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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
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)
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 \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy star reporting requirements

OMB No 1545-1150

2008

Open to Public Inspection

Α	For t	he 2008 calen	dar year	, or tax year beginnin	ng 6/01/08, ar	nd ending 5 / .	31/09			
В	Check	of applicable	Please	C Name of organiza	tion			D	Employ	yer identification number
-	1	ss change	use IRS label or	THE ZONTA	כווום סב צאווא	T EOUNDAM	TON	1	12-	1649554
}-	1	change	print or		CLUB OF KAUA			╁ᡓ		ione number
-	Initial		type. See	P.O. BOX	et (or PO box, if mail is not de コロマウ	livered to street addres	Room/suite		•	-635-3845
-	1	nation	Specific							Exemption
-	f	ded return	Instruc-	LIHUE _	e or country, and ZIP + 4	I 96766		"	Numbe	•
L_		ation pending	tions		1) nonexempt charitable		G Accoun	tina mot		X Cash Accrual
	• 36	ection 50 i(c)((Form 990 or 990-EZ).	trusts must attach	Other (spec		1100 [2	VI Casii [] Accidai
-	Mobi	site: N		impleted Schedule A	(FOIIII 990 01 990-LZ).				of the O	rganization is not
		nization type		ly one)— X 501(c) (3) ◀ (insert no)	4947(a)(1) or	527 require	to attac	h Sched	rganization is not dule B (Form 990,
<u>s</u> K					n 509(a)(3) supporting org					
					file a return, be sure to file		ood recorpto and morn	,		420,000 711012111
ī					eipts, if \$1,000,000 or more, file		Form 990-EZ		▶ \$	35,349
=	Part I				anges in Net Assets				<u> </u>	
	1			ants, and similar amounts					1	19,110
	2				nment fees and contracts			Γ	2	
•	3	=		and assessments					3	
ZWW.	4	investment	tincome					Γ	4	543
18	5	a Gross amo	ount from	sale of assets other the	han inventory	5a				
₹	I	b Less cost	or other	basis and sales expen	ises	5b				
\sim		c Gain or (loss	s) from sale	e of assets other than inve	entory (Subtract line 5b from lii	ne 5a) (attach sch)			5c	
270	<u> </u>	and the contract of the contra								
窸	evenue 6	a Gross revenue (not including \$ of contributions							1	
	צַ	reported or	n line 1)			6a	15,			
	1	b Less direc	t expens	es other than fundrais	ing expenses	_6b_	3,	397	ļ	
CANNED MAI	(c Net income	e or (loss) from special events	and activities (Subtract lin	e 6b from line 6a)		<u> </u>	6c	11,799
£	7:	a Gross sale	s of inve	ntory, less returns and	dallowances	7a				
(E)	1	b Less cost	of goods	sold		_7b			1	
	'				ory (Subtract line 7b from	line 7a)		L	7c	·
	8		•					-)	8	
_	9			lines 1, 2, 3, 4, 5c, 6d				•	9	31,452
	10			amounts paid (attach :	schedule)	See S	Statement 3	-	10	17 , 950
	11	•		for members	_			-	11	
	ဖွ 12	•		pensation, and emplo				-	12	1 510
	13 14 14			, ,	independent contractors			-	13	1,510
	X I	•	•	tilities, and maintenan				-	14	1 077
	ם 15 16			ns, postage, and shipp escribe ►See_S	-			、	15	1,977 5,491
	17			dd lines 10 through 16				-∠ }	16 17	26,928
-				for the year (Subtract I					18	4,524
	Net Assets 18 19 20 24				ar (from line 27, column (A)) (m	ust agree with end of year fi	gure regerted on ones wearte	~tum\	19	45,731
	ق 20				nces (attach explanation)		Statement :		20	3,841
	Ž 21				ar Combine lines 18 throu		ocacement.	´ ⊾ ˈ	21	54,096
-	Part				on line 25, column (B) are		e file Form 990 inste	ad of F		
_				ee the instructions for	Part III		(A) Beginning of		0,,,,,,,,	(B) End of year
2	2 Casi	h, savings, and			RECEIV		45,		22	54,096
2	3 Land	d and buildings	3		MEDEIN	ED I			23	
		er assets (desc							24	
		al assets			APR 2 2 2	919 8	45,	731	25	54,096
		al liabilities (d			1	l\ldot ll		0	26	0
2	7 Net	assets or fun	d balanc	es (line 27 of column	(B) must agree with line 2	11) K	45,	731	27	54,096
					ice, see the instructions					Form 990-EZ (2008)
)AA				and the same of th	The same of the sa				\sim

