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Form 990-EZ

2008

OMB No 1545-1150

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 org- anizations 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 state reporting requirements

Open to Public Inspection

| Α | For the 2008 calendar year, or tax year beginning 10/01 , 2008, and ending 9/30 | , 2009 |
|----------|---|-----------------------------------|
| В | Check if applicable C D | Employer Identification number |
| | Address change Please East Fresno Kiwanis Foundation | 77-0478546 |
| | label or In o D 00503 | Telephone number |
| _ | Initial return type. Fresno, CA 93729-8537 | (559) 325-9185 |
| \vdash | Jermination Specific | |
| 上 | Amended return instructions. Application pending | Group Exemption Number |
| | • 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 me Other (specify | |
| _ | must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify H Check ► X | if the organization is not |
| ı | | tach Schedule B (Form 990, |
| | Organization type (check only one) — X 501(c) (3) ◀ (Insert no) 4947(a)(1) or 527 990-EZ, or 99 | 0-PF) |
| | 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 return is not required, but if the organization chooses to file a return, be sure to file a complete r | eturn |
| L | Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 | 144.000 |
| Pa | instead of Form 990-EZ art I: Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the in: | ►\$ 144,032. |
| | 1 Contributions, gifts, grants, and similar amounts received | 1 40,781. |
| | 2 Program service revenue including government fees and contracts | 2 |
| | 3 Membership dues and assessments | 3 |
| | 4 Investment income | 4 2,268. |
| | 5a Gross amount from sale of assets other than inventory 5a | |
| | b Less: cost or other basis and sales expenses 5b | ` ' <u>-</u> ' |
| R | c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) | "5c |
| REVENUE | 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here | |
| E N | a Gross revenue (not including \$ 2,750. of contributions | |
| Ē | reported on line 1) 6a 98, 41 | 5 . 🗐 |
| | b Less. direct expenses other than fundraising expenses 6b 51, 49 | |
| | c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c 46,925. |
| | 7a Gross sales of inventory, less returns and allowances 7a 2,56 | |
| | b Less cost of goods sold . 7b 21,09 | |
| | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c -18,522. |
| | 8 Other revenue (describe ► | 8 |
| | 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits RECEIVED Co. | ▶ 9 71,452. |
| | 10 Grants and similar amounts paid (attach schedule) See Statement 1 | 10 93,668. |
| F | 11 Benefits paid to or for members. | 11 |
| P | 12 Salaries, other compensation, and employee benefits. | 12 |
| É | 13 Professional fees and other payments to independent contractors | 13 |
| ςς | 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping | 14 |
| ş. | | 15 |
| | 16 Other expenses (describe See Statement 2 | 16 2,053. |
| | 16 Other expenses (describe See Statement 2 17 Total expenses (add lines 10 through 16) | ► 17 95,721. |
| ۵ | 18 Excess or (deficit) for the year (Subtract line 17 from line 9). | 18 -24,269. |
| N- S | 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye figure reported on prior year's return). 20 Other changes in net assets or fund balances (attach explanation). 21 Net assets or fund balances at end of year Combine lines 18 through 20. 3rt | ear 105 045 |
| ĘĘ | figure reported on prior year's return). 20 Other changes in net assets or fund balances (attach explanation) | 19 105, 945. 20 |
| Ľ | 21 Net assets or fund balances at end of year Combine lines 18 through 20 | ► 21 81,676. |
| P. | Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 in | |
| | (See the instructions for Part II) (A) Beginning of | |
| 22 | Cash, savings, and investments . 55, 6 | 59. 22 33,898. |
| 23 | Land and buildings 6, 5 | 00. 23 6,500. |
| 24 | Other assets (describe See Statement 3) 55,9 | |
| 25 | 5 Total assets 118,0 | |
| 26 | Total liabilities (describe ► See Statement 4) 12,1 | 25. 26 0. |
| 27 | Net assets or fund balances (line 27 of column (R) must agree with line 21) | 45 27 81 676 |



