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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

Δ	For t	he 2008 calendar year, or tax year beginning 10/01 , 2008, and er	nding 9/30	,	2009
В		ff applicable C	D	Employer id	entification number
	Addres	s change Please SANTA ANA KIWANIS FOUNDATION		95-60	60395
	Name	change label or P.O. BOX 1256	Ē	Telephone r	umber
-	Initial	eturn type. SANTA ANA, CA 92702-1256			
-	Termi	ation Specific	_	O	1
-	1	ed return instruc- tions.		Group Ex Number	emption >
			G Accounting me		Cash Accrual
	,	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	Other (specify		Ousii /locidai
			H Check ► X		anization is not
ı	Web	site: N/A	required to at	tach Schec	lule B (Form 990,
<u>J</u>	Organ	ization type (check only one) — X 501(c) (3) ◄ (insert no.) 4947(a)(1) or 527	990-EZ, or 99	0-PF)	
K					ot more than
	\$25,	100 A return is not required, but if the organization chooses to file a return, be sure	to file a complete i	eturn	
L		ines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file	Form 990	~ ^	470 404
		ad of Form 990-EZ	(0 4	▶ \$	479,484.
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balance	ces (See the in	Struction	
	1	Contributions, gifts, grants, and similar amounts received.		1	20,426.
	2	Program service revenue including government fees and contracts	•	2	
	3	Membership dues and assessments	•	. 3	40 101
	4	Investment income		_ 4	42,121.
	1 .	Gross amount from sale of assets other than inventory	335,24		
_	1	Less. cost or other basis and sales expenses5b	401,35		55.405
R	9		TATEMENT 1	_ 5c	-66,105.
¥	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, che	eck here		
REVENU	a	Gross revenue (not including \$of contributions			
Ĕ		reported on line 1) 6a	81,69	0.	
	t	Less: direct expenses other than fundraising expenses . 6b	37,78	3.	
	_ c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	43,907.
	7 a	Gross sales of inventory, less returns and allowances			
	t	Less cost of goods sold . 7b			
	0	Gross profit or (loss) from sales-of-inventory (Subtract line 7b from line 7a).		7с	
	8	Other revenue (describe GEIVED). 8	
	9	Total revenue (add lines 1, 2, 3, 4, 5c) (6c, 7c, and 8)		▶ 9	40,349.
	10		TATEMENT .2	10	71,384.
	11	Benefits paid to or for members		11	
E	12	Salaries, other compensation, and employee benefits	•	. 12	
X P E	13	Professional @Smaller payments to independent contractors		13	
N S E	14	Occupancy, rent, utilities, and maintenance	• •	14	
Ĕ	15	Printing, publications, postage, and shipping		15	5,145.
5	16	Other expenses (describe ► SEE STATEMENT 3)	16	15,729.
	17	Total expenses (add lines 10 through 16)		▶ 17	92,258.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	i	18	-51,909.
			araa uuth aad ef ::		,
A S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must a figure reported on prior year's return).	igree with ena-or-y	ear 19	1,205,738.
	20	Other changes in net assets or fund balances (attach explanation)		20	
Z s	21	Net assets or fund balances at end of year. Combine lines 18 through 20.		▶ 21	1,153,829.
	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or mo	ore file Form 990 i		
-		(See the instructions for Part II)	(A) Beginning of		(B) End of year
=) (°	sh, savings, and investments	1,205,7		1,153,829.
Z,		ad and buildings	2,200,1	23	2,200,025.
12 m	, Lai		-	24	
2:	TA	· ·	1,205,7		1,153,829.
Z;		al assets	1,203,1	0. 26	0.
		assets or fund balances (line 27 of column (B) must agree with line 21).	1,205,7		1,153,829.
	, 116	added of raile beliefeed (into 27 or column (b) finat agree with into 21).			_,

