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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

2007Open to Public
Inspection**A** For the 2007 calendar year, or tax year beginning **OCT 1, 2007** and ending **SEP 30, 2008****B** Check if applicable

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

Please use IRS label or print or type See Specific Instructions

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 organization 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 ▶ **371,123.****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**

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	30,285.
3	Membership dues and assessments	3	173,984.
4	Interest on savings and temporary cash investments	4	4,052.
5	Dividends and interest from securities	5	
6 a	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	
8 a	Gross amount from sales of assets other than inventory	(A) Securities 8a	(B) Other
b	Less: cost or other basis and sales expenses	8b	
c	Gain or (loss) (attach schedule)	8c	
d	Net gain or (loss). Combine line 8c, column (A), and (B)	8d	
9	Special events and activities (attach schedule). If any amount is from gaming, check here ☐		
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	162,802.
b	Less: direct expenses for fundraising expenses	9b	122,997.
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	39,805.
10 a	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	248,126.
13	Program services (from line 44, column (B))	13	139,911.
14	Management and general (from line 44, column (C))	14	51,586.
15	Fundraising (from line 44, column (D))	15	
16	Payments to affiliates (attach schedule)	16	31,528.
17	Total expenses. Add lines 16 and 44, column (A)	17	223,025.
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	25,101.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	116,452.
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	141,553.

723001
12-27-07

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

Form 990 (2007)

P 25

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>24,515</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here ☐			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				
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c 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				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies				
34 Telephone				
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings				
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				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)				

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 ☐

83,312.

- 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 ☐

56,599.

- 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) ►

139,911.

Form 990 (2007)

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	45,141.	45	59,732.
	46 Savings and temporary cash investments	71,311.	46	81,821.
	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	116,452.	59	141,553.	
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	36,008.	72	61,109.
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)	116,452.	73	141,553.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	116,452.	74	141,553.	

Form 990 (2007)

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	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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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.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
----- ----- SEE STATEMENT 5		0.	0.	0.
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				

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 <i>quid pro quo</i> 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 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	X
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.			
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		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
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, 2007	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)? If "Yes," enter the name of the foreign country <u>N/A</u>	91b	X
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.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a SOCIAL FUNCTIONS					30,285.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					173,984.
95 Interest on savings and temporary cash investments			14	4,052.	
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					39,805.
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))		0.		4,052.	244,074.
105 Total (add line 104, columns (B), (D), and (E))					248,126.

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: *Francis J. Connor* Signature of officer *5/13/10* Date

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

Paid Preparer's Use Only: Preparer's signature *Kenneth A. Duggan* 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**
P. O. BOX 1088
CHEYENNE, WY 82003

EIN **83-0331229**
Phone no. **307-634-2151**

Form 990 (2007)

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
AGRICULTURE					
COMMITTEE/LIVESTOCK SALE	70,003.		70,003.	71,246.	-1,243.
JUNIOR MISS CONTEST	1,675.		1,675.	1,914.	-239.
STARS OF TOMORROW	7,220.		7,220.	6,664.	556.
CHOCOLATE INDULGENCE	6,737.		6,737.	2,545.	4,192.
CORPORATE CHALLENGE	15,000.		15,000.	37.	14,963.
FFA	2,567.		2,567.	2,849.	-282.
RIBFEST	51,058.		51,058.	34,513.	16,545.
OTHER VARIOUS	8,542.		8,542.	3,229.	5,313.
TO FM 990, PART I, LINE 9	162,802.		162,802.	122997.	39,805.

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	2
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<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>
KIWANIS INTERNATIONAL	INDIANAPOLIS, INDIANA
<u>PURPOSE OF PAYMENT</u>	<u>AMOUNT</u>
INTERNATIONAL DUES	20,476.

<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>
KIWANIS ROCKY MOUNTAIN DISTRICT	BROOMFIELD, COLORADO
<u>PURPOSE OF PAYMENT</u>	<u>AMOUNT</u>
DISTRICT DUES	11,052.

TOTAL TO FORM 990, PART I, LINE 16	31,528.
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FORM 990	OTHER EXPENSES	STATEMENT	3
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	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
MEALS FOR MEMBERS	81,807.	79,148.	2,659.	
MEMBERSHIP				
DEVELOPMENT	7,316.		7,316.	
INTERCLUB EXPENSE	333.		333.	
INSURANCE EXPENSE	1,826.		1,826.	
PUBLIC RELATIONS	370.		370.	
AGRICULTURAL				
COMMITTEE	1,570.	1,570.		
MISCELLANEOUS	931.		931.	
REIMBURSABLE EVENTS				
EXPENSES	0.			
SOCIAL FUNCTIONS	7,863.	7,863.		
INTERNATIONAL				
RELATIONS	456.	456.		
CFD EXPENSE	14,306.	14,306.		
SPONSORED K FAMILY	177.	177.		
IT/CLUB				
COMMUNICATIONS	3,362.	3,362.		

CLAMBAKE	7,745.	7,745.	
PROGRAMS/SPEAKERS	248.	248.	
PROPERTY RELOCATION	286.	286.	
MEMORIALS	100.	100.	
WAREHOUSE	8,130.		8,130.
HIGHWAY CLEANUP	35.	35.	
COMMUNITY SERVICE			
OTHER	100.	100.	
TOTAL TO FM 990, LN 43	136,961.	115,396.	21,565.