| ` <u>Form</u> | 990-EZ(2008) East Fresno Kiw | anis Foundation | | | - <u>04</u> | 78546 Page 2 |
|---------------|--|--------------------------------|--------------------------|-----------------------|-------------|-------------------------|
| Par | till Statement of Program Se | rvice Accomplishments | (See the instruction | ons.) | | Expenses |
| | s the organization's primary exempt purpose? See | | | | (Rea | uired for 501(c)(3) |
| Desc | ribe what was achieved in carrying out th | ne organization's exempt pur | oses In a clear and co | ncise manner. | and | (4) organizations and |
| desc | ribe what was achieved in carrying out the | persons benefited, or other | relevant information for | each | 4947 | (a)(1) trusts, optional |
| prog | am title. | | · | | for o | thers.) |
| 28 | See Statement 6 | | | | | Ì |
| | | | | | | |
| | | | | | 1 | |
| | (Grants \$) If th | nis amount includes foreign gi | rants check here | | 28 a | 990. |
| 29 | Torch of Excellence - Rec | | | udont | 204 | |
| 29 | | | | | ł | |
| | athletes that maintain a | | er. Over 80 st | <u>udents</u> | | |
| | were recognized in this p | rogram. | | | | |
| | (Grants \$) If th | nis amount includes foreign gi | rants, check here | | 29 a | 1,050. |
| 30 | Community Service Recogni | | | ted | | |
| - | members of community for | | | | 1 | |
| | | | sent them a co | HET IDUCTOR | 1 | • |
| | to their selected charity | | ,,, | | | |
| | (Grants \$) If the | is amount includes foreign gi | rants, check here | • | 30 a | 1,724. |
| 31 | Other program services (attach schedule | e) See Statement 7 | • | _ | | |
| | (Grants \$) If th | iis amount includes foreign gi | rants, check here | • | 31 a | |
| | Total program service expenses (add II | | | ▶ | 32 | 104,378. |
| Par | List of Officers, Directors | , Trustees, and Key Em | plovees. (List each o | ne even if not cor | npens | sated See the instrs.) |
| | | (b) Title and average hours | | (d) Contributions | | (e) Expense account |
| | (a) Name and address | per week devoted | not paid, enter -0) | employee benefit plai | ns and | and other allowances |
| | | to position | | deferred compensa | tion | |
| | b Schwartz | President | 0. | | 0. | 0. |
| 270 | 6 W Ashlan Ave #192 | 0 | | | | |
| | sno, CA 93705 | | | | | |
| _ | hard Laxton | Vice President | 0. | | 0. | 0. |
| | | vice riesident | 0. | | υ. | l |
| | E. Cole | U | | | | |
| | sno, CA 93720 | | | | | |
| Cha | rlie Fosnaugh | Secretary | 0. | | 0. | 0. |
| 638 | 5 N Laureen Ave | l ō | | | | |
| | sno, CA 93710 | 1 | | | | |
| _ | g Mason | Tronguror | 0. | | 0. | |
| | | Treasurer | υ. | | υ. | 0. |
| | Clovis Ave Suite #3 | U | | | | |
| <u>Clo</u> | vis, CA 93612 | | | | | |
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| | The state of the statement requirement in denoral mistraction v.y | | т | Т |
|-------------|---|----------|-------------|----------------------|
| 22 ' | 'Did the example to engage in any continue not are would reported to the IDS2 If 'Vec' attach a detailed description of | <u> </u> | Yes | No |
| | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | 33 | ļ | X |
| | Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes | 34 | | 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 your reason for not reporting the income on Form 990-T. | | , - | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35 a | | х |
| b | If 'Yes,' has it filed a tax return on Form 990-T for this year? | 35 b | _ | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N | 36 | | Х |
| | Enter amount of political expenditures, direct or indirect, as described in the instructions | 37 b | | X |
| | 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 unpaid at the start of the period covered by this return? | | | X |
| | If 'Yes,' complete Schedule L, Part II and enter the total | 38 a | | ^ |
| | amount involved 38b N/A | , | | ĺ |
| | 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 . 39a N/A | | , | |
| | Gross receipts, included on line 9, for public use of club facilities | | | |
| | 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | |
| | section 4911 ► 0., section 4912 ► 0.; section 4955 ► 0. | | * | <u> </u> |
| b | 501(c)(3) and (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,' complete Schedule L, Part I | 40 b | | X |
| С | | | | |
| | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. | ,,'- | ** <u>-</u> | |
| | Enter amount of tax on line 40c reimbursed by the organization | | , | |
| е | 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 | 40 e | ~ | X |
| 41 | List the states with which a copy of this return is filed None | | L | , |
| 42 a | The books are in care of ► Greg Mason Telephone no. ► (559) Located at ► 456 Clovis Ave. Suite #3 Clovis CA ZIP + 4 ► 93612 | | | |
| 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)? | 42b | Yes | No X |
| | If 'Yes,' enter the name of the foreign country | 420 | | |
| | | | | |
| | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. | , , | | |
| С | At any time during the calendar year, did the organization maintain an office outside of the U.S? | 42c | | $\tilde{\mathbf{x}}$ |
| | If 'Yes,' enter the name of the foreign country | 120 | | |
| | | | | |
| | | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here | 1 | ► [| N/A |
| | and enter the amount of tax-exempt interest received or accrued during the tax year . • 43 | | | N/A |
| | | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | | | v |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' | 44 | | X |
| 73 | Form 990 must be completed instead of Form 990-EZ | 45 | L_ | <u>X</u> |
| BAA | TEEA0812L 01/14/09 For | m 990 | | |

