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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2009 calendar year, or tax year beginning **10/01/09**, and ending **09/30/10****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 CLUB OF WILLIAMSBURG**

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

P O BOX 1265

Room/suite

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

WILLIAMSBURG**VA 23187-1265****D** Employer identification number**54-6053670****E** Telephone number**757-253-8801****F** Group ExemptionNumber **▶**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach

a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ AccrualOther (specify) **▶****I** Website: **▶ WWW.WILLIAMSBURGIKWANIS.ORG****J** Tax-exempt status (check only one) — ☒ 501(c) (**4**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (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 \$25,000. A

Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 219,436****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	11,104
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	125,624
	4	Investment income	4	
	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	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	79,630
	b	Less direct expenses other than fundraising expenses	6b	39,369
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	40,261
	7a	Gross sales of inventory, less returns and allowances	7a	898
	b	Less cost of goods sold	7b	1,660
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-762
	8	Other revenue (describe ▶ SEE STATEMENT 2)	8	2,180
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	178,407
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	6,225
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	701
16		Other expenses (describe ▶ SEE STATEMENT 3)	16	119,408
17		Total expenses. Add lines 10 through 16 ▶	17	165,629
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,778
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	25,823
20		Other changes in net assets or fund balances (attach explanation)	20	
21		Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	38,601

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	25,823	38,601
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	25,823	38,601
26 Total liabilities (describe ▶ _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,823	38,601

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

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

What is the organization's primary exempt purpose?

CHARITY FUNDRAISING

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 SERVICE FUNDS-CONTRIBUTIONS TO VARIOUS ORGANIZATIONS(Grants \$ **39,295**) If this amount includes foreign grants, check here ☐**28a 39,295****29 SOCIAL FUNDS-DUES COLLECTED FROM AND USED FOR APPROXIMATELY 2 TO 3 ANNUAL EVENTS (FOR APPROXIMATELY 190 MEMBERS)**(Grants \$) If this amount includes foreign grants, check here ☐**29a 7,442****30 ADMINISTRATIVE FUNDS-DUES TO NATIONAL ORGANIZATION AND MEETING COSTS**(Grants \$) If this amount includes foreign grants, check here ☐**30a 108,059****31 Other program services (attach schedule)**(Grants \$) If this amount includes foreign grants, check here ☐**31a****32 Total program service expenses (add lines 28a through 31a)****32 154,796****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

(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	(e) Expense account and other allowances
WADE QUINN	WILLIAMSBURG	PRES ELECT			
P.O. BOX 1265	VA 23187-1265		0	0	0
CAREN SCHUMACHER	WILLIAMSBURG	PRESIDENT			
P.O. BOX 1265	VA 23187-1265		0	0	0
ROLF KRAMER	WILLIAMSBURG	VICE PRES			
P.O. BOX 1265	VA 23187-1265		0	0	0
PENNY MCCLELLAN	WILLIAMSBURG	SECRETARY			
P.O. BOX 1265	VA 23187-1265		0	0	0
ROBERT DUTRO	WILLIAMSBURG	SEC EMERITUS			
P.O. BOX 1265	VA 23187-1265		0	0	0
BEN PUCKETT	WILLIAMSBURG	TREASURER			
P.O. BOX 1265	VA 23187-1265		0	0	0
GARY RIPPLE	WILLIAMSBURG	PAST PRES			
P.O. BOX 1265	VA 23187-1265		0	0	0
FAITH AMOROSO	WILLIAMSBURG	DIRECTOR			
P.O. BOX 1265	VA 23187-1265		0	0	0
ARTIE BORNSCHEIN	WILLIAMSBURG	DIRECTOR			
P.O. BOX 1265	VA 23187-1265		0	0	0
NATHAN HILL	WILLIAMSBURG	DIRECTOR			
P.O. BOX 1265	VA 23187-1265		0	0	0
DARLA KRUPSKI	WILLIAMSBURG	DIRECTOR			
P.O. BOX 1265	VA 23187-1265		0	0	0
BILL WREN	WILLIAMSBURG	DIRECTOR			
P.O. BOX 1265	VA 23187-1265		0	0	0
JOHN SADLER	WILLIAMSBURG	SPEC ADVISOR			
P.O. BOX 1265	VA 23187-1265		0	0	0

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54-6053670

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		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, attach a statement explaining 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 subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		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 period covered by this return?		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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c 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? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ NONE		
42a The organization's books are in care of ▶ C BENJAMIN PUCKETT Telephone no ▶ 757-253-8801		
2743 LINDEN LANE		
Located at ▶ WILLIAMSBURG, VA ZIP + 4 ▶ 23185		
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)?		X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
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 ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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Part VI **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 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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."

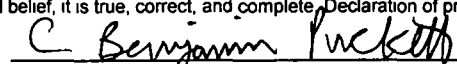

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

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 ▶

Sign Here	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.						
	 Signature of officer C BENJAMIN PUCKETT Type or print name and title		Date 11-19-11 TREASURER				
Paid Preparer's Use Only	Preparer's signature	 PENNY DEE HAAG	Date	01/10/11	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr)	P00061301
	Firm's name (or yours if self-employed), address, and ZIP + 4	DAUGHTREY & HAAG, P.C. 351 MCLAWS CIRCLE SUITE 2 WILLIAMSBURG, VA 23185				EIN	54-1205579
					Phone	no	757-229-5522

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SHRIMP FEAST (event type)	CHARITY BALL (event type)	NONE (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	52,623	23,698		76,321
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	52,623	23,698		76,321
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	24,420	14,129		38,549
	10 Direct expense summary Add lines 4 through 9 in column (d)				38,549
11 Net income summary Combine line 3, column (d), and line 10				37,772	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		X
10a		X
11		X
12		X

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:Name ► **C BENJAMIN PUCKETT
2743 LINDEN LANE**Address ► **WILLIAMSBURG****VA 23185****15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****X****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$

and the

amount of gaming revenue retained by the third party ► \$

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****X****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
DUES/MEALS	\$ 125,624
TOTAL	<u>\$ 125,624</u>

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

<u>Description</u>	<u>Amount</u>
MISCELLANEOUS	\$ 1,820
	360
TOTAL	<u>\$ 2,180</u>

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
OFFICE	1,159
INSURANCE	3,248
MEETINGS EXPENSE	1,394
MEMBER RECOGNITION	1,133
DISTRICT DUES	2,864
INTERNATIONAL DUES	9,510
INTERCLUB EXPENSES	1,177
LT GOV/DIST OFF	1,000
MEALS	79,389
OTHER/MISC	1,629
SOCIAL EXPENSE	7,442
EDUCATION/MORALE/MEMBERSH	355
TAXES	180
CREDIT CARD FEES	1,109
INFORMATION TECHNOLOGY	400
LEADERSHIP DINNER	1,544
CONVENTION	5,095
STORAGE LOCKER	780
TOTAL	<u>\$ 119,408</u>