Form 990-EZ (2008) THE ZONTA CLUB	OF KAUAI FOUN	DATION 42	2-1649554			Page 2
Part III Statement of Program Service	Accomplishments (See the instruc	tions for Part III	.)	Exp	enses
What is the organization's primary exempt purpose?) (Required	for 501(c)(3)
SUPPORT CHARITABLE PROGRAMS & GRANT EDU	CATION SCHOLARSHIPS	<u></u>		a	and (4) or	ganızatıons
Describe what was achieved in carrying out the organiz				1		(a)(1) trusts,
describe the services provided, the number of persons	penefited, or other relevant	information for each	program title		optional fo	or others)
28 THE FOUNDATION AWARDED 9 INDIVIDUAL	SCHOLARSHIPS				ļ	
0.000	-	de a de la casa	. [7 00-		0.054
	nt includes foreign grants, c	песк пеге		28a	 	9,054
29 CHRISTMAS FUND GIVES FOOD, CLOTHING	& SUPPLES TO THE					
NEEDY						
(Grants \$ 8,950)_If this amoun	nt includes foreign grants, o	heck here	▶ [7 29a		8,950
30 THE FOUNDATION SUPPORTS VARIOUS QUAL				1 -32	·	
				1	1	
(Grants \$) If this amoun	nt includes foreign grants, o	check here	▶_	30a		2,590
31 Other program services (attach schedule)						
(Grants \$) If this amount	nt includes foreign grants, o	check here	 ▶	31a	ļ	
32 Total program service expenses (add lines 28a th				▶ 32	<u> </u>	20,594
Part IV List of Officers, Directors, Trustees,	and Key Employees. List e	(b) Title and average		(d) Contril		
(a) Name and address		hours per week	(If not paid,	employee ber	nefit plans &	(e) Expense account and
WARRENT NEW ARREST	D.U.D.T.	devoted to position	enter -0)	deferred con	npensation	other allowances
	AWAI I 96765	CHAIR 1			0	0
	APAA	VICE CHAIR	†		 	
	I 96746	1	اه		اه	0
	AWAI	TREASURER	i i			<u>~</u>
	I 96765	1	اه		o	0
	APAA	SECRETARY	1			_
	I 96746	1	o		o	0
MARIE BAILEY L	IHUE	TRUSTEE				
4134 HILI ST. H	I 96766	11	0		0	0
MARLENE GREER K	APAA	TRUSTEE				
390 PAPALOA RD. H	I 96746	1			0	0
EDIE IGNACIO	IHUE	TRUSTEE				
2857 AUKOI ST. H	I 96766		0		0	0
			 			
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DAA						rm 990-EZ (2008)

	Section 501(c)(3) organizations only. All sec	ction 501(c)(3) organiz	ations must ar	swer questions	s 46 4 9
	and complete the tables for lines 50 and 51. organization engage in direct or indirect political campaign a es for public office? If "Yes," complete Schedule C, Part I	octivities on behalf of or in op	position to		Yes No
	rganization engage in lobbying activities? If "Yes," complete				47 X
	ganization operating a school as described in section 170(b)		Schedule E		48 X
	organization make any transfers to an exempt non-charitable				49a X
	was the related organization(s) a section 527 organization?]	49b
•	e this table for the five highest compensated employees (otle eived more than \$100,000 of compensation from the organi			npioyees) who	
	(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
None					
			 		