| • | | | | | |
|---------------|---|--|--|---|---|
| Form 99 | 0-EZ(2008) East Fresno Kiwanis | Foundation | | 77-047 | 78546 Page 4 |
| Part V | Section 501(c)(3) organization | s only. All section | 501(c)(3) organiza | | |
| | and complete the tables for line | es 50 and 51. | | See S | Statement 8 |
| 46 Did | the organization engage in direct or indire | ct political campaign ac | ctivities on behalf of o | r in opposition to candida | ates Yes No |
| | public office? If 'Yes,' complete Schedule (the organization engage in lobbying activity | | Schodulo C Part II | • | 46 X 47 X |
| | the organization operating a school as desc | | · · | nolete Schedule F | 47 X |
| | the organization make any transfers to an | | | | 49a X |
| | Yes,' was the related organization(s) a sect | • | | | 49 b |
| 50 Co | mplete this table for the five highest competeived more than \$100,000 of compensation | ensated employees (oth | er than officers, direct | tors, trustees and key en | nployees) who each |
| 100 | (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 and deferred compensation | (e) Expense account and other allowances |
| None | | | | | |
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| | | | | | |
| Total numb | per of other employees paid over \$100,000 | | | | |
| 51 Co fro | mplete this table for the five highest compe m the organization If there is none, enter 'l | nsated independent co None.' | ntractors who each re | ceived more than \$100,0 | 00 of compensation |
| | (a) Name and address of each independent contr | actor paid more than \$100,000 | | (b) Type of service | (c) Compensation |
| None_ | | | | | |
| | | | -, | · · · · · · · · · · · · · · · · · · · | |
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| Total nu | mber of other independent contractors recei | IVIDG OVER \$100 000 | > | | |
| · Ota: mai | Under penalties of perjury, I declare that I have exam | ined this return, including acco | mpanying schedules and stat | ements, and to the best of my kn | owledge and belief, it is |
| | true, correct, and complete Declaration of preparer (| other than officer) is based on a | all information of which prepa | arer has any knowledge | |
| Sign | | 0 | | 18-6-10 | |
| Here | Signature of officer | N Val - N | 1 | Date | |
| | Herb Schwartz Type or print name and title | W Demutor | <u>h</u> | President | |
| Paid | Preparer's Signature Tom Borchardt | | Date | Check if Self- | reparer's Identifying Number see instructions) |
| Pre- | signature Tom Borchardt | | 8-6-10 | employed ► N | I/A |

► N/A

(559) 225-6891

►X Yes No Form 990-EZ (2008)