Par	t III Statement of Program Ser	ons.)	Expenses Expenses			
Desc	s the organization's primary exempt purpose? SEE ribe what was achieved in carrying out thribe the services provided, the number of	E STATEMENT 4 e organization's exempt purp persons benefited, or other i	poses. In a clear and correlevant information for	ncise manner, each	and (4947	uired for 501(c)(3) (4) organizations and (a)(1) trusts; optional
progr 28	ram title. SCHOLARSHIPS AND BOOKS TO				for o	hers)
	(Grants \$) If the	 is amount includes foreign gr	rants, check here	 []	28a	40,397.
29	YOUTH HANDICAPPED PROGRAM					
		is amount includes foreign gi	rants, check here	. •	29 a	12,704.
30	YOUTH SERVICES					
	(Grants \$) If thi		30 a	13,770.		
31	Other program services (attach schedule	is amount includes foreign gi SEE STATEMENT 5		·		•
32	(Grants \$) If the Total program service expenses (add line)	is amount includes foreign gr nes 28a through 31a)	rants, check here		31 a 32	4,513. 71,384.
Par			plovees. (List each o	ne even if not cor	npens	sated See the instrs.)
	(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contributions employee benefit plar deferred compensa	to ns and	(e) Expense account and other allowances
	SCHEDULE ATTACHED		0.		0.	0.
	D. BOX 1256 TTA ANA, CA 92702-1256	0				
				<u> </u>		
BAA	,	TEEA0812L (01/14/09			Form 990-EZ (2008)

95-6060395

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Form 990-EZ (2008) SANTA ANA KIWANIS FOUNDATION

BAA

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of	33		v
34	each activity 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.			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			
	proxy tax requirements? b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a		X
	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	355		
	If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	-		J.
	b Did the organization file Form 1120-POL for this year?	37b	-	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?	38a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	7	 	
	501(c)(7) organizations Enter.			
	a Initiation fees and capital contributions included on line 9. N/I	⊣		
	b Gross receipts, included on line 9, for public use of club facilities a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	4		
40	section 4911 • 0., section 4912 • 0.; section 4955 • 0.			į
	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	40b		х
	c Enter amount of tax imposed on organization managers or disqualified persons during the			
	year under sections 4912, 4955, and 4958			
	d Enter amount of tax on line 40c reimbursed by the organization	-		į
	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	40 e		х
41	List the states with which a copy of this return is filed CA			
42	a The books are in care of ► CLINT_HOPSON Telephone no. ►			
	Located at ► P.O. BOX 1256 SANTA ANA CA ZIP + 4 ► 92702	-125	6	
	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	72.0		_
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	42c		X
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	[420]		
	The state the name of the folight country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ ∐	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			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	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	45		x
BA	Form 990 must be completed instead of Form 990-EZ TEEA0812L 01/14/09 Form 990 must be completed instead of Form 990-EZ	rm 990)-EZ (

	•						
	990-EZ (2008) SANTA ANA KIWANIS		F01(a)(2) areas:	95-6060			2age 4
Par	Section 501(c)(3) organization and complete the tables for lin	n s only. All section has 50 and 51.	our(c)(3) organiz	•	ATEMEN		.9
46	 ·					Yes	No
46	Did the organization engage in direct or indir for public office? If 'Yes,' complete Schedule	ect political campaign a C, Part I	ctivities on behalf of o	or in opposition to candidate	46		X
47	Did the organization engage in lobbying activ	vities? If 'Yes,' complete	Schedule C, Part II		47		X
48	Is the organization operating a school as des	scribed in section 170(b)	(1)(A)(ıı) ⁷ If 'Yes,' co	mplete Schedule E	48		X
49 <u>a</u>	Did the organization make any transfers to a	n exempt non-charitable	related organization	?	49a		Χ
b	If 'Yes,' was the related organization(s) a see	ction 527 organization?			. 49ь		<u> </u>
50	Complete this table for the five highest compreceived more than \$100,000 of compensation	pensated employees (other from the organization	er than officers, directly for the left there is none, ent	ctors, trustees and key emp er 'None.'	loyees) wh	o ead	ch
	(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) Exp account other allo	t and	s
NON	E						
		-					
							
						•	
Total 1	umber of other employees paid over \$100,000	<u> </u>	<u> </u>				
51	Complete this table for the five highest comp from the organization. If there is none, enter		entractors who each r	eceived more than \$100,000	of compe	ensati	on
	(a) Name and address of each independent con	ntractor paid more than \$100,000)	(b) Type of service	(c) Compe	ensatio	n
<u>NON</u>	<u>E</u>						
							
			- -				
Total	number of other independent contractors rec	relying over \$100 000					
TOTAL	Under genalties of periury. I declare that I have exa	amined this return, including acco	ompanying schedules and st	atements, and to the best of my know	wledge and be	lief, it i	ıs
	true, correct, and complete Declaration of prepare	r (other than officer) is based on	all information of which pre	٠	,		
Sigr				5/1-	2 ا		
Here	9ignature of officer			Date	- .		

