See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Process as original 0909

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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning OCTOBER 01 , 2008, and ending SEPTEMBER 30, 2009

B Check if applicable: [X] 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 CAPE CORAL KIWANIS FOUNDATION I

Doing Business As

Number and street (or P O box if mail is not delivered to street address) — Room/suite

PO BOX 100006

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

CAPE CORAL FL 33910

D Employer identification number 23-7376955

E Telephone number (239)209-8869

G Gross receipts $ 778,029

F Name and address of principal officer

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ N/A

K Type of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation

M State of legal domicile

CLIENT COPY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

COMMUNITY SERVICE AND SCHOLARSHIPS

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	0
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		10,000
	9	Program service revenue (Part VIII, line 2g)	184	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,292	48,630
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	747,967	715,020
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	788,443	773,650
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	295,124	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	478,631	377,299
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	773,755	377,299
	19	Revenue less expenses Subtract line 18 from line 12	14,688	396,351
			Beginning of Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,933,041	2,948,450
	21	Total liabilities (Part X, line 26)	1,015,682	972,036
	22	Net assets or fund balances Subtract line 21 from line 20	1,917,359	1,976,414

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IPR BRANCH
OGDEN

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Part II Signature Block

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 — Date

▶ TRUDY HUTCHINSON PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date 07-22-2010 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instr)

Firm's name (or yours if self-employed), address and ZIP + 4 ▶ WALLY V CORDELL CPA, PO BOX 1357, ESTERO, FL 33929-1357 — EIN ▶ — Phone no. ▶ (239) 209-8869

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May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED NOV 22 2013

SCANNED NOV 22 2013 (Postmark)

91R-2 12NE (pg. 2-12M)

Form **2848**
(Rev March 2012)
Department of the Treasury
Internal Revenue Service

Power of Attorney and Declaration of Representative

▶ Type or print. ▶ See the separate instructions.

OMB No 1545-0150

For IRS Use Only
Received by
Name
Telephone
Function
Date / /

Part I Power of Attorney

Caution: A separate Form 2848 should be completed for each taxpayer Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address	Taxpayer identification number(s)	
CAPE CORAL KIWANIS FOUNDATION INC PO BOX 100006 CAPE CORAL, FL 33910	23-7376955	
	Daytime telephone number (239)772-7856	Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address	
Timothy W Barrier CPA PA 616 SE 47th Terrace Cape Coral FL 33904	CAF No. 0100-55041R PTIN P00624246 Telephone No 239-542-1600 Fax No (239) 204-2055
Check if to be sent notices and communications [X]	Check if new: Address [X] Telephone No. [ ] Fax No. [ ]
Name and address	CAF No. PTIN Telephone No Fax No
Check if to be sent notices and communications [ ]	Check if new: Address [ ] Telephone No. [ ] Fax No. [ ]
Name and address	CAF No. PTIN Telephone No. Fax No.
	Check if new: Address [ ] Telephone No. [ ] Fax No. [ ]

to represent the taxpayer before the Internal Revenue Service for the following matters:

3 Matters

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, etc) (see instructions for line 3)	Tax Form Number (1040, 941, 720, etc) (if applicable)	Year(s) or Period(s) (if applicable) (see the instructions for line 3)
INCOME TAX	FORM 990	2009-2013
INCOME TAX	FORM 990EZ	2009-2013
INCOME TAX	FORM 990-T	2009-2013

Postmark Missing

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4 **Specific Uses Not Recorded on CAF** . . . . ▶ [ ]

5 Acts authorized. Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) are not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.

[X] Disclosure to third parties; [ ] Substitute or add representative(s), [ ] Signing a return, ______

[ ] Other acts authorized. ______

(see instructions for more information)

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. An enrolled actuary may only represent taxpayers to the extent provided in section 10 3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 10 3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner)

List any specific deletions to the acts otherwise authorized in this power of attorney:

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OGDEN, UT
IRS-OSC 1109

COPY

6 **Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here . . . . . ▶ ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 **Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.**

Joyce M. Zawitz
Signature

6/26/13
Date

Treasurer
Title (if applicable)

Joyce M Zawitz
Print Name

PIN Number

CAPE CORAL KIWANIS FOUNDATION
Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, I declare that

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following

a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.

b Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.

c Enrolled Agent - enrolled as an agent under the requirements of Circular 230

d Officer - a bona fide officer of the taxpayer's organization

e Full-Time Employee - a full-time employee of the taxpayer.

f Family Member - a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).

g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U S C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).

h Unenrolled Return Preparer - Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the Instructions.**

l Registered Tax Return Preparer - registered as a tax return preparer under the requirements of section 10 4 of Circular 230 Your authority to practice before the Internal Revenue Service is limited You must have been eligible to sign the return under examination and have signed the return **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the Instructions.**

k Student Attorney or CPA - receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements

r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10 3(e))

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE.** See the instructions for Part II.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information

Designation - Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification registration, or enrollment number (if applicable) See instructions for Part II for more information	Signature	Date
B	FLORIDA	AC 44239	James W. Bowie, CPA	6/26/13