EIN

Phone no

Borchardt, Corona & Faeth
1540 E. Shaw #118

Fresno, CA 93710-8008

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

Only

BAA

parer's Use

Firm's name (or yours if self employed), address, and ZIP + 4

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2008

Open to Public Inspection

Employer identification number

| Eas | t Fresno Kiwan | is Foundation | | | | | | 77-0 | 47854 | 6 | | |
|--------|---|---|--|---------------------------------|---|---------------------|---------------------|-----------------------------|--|-----------------------------|---------------------------------------|----------|
| Par | t Reason for Pu | blic Charity Statu | is (All organizations | must (| comple | ete this | part. | (see | ınstruc | tions) | | _ |
| | | | use it is: (Please check o | | | | | | | <u> </u> | | |
| 1 | A church, convent | ion of churches or ass | ociation of churches des | cribed in | section | n 170(b) | (1)(A)(i) |). | | | | |
| 2 | A school described | in section 170(b)(1)(| A)(ii). (Attach Schedule | E) | | | | | | | | |
| 3 | — | | e organization described | | on 170(| ЬХ1ХА Х | iii). (At | tach Sc | hedule H | 1) | | |
| 4 | | | ed in conjunction with a h | | | | | | | • | soital's | |
| | name, city, and sta | | - · · · · · · · · · · · · · · · · · · · | | | | | - (-)(-)(- | ,,, | | | |
| 5 | | perated for the benefit | of a college or university | y owned | or oper | ated by | a gove | rnmenta | l unit de | scribed in | section | |
| 6 7 | An organization th | | governmental unit descri i substantial part of its su art II.) | | | | | t or fron | n the gei | neral public | c describe | d |
| 8 | | | 170(b)(1)(A)(vi). (Comple | te Part I | ш | | | | | | | |
| 9 | | | more than 33-1/3 % of its | | | tributions | memb | archin fe | es and | arace receir | nte | |
| | from activities related investment income June 30, 1975 See | ed to its exempt function e and unrelated busine e section 509(a)(2). (C | ns – subject to certain exce ess taxable income (less complete Part III) | eptions, section | and (2) r 511 tax) | no more from b | than 33- usiness | 1/3 % of es acqu | its supplied by t | ort from gro he organiza | 955 | |
| 10 | An organization or | ganized and operated | exclusively to test for pu | ublic saf | ety. See | section | ı 509(a) | (4). (se | e instruc | tions) | | |
| 11 | more publicly supp describes the type | orted organizations organic of supporting organic | exclusively for the bene- described in section 509(a zation and complete lines | a)(1) or s 11e th | section rough 1 | 509(a)(a 1h. | 2) See | of, or ca section | rry out tl 509(a)(3 | he purpose 3). Check t | s of one one one one of the box that |)r at |
| | aType I | b Type II | c 💹 Type II | I — Fund | ctionally | ıntegra | ted | | d 🗌 | Type III- | · Other | |
| е | By checking this be than foundation made 509(a)(2) | ox, I certify that the or anagers and other tha | rganization is not controll n one or more publicly s | led dired upported | ctly or in d organi | directly zations | by one describe | or more ed in se | disqual ction 509 | ıfıed perso 9(a)(1) or s | ons other ection | |
| f | If the organization check this box | received a written det | termination from the IRS | that is a | a Type I | , Type II | or Typ | e III sup | porting | organizatio | n, [| |
| g | Since August 17, 2 | 2006, has the organiza | ition accepted any gift o | r contrib | oution fro | om any | of the f | ollowing | persons | 57 | | |
| | | | | | | | | | | | Yes No | _ > |
| | (i) a person who below, the go | o directly or indirectly overning body of the s | controls, either alone or upported organization? | together | with pe | ersons d | escribe | d in (ii) | and (III) | 11 g (i) | | |
| | (ii) a family men | nber of a person desc | cribed in (i) above? | | | | | | | 11 g (ii) | | |
| | (iii) a 35% contro | lled entity of a persor | described in (i) or (ii) al | bove? . | | | | | | 11 g (iii) | | _ |
| h | Provide the followi | ng information about t | the organizations the org | anızatıo | n suppo | rts. | | | | | | _ |
| | (i) Name of Supported Organization | (II) EIN | (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | organizat (i) listed gove | ls the tion in col d in your erning ment? | the organ | (i) of | organizat | s the ion in col zed in the S ? | (vii) Amour | nt of Support | |
| | | | | Yes | No | Yes | No | Yes | No | | | |
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| | | 語は、語句はかかか | 理漢語學的過過 | 1 3 3 | | j. 50 | 1,12,15 | ter same je | Tight. | | | _ |
| Total | | (本) | 100mm 10 | \$ | | | - | | \$50 A.S. | | | |
| BAA | For Privacy Act and P | aperwork Reduction / | Act Notice, see the Instru | ictions 1 | or Form | 990. | | Schedule | A (Forr | m 990 or 99 | 90-EZ) 200 | 08 |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-3 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). Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources Net income form unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 % 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