					
Fetal aumbor e	of other employees paid over \$100,000		<u></u>	ļ	
	sation from the organization. If there is none, enter "None" lame and address of each independent contractor paid more than \$1	00,000 (b) Type of service	(c) C	ompensation
None					
		i		1	
Total number o	of other independent contractors each receiving over \$100.0	000			
Total number o	of other independent contractors each receiving over \$100 (Under penalties of perjury, I declare that I have examined this retur	rn, including accompanying sche	dules and statements,	and to the best of my	knowiedge
	of other independent contractors each receiving over \$100 (Under penalties of perjury, I declare that I have examined this retur and belief, it is true, correct, and complete Declaration of preparer	rn, including accompanying sche	dules and statements,	and to the best of my	knowledge wledge
Sign	Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete. Declaration of preparer	rn, including accompanying sche	dules and statements, all information of which	and to the best of my preparer has any kno	knowledge wledge
Sign	Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete. Declaration of preparer Signature of officer.	rn, including accompanying sche (other than officer) is based on a	Ill information of which Date	n preparer has any kno	knowledge wledge
Sign	Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete. Declaration of preparer Signature of officer. KATIE BEER	rn, including accompanying sche	Ill information of which Date	n preparer has any kno	knowledge wledge
Sign Here	Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete. Declaration of preparer Signature of officer KATIE BEER Type or print name and title.	m, including accompanying sche (other than officer) is based on a	Ill information of which Date Check if self-	Preparer's Ider	wledge httfying Number (See in
Sign Here Paid	Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete. Declaration of preparer Signature of officer KATIE BEER Type or print peme and title. Preparer's signature.	CHA	Ill information of which Date Check if	Preparer's Ider	wledge httfying Number (See in
Sign Here Paid Preparer's	Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete. Declaration of preparer Signature of officer KATIE BEER Type or print pene and title Preparer's signature. Firm's name (or yours Laura Wiley, CPA)	CHA	Ill information of which Date Check if self-	Preparer's Ider X P0044	wledge httying Number (See in
Sign Here Paid	Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete. Declaration of preparer Signature of officer KATIE BEER Type or print peme and title. Preparer's signature.	CHA	Ill information of which Date Check if self-	Preparer's Ider X P0044 EIN Phone	wledge httfying Number (See in

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

1

2

THE ZONTA CLUB OF KAUAI FOUNDATION

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

The organization is not a private foundation because it is (Please check only one organization)

