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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public
Inspection

Under 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

A For the 2011 calendar year, or tax year beginning		October 1	, 2011, and ending	September 30	, 2012
<input type="checkbox"/> Check if applicable		C Name of organization Kiwanis Club of Colonial Capital Number and street (or P.O. box, if mail is not delivered to street address) <input type="text" value="P.O. Box 612"/> City or town, state or country, and ZIP + 4 <input type="text" value="Williamsburg, Virginia 23187-0612"/>		D Employer identification number 51-0228335 E Telephone number 757-258-1256 F Group Exemption Number ► 0026	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► _____					
I Website: ► ColonialCapitalKiwanis.org					
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).					
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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 74,278					
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. <input type="checkbox"/>					
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	19,905	
	2	Program service revenue including government fees and contracts	2	12,749	
	3	Membership dues and assessments	3	41,606	
	4	Investment income	4	18	
	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)			
	6	Gaming and fundraising events	6c		
	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			
c	Less: direct expenses from gaming and fundraising events	6c			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
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)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		► 74,278		
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	29,817	
	11	Benefits paid to or for members	11	44,470	
	12	Salaries, other compensation, and employee benefits	12	0	
	13	Professional fees and other payments to independent contractors	13	1,825	
	14	Occupancy, rent, utilities, and maintenance	14	540	
	15	Printing, publications, postage, and shipping	15	467	
	16	Other expenses (describe in Schedule O)	16	3,262	
	17	Total expenses. Add lines 10 through 16	► 17	80,381	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(6,103)	
	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	23,376	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	► 21	17,273	

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	23,376	22 17,273
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	23,376	25 17,273
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,376	27 17,273

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Colonial Capital Kiwanis Williamsburg Foundation: The Foundation supports a number of local community organizations that focus on young children			
(Grants \$ 14,978) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	14,978
29 Youth Services: Middle school baseball, softball and basketball tournaments; two Little League teams (10-11 year olds) These activities benefit over 200 boys and 200 girls in the Williamsburg/James City County areas. All are sponsored by the Colonial Capital Kiwanis Club			
(Grants \$ 7,100) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	7,100
30 Other program services, all of which benefit children in the Williamsburg/James City County areas.			
(Grants \$ 7,739) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	7,739
31 Other program services (describe in Schedule O)			
(Grants \$ 10,396) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	10,396
32 Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	32	40,213

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
John Hite PO Box 612, Williamsburg, VA 23187	President -15	0	0	0
Chris Snyder PO Box 612, Williamsburg, VA 23187	President Elect - 5	0	0	0
Pamela Rambo PO Box 612, Williamsburg, VA 23187	Vice President - 3	0	0	0
Robert Zogelman PO Box 612, Williamsburg, VA 23187	Secretary - 10	0	0	0
Richard Morgan PO Box 612, Williamsburg, VA 23187	Treasurer - 5	0	0	0
Arthur Kohler PO Box 612 Williamsburg, VA 23187	Past President - 5	0	0	0
James O'Reardon PO Box 612, Williamsburg, VA 23187	Foundation Treasurer - 5	0	0	0
Maloy Jones PO Box 612, Williamsburg, VA 23187	Director - 1	0	0	0
Robert Taylor PO Box 612, Williamsburg, VA 23187	Director - 1	0	0	0
Gerald Fahn PO Box 612, Williamsburg, VA 23187	Director - 1	0	0	0
Thomas Wilson PO Box 612, Williamsburg, VA 23187	Director - 1	0	0	0
G. Kenneth Robinson PO Box 612, Williamsburg, VA 23187	Director - 1	0	0	0

Expenses

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

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

- 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33
- 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34
- 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a
- b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b
- c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c
- 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 36
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 37b
- b Did the organization file Form 1120-POL for this year? 38a
- 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b
- b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a
- 39 Section 501(c)(7) organizations. Enter: 39b
- a Initiation fees and capital contributions included on line 9
- b Gross receipts, included on line 9, for public use of club facilities
- 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ 40b
- 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
- 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 ► 40c
- d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 40d
- 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. 40e

- 41 List the states with which a copy of this return is filed. ►

42a The organization's books are in care of ► Richard Morgan Telephone no. ► 757-258-1256
Located at ► PO Box 612, Williamsburg, VA ZIP + 4 ► 23187-0612

- 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: ►

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 the U.S.?
If "Yes," enter the name of the foreign country: ►

- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here □ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

- b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

- c Did the organization receive any payments for indoor tanning services during the year? 44c

- d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

- 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

- 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

	Yes	No
33	<input checked="" type="checkbox"/>	
34	<input checked="" type="checkbox"/>	
35a	<input checked="" type="checkbox"/>	
35b		
35c	<input checked="" type="checkbox"/>	
36	<input checked="" type="checkbox"/>	
37b	<input checked="" type="checkbox"/>	
38a	<input checked="" type="checkbox"/>	
40b		<input checked="" type="checkbox"/>
40c		
40d		
40e		<input checked="" type="checkbox"/>
42b	<input checked="" type="checkbox"/>	
42c		<input checked="" type="checkbox"/>
43		
44a	<input checked="" type="checkbox"/>	
44b	<input checked="" type="checkbox"/>	
44c	<input checked="" type="checkbox"/>	
44d		
45a	<input checked="" type="checkbox"/>	
45b		<input checked="" type="checkbox"/>

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.

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 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	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	✓
48	Is the organization 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."		

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 . . . ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

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.

Sign Here	 Signature of officer Richard E. Morgan - Treasurer Type or print name and title	Date October 30, 2012
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Paid Preparer Use Only	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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

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Inspection

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization

Kiwanis Club of Colonial Capital

Employer identification number

51-0228335

Line 10 - Grants and Similar Amounts Paid: Young children: Priority One \$2,030; Youth Services \$9,188; Community Services \$589;

Kiwanis Related Charities \$2,522; Donations \$510; CCWKF \$14,978. Total \$29,817

Line 16 - Other Expenses: Miscellaneous supplies, Speaker gifts, Member Hats and Shirts \$1937; District 23 Lt. Governor Expense Fund

\$420; Public Relations \$905. Total \$3,262

Line 31 - Other Program Services: Garvey Memorial Soccer Tournament \$1,200; Donation to Children's Hospital of the King's Daughters

\$1,000; College of William and Mary Synchronized Swimming Team \$300; Kiwanis International Foundation \$7,896. Total \$10,396