HOPSON FOUNDATION UP Type or print name and title. Preparer's Identifying Number (See instructions) Check if self-employed THOMAS A. SCHRAMER Preparer's signature **Paid** N/A Pre-THOMAS A SCHRAMER ACCOUNTANCY Firm's name (or yours if self-employed), address, and ZIP + 4 parer's Use 275 CENTENNIAL WAY STE 103 N/A (714) 730-6064 Only TUSTIN, CA 92780-3708 Phone no ►X Yes No May the IRS discuss this return with the preparer shown above? See instructions Form **990-EZ** (2008) BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

OMB No 1545-0047

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.

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Schedule A (Form 990 or 990-EZ) 2008

Name o	f the	organization				_			Employe	ridentifica	tion number		
SAN'		ANA KIWANIS								06039			
Part	i	Reason for Pul	olic Charity Statu	s (All organizations	musi c	:ompie	te this	part.)	(see I	nstruc	tions)		
The o	rga	nization is not a priv	vate foundation becau	se it is: (Please check o	nly one	organız	ation.)						
1	П	A church, convention	on of churches or asso	ociation of churches desi	cribed in	section	1 70(b)	(1)(A)(i)					
2	П	A school described	in section 170(b)(1)(4	A)(ii). (Attach Schedule f	Ξ)								
3	П	A hospital or coope	rative hospital service	e organization described	ın secti	on 1 70 (l	УТХАХ	iii). (At	tach Sch	nedule H	l.)		
4	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	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
6													
7	X	in section 170(b)(1)	(A)(vi). (Complete Pa	art II)			vernme	ntal uni	t or fron	n the gei	neral public	desc	ribed
8	닏	_		170(b)(1)(A)(vi). (Comple		-							
9		from activities related investment income	d to its exempt function	more than 33-1/3 % of its : s – subject to certain exce ss taxable income (less omplete Part III)	eptions, a	and (2) r	io more t	than 33-	1/3 % of	its suppo	ort from aro	SS	ifter
10		An organization org	ganized and operated	exclusively to test for pu	ıblıc safe	ety See	section	1 509(a)	(4) . (see	e instruc	tions)		
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
		a Type I	b Type II	r -1		-		ted		d□	Type III-	Other	
е													
f		If the organization check this box	received a written det	ermination from the IRS	that is a	Type I	, Type II	l or Typ 	e III sup	porting	organızatıo	n,	
g		Since August 17, 2	006, has the organiza	tion accepted any gift o	r contrib	ution fr	om any	of the f	ollowing	persons	57		
												Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the si	controls, either alone or upported organization?	together	with pe	ersons d	escribe	d ın (ıı) a	and (III)	11 g (i)		
		(ii) a family mem	ber of a person desc	ribed in (i) above?							11 g (ii)		
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
<u>h</u>		Provide the following	ng information about t	he organizations the org	anızatıo	n suppo	rts						
	r	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	s the son in col t in your rning ment?	the organ	ou notify ization in (i) of upport?	(vi) I organizat (i) organi U S	zed in the	(vii) Amour	nt of Sup	port
					Yes	No	Yes	No	Yes	No			

					-						·		
					-						·-		
					l l								
Total													

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

	(Complete only if you check tion A. Public Support	_		•	—————————————————————————————————————		· A~A	
Cale	ndar year (or fiscal year	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
-	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	27,900.	25,813.	36,820.				90,533.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.							0.
3	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.							0.
4	Total. Add lines 1-3	27,900.	25,813.	36,820.	0.		0.	90,533.
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).							0.
	Public support. Subtract line 5 from line 4							90,533.
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					·	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200		(f) Total
7	Amounts from line 4	27,900.	25,813.	36,820.	0.		0.	90,533.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	51,675.	52,789.	55,161.				159,625.
9	Net income form unrelated business activities, whether or not the business is regularly carried on .							0.
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)							0.
11	Total support. Add lines 7 through 10							250,158.
12	Gross receipts from related activ	vities, etc. (see ins	tructions) .				12	0.
13	First five years. If the Form 990 organization, check this box and	is for the organiza I stop here	tion's first, second	d, third, fourth, c	or fifth tax year as	a section !	501(c)(3) <u> </u>
Sec	tion C. Computation of Pu							· · · · · · · · · · · · · · · · · · ·
14	Public support percentage for 20						14	<u>%</u>
15	Public support percentage for 20	007 Schedule A, Pa	art IV-A, line 26f.				15	<u>%</u>
16 a	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check the box licly supported org	on line 13, and ganization.	the line 14 is 33-	1/3 % or m	ore, ch	neck this box
t	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.							
17 a	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							
ł	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a id-circumstances'	nd-circumstances test. The organiz	' test, check this ation qualifies as	box and stop hen a publicly suppor	e. Explain i ted organiz	n Part zation.	IV how the
18	Private foundation. If the organ	ization did not che	ck a box on line, 1	13, 16a, 16b, 17a				
BAA					Sch	nedule A (F	orm 99	00 or 990-EZ) 2008