Schedule A (Form 990 or 990-EZ) 2008 East Fresno Kiwanis Foundation

Partill Support Schedule for Organizations Described in Section 509(a)(2)

| Sec | | cked the box on I | | | | | |
|--------------------------------------|--|--|--|--|--|--|---|
| <u> </u> | tion A. Public Support | | | | | | |
| Caler | ndar year (or fiscal yr beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| | Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') | 1,976. | 6,801. | 12,674. | 8,872. | | 30,323. |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose | 109,911. | 115,535. | 123,198. | 112,467. | | 461,111. |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | · | | 0. |
| | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| _ | Total. Add lines 1-5 | 111,887. | 122,336. | 135,872. | 121,339. | 0. | 491,434. |
| 7 a | Amounts included on lines 1, 2, 3 received from disqualified persons. | 0. | 0. | 0. | 0. | 0. | 0. |
| 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 | 0. | 0. | 0. | 0. | 0. | 0. |
| | Add lines 7a and 7b | 0. | 0. | 0. | 0. | 0. | 0. |
| | | · | 0. | <u> </u> | <u> </u> | <u> </u> | <u></u> |
| Ū | 7c from line 6) | · 1.17 = 420 = 17.5 | Santa National | · · · · · · · · · · · · · · · · · · · | 被数据的连续数 | The state of the state of | 491,434. |
| Sec | tion B. Total Support | Anna Inc. of the Affect of | Alman maken a a.s. 4 or | A distriction of the Profession is | A 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Lines, 17 19 than mer | 1 431,434. |
| | ndar year (or fiscal yr beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| | Amounts from line 6 | 111,887. | 122,336. | 135,872. | 121,339. | 0. | 491,434. |
| - | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | 779. | 1,349. | 1,512. | 2,968. | <u> </u> | 6,608. |
| | Similar sources . | | | 1,314. | 2,300. | _ | 0,000. |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | 0. |
| c 11 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on | 779. | 1,349. | 1,512. | 2,968. | 0. | 0. 6,608. 0. |
| c 11 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | 779. | 1,349. | 1,512. | 2,968. | 0. | 6,608. |
| 11 12 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (add lins 9, 10c, 11, and 12) | 779. | 1,349. | y' '* f | | C. 16. F 1840 | 0. 0. 498,042. |
| 11 12 13 14 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and | 779. | 1,349. | y' '* f | | C. 16. F 1840 | 0. 0. 498,042. |
| 11 12 13 14 Sec | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu | 779. | 1,349. | nd, third, fourth, | or fifth tax year as | s a section 501(c) | 6,608. 0. 0. 498,042. (3) ► X |
| 11 12 13 14 Sec: | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu | 779. 779. Is for the organizatop here Stop here Stop Support P | 1,349. | nd, third, fourth, one 13, column (f)) | or fifth tax year as | s a section 501(c) | 6,608. 0. 0. 498,042. (3) ► X |
| 11 12 13 14 Sec: 15 16 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu. Public support percentage from | 779. 779. Is for the organiz stop here blic Support P 08 (line 8, column 2007 Schedule A, | 1,349. 1,349. ation's first, secondercentage n (f) divided by lir Part IV-A, line 2 | nd, third, fourth, one 13, column (f)) | or fifth tax year as | s a section 501(c) | 6,608. 0. 0. 498,042. (3) ► X |
| 11 12 13 14 Sec: 15 16 Sec: | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (add lins 9, 10c, 11, and 12). First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage for 20 Public support percentage from tion D. Computation of Invited in the propert in the pro | rs for the organizatop here blic Support P 008 (line 8, columna 2007 Schedule A, | 1,349. 1,349. ation's first, secon cercentage n (f) divided by lir Part IV-A, line 2. ne Percentage | nd, third, fourth, one 13, column (f)) | or fifth tax year as | 5 a section 501(c) | 6,608. 0. 0. 498,042. (3) ► X |
| 11 12 13 14 Sec 15 16 Sec 17 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu. Public support percentage from tion D. Computation of Inv. Investment income percentage for 20. | rs for the organiz stop here blic Support P 008 (line 8, column 2007 Schedule A, restment Incor | ation's first, second ercentage of divided by line Part IV-A, line 27 one Percentage column (f) divided | nd, third, fourth, one 13, column (f)) 7g d by line 13, column | or fifth tax year as | 5 a section 501(c) 15 16 | 6,608. 0. 0. 498,042. (3) ► X |
| 11 12 13 14 Sec 15 16 Sec 17 18 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (add lins 9, 10c, 11, and 12). First five years. If the Form 990 organization, check this box and tion C. Computation of Pu. Public support percentage from those support percentage from those support percentage from the support income percentage for 10 linestment income percentage from 133-1/3 support tests – 2008. If the control of the support tests – 2008. | rs for the organization here blic Support Properties and the street of the street of the street or 2008 (line 10c, rom 2007 Schedular organization did not programization did not program in the street organization organization organization organization organization did not program in the street organization organiza | ation's first, second for the column (f) divided by liming the column (f) divided le A, Part IV-A, line 20 column (f) divided le A, Part IV-A, line check the box on | nd, third, fourth, one 13, column (f)) 7g d by line 13, column 27h | or fifth tax year as | 15 16 17 18 26 and line 17 is no | 6,608. 0. 0. 498,042. (3) ► X |
| 11 12 13 14 Sec 15 16 Sec 17 18 19 a | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage f | rs for the organization here blic Support Properties of the second control of the secon | ation's first, second recentage of the Percentage column (f) divided le A, Part IV-A, line 2: the A, Part IV-A, line 3: the Column (f) divided le A, Part IV-A, line check the box on la the organization. | nd, third, fourth, one 13, column (f)) To be down the second of the sec | or fifth tax year as mn (f)) is more than 33-1/3 | 15 16 17 18, and line 17 is no organization | 6,608. 0. 498,042. (3) X % % ot |