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

Employer identification number 42-1649554

3	\sqcup	A hospital or a	a cooperative hospital service	ce organization described in sec	tion 170(b)(1)(A)(i	ii). (Atta	ch Sche	dule H)		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	_	city, and state	· · · · · · · · · · · · · · · · · · ·									
5		-		of a college or university owned	or operate	ed by a go	vernme	ntal unit	describ	oed in		
•	_	J)(1)(A)(iv). (Complete Part	•		,						
6	\Box	•		overnmental unit described in se	ection 17	7/b)/1)/A)	(v)					
7	Н			substantial part of its support fro				rom the	denera	Loublic		
•	Ш	•	section 170(b)(1)(A)(vi). (Co	•	iii a gove	minema	unik or i	on the	genera	, public		
_												
8		•		70(b)(1)(A)(vi). (Complete Part	•							
9	X	-	•) more than 33 1/3 % of its sup							oss —	
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
		support from	gross investment income ar	id unrelated business taxable in	come (les	s section	511 tax) from b	usiness	es		
	_	acquired by the	ne organization after June 3	0, 1975 See section 509(a)(2).	(Complet	e Part III)					
10	Ш	An organization	on organized and operated o	exclusively to test for public safe	ety See s	ection 50	9(a)(4).	(see ins	truction	ıs)		
11		An organization	on organized and operated o	exclusively for the benefit of, to	perform th	e functio	ns of, or	to carry	out the	•		
		purposes of o	ne or more publicly support	ed organizations described in se	ection 509	(a)(1) or	section (509(a)(2) See s	section		
		509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h										
		a Type										
е			—	anization is not controlled direct			ne or m					
			· · · · · · · · · · · · · · · · · · ·	and other than one or more put	-			•		section		
			ection 509(a)(2)			- · · · •						
f				rmination from the IRS that it is	a Type I	Type II o	r Type I	II suppo	orting			
•			check this box		u 13p0 (,	1300 11, 0	, , , po ,	п осррс	,, tuilg		П	
_		-		tion accounted any aift or contrib	ution from	any of th	•					
g		•		tion accepted any gift or contrib	ution irom	any or u	е					
		following per										
				ontrols, either alone or together	with perso	ns descr	bed in (11)			Yes No	
		and (iii) b	pelow, the governing body o	f the supported organization?							11g(i)	
		(ii) A family	member of a person describ	oed in (ı) above?							11g(II)	
		(iii) A 35% c	ontrolled entity of a person o	described in (i) or (ii) above?							11g(ni)	
h		Provide the f	following information about t	he organizations the organization	n support	s						
(1)	Nam	e of supported	(II) EIN	(III) Type of organization	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your		organization in col (i) organized in the		(vii) Amount of	
		janization	` '	(described on lines 1–9							support	
				above or IRC section								
				(see instructions))		Na		ort?	V			
				 	Yes	No	Yes	No	Yes	No		
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Tota	al			1	1	1						
		cv Act and Pan	erwork Reduction Act Notice	see the Instructions for Form 9	 90		<u> </u>	Ь——	ام2	hedule /	(Form 990 or 990-EZ) 2008	
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Sche	dule A (Form 990 or 990-EZ) 2008 THE	ZONTA CL	UB OF KAU	JAI FOUND	ATION 42	-1649554_	Page 2
	rt II Support Schedule for Or					170(b)(1)(A)(vi)	
	(Complete only if you che	cked the box	on line 5, 7, or	8 of Part I.)			
	tion A. Public Support			·		···	
Cal	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	·····	· · · · · · · · · · · · · · · · · · ·				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	·					
Cal	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4			<u> </u>	_	 	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10			<u></u>	<u> </u>	.l	
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for the	•	, second, third, fo	urth, or fifth tax ye	ear as a section 50	1(c)(3)	. \Box
	organization, check this box and stop her		42				<u> </u>
	tion C. Computation of Public St						
14	Public support percentage for 2008 (line 6		-	nn (f))		14	
15	Public support percentage from 2007 Sch					15	%
16a	33 1/3 % support test—2008. If the organ				33 1/3 % or more	, check this box	. □
	and stop here. The organization qualifies				15 20 4/2 0/		
b	33 1/3 % support test—2007. If the organ box and stop here. The organization qual				10 15 33 1/3 % 01	more, check this	▶ □
170	•		• • •		So or 16h and lin	a 14 is 10% or	
174	10%-facts-and-circumstances test—200 more, and if the organization meets the "fa						
	_						▶ □
b	organization meets the "facts-and-circums 10%-facts-and-circumstances test—200		-				- U
D	more, and if the organization meets the "fa	_					
	organization meets the "facts-and-circums						▶ □
18	Private foundation. If the organization did						▶ □
						Schedule A (Form 9)	