(Complete only if you chec	_			Λα <u>(</u> (2)		
Section A. Public Support						
Calendar 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.') 						
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						
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						
The value of services or facilities furnished by a governmental unit to the organization without charge.						
 7a Amounts included on lines 1, 2, 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.)	<u>.</u>					
Section B. Total Support						· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b. 11 Net income from unrelated business activities not included inline 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.)						
 13 Total support. (add ins 9, 10c, 11, and 12) 14 First five years. If the Form 990 organization, check this box and 	is for the organiza	ation's first, secor	nd, third, fourth,	or fifth tax year as	s a section 501	(c)(3) ► □
Section C. Computation of Pul		ercentage	<u>-</u> _			
15 Public support percentage for 20			ie 13, column (f))	15	5 %
16 Public support percentage from 2					16	
Section D. Computation of Inv						
17 Investment income percentage for	 			ımn (f)) .	. 17	%
18 Investment income percentage fi			- ·		. 18	3 %
19a 33-1/3 support tests – 2008. If the comore than 33-1/3%, check this b	organization did not	check the box on I	ine 14, and line 15	is more than 33-1/3 ublicly supported o	%, and line 17 is organization .	not ▶ □
b 33-1/3 support tests – 2007. If the sign of more than 33-1/3%, check	ne organization di this box and sto j	d not check a box p here. The organ	on line 14 or 19 ization qualifies a	a, and line 16 is r as a publicly supp	nore than 33-1/ orted organizati	3%, and line 18 on .
20 Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, c	check this box and	see instruction	ıs. ►

