNE, WY 82001	1.00	0.	0.	0.
LEONARD TREBER	ADMINISTRATIVE SECRETARY			
CHEYENNE, WY 82001	10.00	14,400.	0.	0.
JULIE HUNTER	DIRECTOR			
CHEYENNE, WY 82001	1.00	0.	0.	0.
DANA NIKOLYSZYK	DIRECTOR			
CHEYENNE, WY 82001	1.00	0.	0.	0.
VIRGINIA OLSON	DIRECTOR			
CHEYENNE, WY 82001	1.00	0.	0.	0.

KIWANIS INTERNATIONAL - CHEYENNE83-6005438

JAY POULIGNOT	DIRECTOR			
CHEYENNE, WY 82001	1.00	0.	0.	0.
DICK ROYCE	DIRECTOR			
CHEYENNE, WY 82001	1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>14,400.</u>	<u>0.</u>	<u>0.</u>

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	KIWANIS INTERNATIONAL - CHEYENNE	83-6005438
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1266	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHEYENNE, WY 82003-1266	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ▶ **LEONARD TREBER**

Telephone No ▶ **307-638-3763**

FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **MAY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☐ calendar year _____ or
- ▶ ☒ tax year beginning **OCT 1, 2006**, and ending **SEP 30, 2007**

- 2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 4-2007)