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 RANDA MAY CHEYENNE, WYOMING 82001	250.
JUNIOR MISS SCHOLARSHIP ASHLEY GINSBERG CHEYENNE, WYOMING 82001	325.
JUNIOR MISS SCHOLARSHIP RACHEL SMITH CHEYENNE, WYOMING 82001	250.
JUNIOR MISS SCHOLARSHIP ELISABETH MEIER CHEYENNE, WYOMING 82001	475.
JUNIOR MISS SCHOLARSHIP ANNA LEE HEINRICH CHEYENNE, WYOMING 82001	1,200.
JUNIOR MISS SCHOLARSHIP CHELSIE THURIN CHEYENNE, WYOMING 82001	450.

JUNIOR MISS SCHOLARSHIP
 SANDY PERRYMAN

550.

CHEYENNE, WYOMING 82001

CHARITABLE CONTRIBUTION
 CHEYENNE KIWANIS CLUB FOUNDATION

13,000.

CHEYENNE, WYOMING 82001

CHARITABLE CONTRIBUTION
 KIWANIS FOUNDATION - INTERNATIONAL

865.

CHEYENNE, WYOMING 82001

CHARITABLE CONTRIBUTION
 ROCKY MTN DISTRICT KPTI

1,500.

DENVER, COLORADO 80205

CHARITABLE CONTRIBUTION
 KIWANIS READS

1,000.

CHEYENNE, WYOMING 82001

CHARITABLE CONTRIBUTION
 LARAMIE COUNTY SCHOOL DISTRICT

100.

CHEYENNE, WYOMING 82001

CHARITABLE CONTRIBUTION
 PINE BLUFFS SCHOOL DISTRICT

500.

CHEYENNE, WYOMING 82001

CHARITABLE CONTRIBUTION
 PIONEER PARK ELEMENTARY

225.

CHEYENNE, WYOMING 82001

CHARITABLE CONTRIBUTION
 CHEYENNE COMPETITIVE BASEBALL

500.

CHEYENNE, WYOMING 82001

CHARITABLE CONTRIBUTION
 SPECIAL FRIENDS

500.

CHEYENNE, WYOMING 82001

CHARITABLE CONTRIBUTION SAFE KIDS	388.
CHEYENNE, WYOMING 82001	
CHARITABLE CONTRIBUTION CHEYENNE SOCCER ASSOCIATION	1,000.
CHEYENNE, WYOMING 82001	
CHARITABLE CONTRIBUTION DAVIS ELEMENTARY	112.
CHEYENNE, WYOMING 82001	
CHARITABLE CONTRIBUTION CFD OLD WEST MUSEUM	500.
CHEYENNE, WYOMING 82001	
CHARITABLE CONTRIBUTION STRIDE LEARNING	200.
CHEYENNE, WYOMING 82001	
CHARITABLE CONTRIBUTION CHEYENNE EAST VARSITY CHEERLEADERS	500.
CHEYENNE, WYOMING 82001	
CHARITABLE CONTRIBUTION STATE HIGHSCHOOL BAND	25.
CHEYENNE, WYOMING 82001	
CHARITABLE CONTRIBUTION MAGIC CITY RUN	100.
CHEYENNE, WYOMING 82001	
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	24,515.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 5
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
TRAVIS LAWRENCE	PRESIDENT			
CHEYENNE, WY 82001	0.00	0.	0.	0.
GREG THOMAS	PAST PRESIDENT			
CHEYENNE, WY 82001	0.00	0.	0.	0.
DAVID NIEMANN	PRESIDENT-ELECT			
CHEYENNE, WY 82001	0.00	0.	0.	0.
SHELLY FUERST	1ST VICE PRESIDENT			
CHEYENNE, WY 82001	0.00	0.	0.	0.
KERRY HALL	2ND VICE PRESIDENT			
CHEYENNE, WY 82001	0.00	0.	0.	0.
DIANE BURBRIDGE	SECRETARY			
CHEYENNE, WY 82001	0.00	0.	0.	0.
KIM LOVETT	TREASURER			
CHEYENNE, WY 82001	0.00	0.	0.	0.
PAT MCGUIRE	DIRECTOR			
CHEYENNE, WY 82001	0.00	0.	0.	0.
SHELLIE SHELTON	ASST SECRETARY			
CHEYENNE, WY 82001	0.00	0.	0.	0.
BETSY WILLIAMS	ASST TREASURER			
CHEYENNE, WY 82001	0.00	0.	0.	0.
SHELLY SHELTON	ASST TREASURER			
CHEYENNE, WY 82001	0.00	0.	0.	0.

BILL CUSHING	DIRECTOR			
CHEYENNE, WY 82001	0.00	0.	0.	0.
ROD BRAND	DIRECTOR			
CHEYENNE, WY 82001	0.00	0.	0.	0.
VICKI BAKER	DIRECTOR			
CHEYENNE, WY 82001	0.00	0.	0.	0.
DEB HOTTE	ADMINISTRATIVE SECRETARY			
CHEYENNE, WY 82001	0.00	0.	0.	0.
TOM RUMPKE	DIRECTOR			
CHEYENNE, WY 82001	0.00	0.	0.	0.
TOM ROBERTS	DIRECTOR			
CHEYENNE, WY 82001	0.00	0.	0.	0.
PATTY BENSKIN	DIRECTOR			
CHEYENNE, WY 82001	0.00	0.	0.	0.
TOM ELSBURY	DIRECTOR			
CHEYENNE, WY 82001	0.00	0.	0.	0.
ROB DICKERSON	DIRECTOR			
CHEYENNE, WY 82001	0.00	0.	0.	0.
BRIAN LENELL	DIRECTOR			
CHEYENNE, WY 82001	0.00	0.	0.	0.
CRAIG HIETT	DIRECTOR			
CHEYENNE, WY 82001	0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		0.	0.	0.