| Schedule | A (Forn | n <mark>990</mark> or | 990-E | Z) 2008 | East | Fres | sno | Kiwar | nis | Fou | ndati | lon | 77-0478546 Page |
|----------|---------|-----------------------|---------|---------|----------|------------|--------------|--------|------|---------|--------|-----|---|
| Part IV | Sup | plemer | ntal Ir | nforma | tion. Co | mplet | e thi | s part | to | provi | de the | exp | 77-0478546 Page oblanation required by Part II, line 10; ditional information. (see instructions) |
| | Part | II, line | 17a | or 17b; | or Par | i III, lii | ne 1 | 2. Pro | vide | e any | other_ | add | ditional information. (see instructions) |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2008

Department of the Treasury Internal Revenue Service or 19, and by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

| illeritar Nevertue Service | ···· , ·· , ·· , | | | * -7 | | |
|--|---|--------------------------|--|---|---|---|
| Name of the organization | 2-1-1 | | | | Employer identific | |
| East Fresno Kiwanis Four | | the ergo | nization | anguared 'Vee' to | 77-047854 | |
| Part I Fundraising Activities 1 Indicate whether the organization | | | | | | , line 17. |
| Mail solicitations | ir raiseu iurius (iii | rough any | or the foll | | government grants | |
| Email solicitations | | | | Solicitation of gove | - | |
| Phone solicitations | | | | Special fundraising | _ | |
| In-person solicitations | | | | opecial fundraising | y events | |
| 2a Did the organization have writter employees listed in Form 990, P | n or oral agreeme | ent with ar | ny individu | al (including officers, d | rectors, trustees or key | / |
| | | | | | | |
| b If 'Yes,' list the ten highest paid compensated at least \$5,000 by | individuals or ent the organization. | tities (fund Form 990 | draisers) p EZ filers a | ursuant to agreements are not required to com | under which the fundra iplete this table. | aiser is to be |
| (C) Norman of conductions | 415 A . I . I | Citis Dud | fundrainer | | (v) Amount paid to | 6.5 4 |
| (i) Name of individual or entity (fundraiser) | (ii) Activity | have custoo | fundraiser dy or control ibutions? | (iv) Gross receipts from activity | (or retained by) fundraiser listed in col.(i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | COI.(I) | Organization |
| | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | |
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| Total | | | • | | | |
| 3 List all states in which the organ | ızatıon is register | ed or licer | nsed to so | licit funds or has been | notified it is exempt fro | om registration |
| or licensing | J | | | | | |
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| | | | YES | NO | |
|------|---|--------|-------|------|---|
| 9 | Enter the state(s) in which the organization operates gaming activities | √ n y- | - P | | • |
| í | a Is the organization licensed to operate gaming activities in each of these states? | 9a | | | |
| 1 | b If 'No,' Explain | | | | 1 |
| | | | | | |
| | |] | | | |
| 10 a | a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | | | |
| ı | b If 'Yes,' Explain. | | 74 | , - | ; |
| | | ` | - | | |
| | | Ī | | | |
| 11 | Does the organization operate gaming activities with nonmembers? | 11 | | | |
| 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? | 12 | | | |
| RΔΔ | TEFA22021 0005 100 | 00 0 | 20 EZ | 2000 | ï |