Page 3

Schedule A (Form 990 or 990-EZ) 2008 THE ZONTA CLUB OF KAUAI FOUNDATION

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	48,485	35,444	20,955	14,845	19,110	138,839
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		16,368	20,509	20,237	15,696	72,810
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5	48,485	51,812	41,464	35,082	34,806	211,649
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				· · · · · · · · · · · · · · · · · · ·		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	48,485	51,812	41,464	35,082	34,806	211,649
_	tion B. Total Support						
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends,	48,485	51,812	41,464	35,082	34,806	211,649
IVa	payments received on securities loans, rents, royalties and income from similar sources		12	492	577	543	1,624
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		12	492	577	543	1,624
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			90,	<u> </u>		90
13	Total support. (Add lines 9, 10c, 11,	48,485	51,824	42,046	35,659	35,349	
	and 12)	<u></u>					213,363
14	First five years. If the Form 990 is for the organization, check this box and stop here	_	, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	▶ 🗆
Sec	ction C. Computation of Public Su	spport Percent	tage				
15	Public support percentage for 2008 (line 8	, column (f) divided	d by line 13, colum	nn (f))		15	99.1967 %
16	Public support percentage from 2007 Scho					16	99.5827 %
Sec	tion D. Computation of Investme	nt Income Per	rcentage				
17	Investment income percentage for 2008 (I		-	, column (f))		17	0.7611 %
18	Investment income percentage from 2007					18	0.3540 %
19a	33 1/3 % support tests—2008. If the orga 17 is not more than 33 1/3 %, check this t						▶ X
þ	33 1/3 % support tests—2007. If the orga	inization did not ch	eck a box on line	14 or line 19a, and	line 16 is more th	an 33 1/3%, and	
	line 18 is not more than 33 1/3 %, check t	his box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization	▶ <u> </u>
20	Private foundation. If the organization did	I not check a box of	on line 14, 19a or 1	19b, check this box	and see instruction	ons	•

Schedule A (Form 990 or 990-EZ) 2008 THE ZONTA CLUB OF KAUAI FOUNDATION 42-1649554

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12 Provide any other additional information. (see instructions)

Part III, Line 12 - Other Income Detail

TEE SHIRT SALES

\$

90

Form 9 9	20	Special Events Schedule							
Form 9		For calendar year 2008,	or tax year beginning	6/01/08	, and ending	5/31/09	2008		
lame	· · · · · ·				_		ntification Number		
THE ZOI	NTA CI	LUB OF KAUAI I	FOUNDATION			42-1649	9554		
		(A)	(B)	(C)	Othe		Total		
Gross receipt		<u>15,696</u> 0	0 0		0	0	15,696 0		
Less contril		15,696			$\frac{0}{0}$ ———		15,696		
Gross revenu Less direct		3,897			0		3,897		
Net income (I		11,799			$\frac{3}{0}$	$\frac{}{}$	11,799		
(101 111001110 (1	,				<u> </u>				
Description	(A)	EAT DESSERT	' FIRST						
	(D)								
	(B)								
	(C)								
	(0)								
	Others								
									
									
									
									
				 _					
									
									
				<u></u> _					
									
									
									
									
									
									

4/12/2010 7:32 PM -Purpose 4/02/09 12/01/08 Date of Gift Explanation Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid FMV Book Value Explanation Class of Activity Federal Statements Book Value Relationship to Organization Noncash Contribution ZONTA THE ZONTA CLUB OF KAUAI FOUNDATION 9,000 17,950 8,950 Contribution Cash Name and Address GIFT CERTS FOR NEEDY Description of Property FYE: 5/31/2009 SCHOLARSHIPS 42-1649554 Total

ZONTA THE ZONTA CLUB OF KAUAI FOUNDATION 42-1649554 Federal Statements

FYE: 5/31/2009

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EAT DESSERT FIRST	\$
BANK CHARGES	226
Advertising	1,270
Taxes/Licenses	746
Expenses	
MEETINGS	54
Insurance	690
LICENSES & PERMITS	5
CHARITABLE DONATIONS	2,500
Total	\$ 5,491

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	 Amount
PRIOR PERIOD ADJUSTMENT	\$ 3,841
Total	\$ 3,841