| Schedule G (Form 990 or 990-E2) 2008 East Fresho Kiwahis Foundation //- | 04/8546 | <u> </u> | age 3 |
|---|-----------------|-------------------------|-------|
| • | | YES | NO |
| 13 Indicate the percentage of gaming activity operated in. | | | |
| a-The organization's facility | <u> </u> | 1 | |
| b An outside facility | 8 | 17-4 | |
| 14 Provide the name and address of the person who prepares the organization's gaming/special events books and | records. | | |
| Name: ► | | ' | |
| Name: ► | | | |
| Address: ► | | | |
| | | | |
| 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? | 15a | | |
| b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the am | ount | | |
| of gaming revenue retained by the third party \$ | Y | 3 -1 | |
| c If 'Yes,' enter name and address: | , , | 27.5 | |
| | '`_ | ' | |
| Name: • | | | |
| Address. N | | . ` | |
| Address: ► | | | |
| 16 Gaming manager information | | | |
| | | | |
| Name: • | | | |
| | | | |
| Gaming manager compensation ► \$ | · - | | |
| | | , | |
| Description of services provided: | \ | p 17 | |
| Director/officer Employee Independent contractor | | () () () () () () | |
| Director/officer Employee Independent contractor | | | 1 |
| 17 Mandatory distributions | | | |
| • | | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain state gaming license? | 17a | | |
| 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: ►\$ | | | |
| BAA TEEA3703L 07/18/08 Schedule G | (Form 990 or 99 | 90-EZ) | 2008 |

| 2008 . | Federal Statements | Page 1 |
|--|--|----------------|
| Client 1098 | East Fresno Kiwanis Foundation | 77-0478546 |
| 8/06/10 | | 08·39AM |
| Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid | | |
| Class of Activity: Donee's Name: Donee's Address: | Support Boy Scout Troop & Post 95 6005 N. Tamera Fresno, CA 93711 | |
| Relationship of Donee: Cash Amount Given: | None | \$ 349. |
| Class of Activity: Donee's Name: Donee's Address: | Support Childrens Hospital Central CA 9300 Valley Children's Place Madera, CA 93636 | : |
| Relationship of Donee: Cash Amount Given: | None | \$ 1,540. |
| Class of Activity: Donee's Name: Donee's Address: | Support Break the Barriers 181 E. Sierra Fresno, CA 93710 | |
| Relationship of Donee: Cash Amount Given: | None | \$ 620. |
| Class of Activity: Donee's Name: Donee's Address: | Support Special Olympics 324 E. Shaw Avenue Fresno, CA 93704 | |
| Relationship of Donee: Cash Amount Given: | None | \$ 1,381. |
| Class of Activity: Donee's Name: Donee's Address: | Support Fresno Area Down Syndrome Scty 7081 N. Marks, PMB 371 Fresno, CA 93710 | |
| Relationship of Donee: Cash Amount Given: | None | \$ 570. |
| Class of Activity: Donee's Name: Donee's Address: | Support CA-Nev-Ha Kiwanis Foundation P.O. Box 6369 | |
| Relationship of Donee: Cash Amount Given: | Oakland, CA 94603 None | \$ 777. |
| Class of Activity: Donee's Name: Donee's Address: | Support Exceptional Parents Unlimited 4440 N. First | |
| Relationship of Donee: Cash Amount Given: | Fresno, CA 93726 None | \$ 2,030. |
| Class of Activity: Donee's Name: | Support Various See Part III Fresno, CA | |
| Cash Amount Given: | , | \$ 81,801. |

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| 2008 - | Federal Statements | | Page 2 |
|---|---|------------------------------|--|
| Client 1098 | East Fresno Kiwanis Foundation | | 77-0478546 |
| 8/06/10 | | | 08 39AM |
| Statement 1 (continued) Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid | | | |
| Payments to Affiliates | | | |
| Name: Address: | Cal-Nev-Ha Foundation P.O. Box 6369 Oakland, CA 94603 | | |
| Purpose of payment: Amount: | Special Olympics & Other | \$ | 4,600. |
| Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Bank charges Insurance Other State Filing Fee Storage Rent | | \$ Total \$ | 160. 1,410. 25. 35. 423. 2,053. |
| Statement 3 Form 990-EZ, Part II, Line 24 Other Assets | | | |
| Accounts Receivable Inventories Notes and Loans Receivable | Total | \$ 3,911. \$ 12,000. 40,000. | 1,278. 0. 40,000. 41,278. |
| Statement 4 Form 990-EZ, Part II, Line 26 Total Liabilities | | | |
| Accounts Payable and Accrued N/P - Brownells | Expenses Total | \$ 125. \$ 12,000. | Ending 0. 0. 0. |
| | | | |

| 7 | n | n | 0 |
|---|---|---|---|
| Z | u | U | O |

Federal Statements

Page 3

Client 1098

East Fresno Kiwanis Foundation

77-0478546

8/06/10

08.39AM

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Foundation's efforts are directed at providing assistance to the youth of our community, particularly those that are disadvantaged and avenues for others to reach their potentials.

Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

Excellence in Attendance - Provide incentives at 7 elementary school to encourage students to attain perfect attendance. Selected sites have a history of high percentage of economically disadvantaged students.

Statement 7 Form 990-EZ, Part III, Line 31 Statement of Program Service Accomplishments

| Description | 0. Grants | Program Service Expenses |
|--|--------------|--------------------------------|
| Foster Grandparents - Recognition luncheon for the work of volunteers working with troubled youth to get them back on track. | | 971. |
| Includes Foreign Grants: No Hidden Homes Service Project - Clean-up and planting in the San Joaquin River Parkway Trust. Purchased the plants, supplies and provided the manpower to create a nature trail designed to serve young people of the San | | |
| Joaquin Valley. Includes Foreign Grants: No Provide guidance and financial support for four area high | | 51,872. |
| school Key Clubs and two Key Clubs that serve the mentally retarded Includes Foreign Grants: No | | 11,604. |
| Provide financial support for Fresno area elementary school children to obtain clothing to go to school. Children served in the program are selected by personnel at the various school sites. Kohl's Stores co-sponsors | | 0.000 |
| the project. Includes Foreign Grants: No Various personnel support through projects and financial support for youth oriented organizations, such as | | 8,000. |
| Scouting, 4H, Music Scholarships, etc. Includes Foreign Grants: No Support various Fresno Area organizations that provide activities for children with disabilities and the parents to understand and work with those children. Organizations | | 6,316. |
| were Break the Barriers, Special Olympics , Fresno Area Down Syndrome Society, Exceptional Parents Unlimited. Includes Foreign Grants: No | | 5,753. |
| Special Projects - Ca-Nev-Ha Kiwanis Foundation to support in memory of current and former members of Kiwanis. | | 8,865. |

| 2008 | Federal Statements | Page 4 | |
|---|---|-----------------------------------|--|
| Client 1098 East Fresno Kiwanis Foundation | | 77-0478546 | |
| 8/06/10 | | 08:39AM | |
| Statement 7 (continued) Form 990-EZ, Part III, Line Statement of Program Se | | | |
| | 0. Description Gran | Program Service ts Expenses | |
| Exceptional Parents | Includes Foreign Grants: No Unlimited | | |
| Children's Hospital Children's Hospital. | Includes Foreign Grants: No Miracle Mile of Quarters to benefit | 1,540. | |
| Support of 4H youth Fresno Fair's Junior | Includes Foreign Grants: No through price support program at Livestock Auction. | 5,264. | |
| Safety Town - A tool community proper saf | Includes Foreign Grants: No Lused to teach children within the Tety rules such as how to safely cross | · | |
| the street, which si etc. | de of the street to ride a bike on, Includes Foreign Grants: No | 429. | |
| | Total | 0. \$ 100,614. | |
| | ociated with Personal Benefit Contracts | | |
| indirectly, to pay p (b) Did the organiz | cation, during the year, receive any funds, dire premiums on a personal benefit contract? cation, during the year, pay premiums, directly | No | |
| indirectly, on a per | sonal benefit contract? | No | |