Part IV	Supplement	al Information.	Complete this	part to provide the	e explanation re	equired by Part II, I promation. (see instr	Page 4 ine 10;
	Part II, line 1	/a or 17b; or 1	Part III, line 12.	Provide any othe	r additional info	ormation. (see instr	uctions)
	- -		-		-		
				_			
				-			
				-			
-							
		- 					
		_ 				- -	
			-				
				~~~~~~~~~~~			_ <b>_</b>
BAA	····	<del></del>	<del></del>	TEEA0404L 10/07/08	<del></del>	Schedule A (Form 990	or 990-EZ) 2008

BAA

#### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

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.

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	Revenue Service				τιιαπ ψ15,000 σπ1 σππ	330 EE; IIIIe oui	mspection
	of the organization TA ANA KIWANIS FOUNDA:	rion				Employer identific 95-606039	
	i i Fundraising Activities.		the orga	nization	answered 'Yes' to		
1 2a	Indicate whether the organization  Mail solicitations  Email solicitations  Phone solicitations  In-person solicitations  Did the organization have written employees listed in Form 990, Pail I'Yes' list the ten highest paid in	raised funds the or oral agreement VII) or entity	rough any ent with ar in connect	of the following individual tion with particular sers of the following transcers of the following tran	Solicitation of non- Solicitation of gove Special fundraising	all that apply government grants rnment grants events rectors, trustees or key services?	∕ ∐Yes ∐No
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(ni) Did	fundraiser dy or control ibutions?	(iv) Gross receipts	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
<u> </u>			Yes	No		55.1(7)	3.32.11241011
		:					
	Total .		1	<b>•</b>			
	List all states in which the organiz or licensing	ation is register	ed or lice	nsed to so	licit funds or has been	notified it is exempt fro	om registration
			 		· • • • • • • • • • • • • • • • • • • •		
				- <b></b> -	· <b></b> -		
					·		
							<b></b>
	<b></b>	_ <b></b>					

<u> </u>		reported more than \$15,000 on F	orm 990-EZ, line 6	iswered fes to ro a. List events with	gross receipts great	ater than S	\$5.000	).
			(a) Event #1 FUNDRAISERS	<b>(b)</b> Event #2	(c) Other Events	(d) Total (Add col. (	Events a) throu	 ;
R			(event type)	(event type)	(total number)			
REVENUE	1	Gross receipts	81,690.				81,69	0.
Ē	2	Less: Charitable contributions		1				
	3	Gross revenue (line 1 minus line 2)	81,690.				81,69	0.
	4	Cash prizes					_	
DIRECT	5	Non-cash prizes						
	6	Rent/facility costs						
EXPENSES	7	Other direct expenses	37,783.				37,78	3.
Š		Direct expense summary Add lines 4- to Net income summary. Combine lines 3 a	-		<b>&gt;</b>		37,78 43,90	
Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported mo \$15,000 on Form 990-EZ, line 6a.								
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(Add col. (	(d) Total gaming (Add col. (a) through col (c))	
E U	1	Gross revenue						
_		Cash prizes						
DIRENSES	3	Non-cash prizes.						
Č Š T E S	4	Rent/facility costs .	<b>-</b>					
	5	Other direct expenses				_		
	6	Volunteer labor	Yes%	Yes%	Yes%			
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)					
	8	Net gaming income summary. Combine I	lines 1 and 7 in column	ı (d)	<u>,</u>			
_							YES I	NO
	als i	ter the state(s) in which the organization op the organization licensed to operate gaming				9a		
t	b lf '	No,' Explain: 	. <b></b>					
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.								
b If 'Yes,' Explain								
11	Do	es the organization operate gaming activitie	es with nonmembers?					
12	ls ad	the organization a grantor, beneficiary or tri minister charitable gaming?	ustee of a trust or a me	ember of a partnership of	or other entity formed to	0 12		

Schedule G (Form 990 or 990-EZ) 2008 SANTA ANA KIWANIS	FOUNDATION	95-6060395	Р	age 3
				NO
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility		ક		
<b>b</b> An outside facility	13ь	8		
14 Provide the name and address of the person who prepares the c	rganization's gaming/special events bo	oks and records.		
Name: •				
Address -				
15a Does the organization have a contact with a third party from who			а	
b If 'Yes,' enter the amount of gaming revenue received by the org of gaming revenue retained by the third party \$		I the amount		
c If 'Yes,' enter name and address:				
.,				
Name •				
Address •				
16 Gaming manager information				
Name •				
Gaming manager compensation ► \$				
Description of services provided				
Director/officer Employee	Independent contractor			
17 Mandatory distributions				
a Is the organization required under state law to make charitable d state gaming license?			a	
<b>b</b> Enter the amount of distributions required under state law distributions	uted to other exempt organizations or	spent in the		
organization's own exempt activities during the tax year > \$				
BAA TEEA370	31. 07/18/08 Sche	edule G (Form 990 or 9	<del>3</del> 90-EZ)	2008

2	n	N	O
4	U	u	О

#### **FEDERAL STATEMENTS**

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**SANTA ANA KIWANIS FOUNDATION** 

95-6060395

STATEMENT 1	
FORM 990-EZ, PART I, LINE 5C	
<b>NET GAIN (LÓSS) FRÓM NONINVENTORY</b>	SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: COST OR OTHER BASIS: 335,247.

401,352.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -66,105.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -66,105.

### **STATEMENT 2** FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:

CHARITABLE

SCHOLARSHIPS TO INDIVID

DONEE'S NAME: RELATIONSHIP OF DONEE:

UNRELATED

CASH AMOUNT GIVEN:

CLASS OF ACTIVITY:

CHARITABLE

DONEE'S NAME:

HANDICAPPED YOUTH UNRELATED

RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:

CLASS OF ACTIVITY:

CHARITABLE DONEE'S NAME:

YOUTH SERVICES PROGRAMS

RELATIONSHIP OF DONEE:

CASH AMOUNT GIVEN:

UNRELATED

13,770.

CLASS OF ACTIVITY:

DONEE'S NAME:

CHARITABLE

COMMUNITY SERVICES

RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:

UNRELATED

4,513.

\$

40,397.

12,704.

#### **STATEMENT 3** FORM 990-EZ, PART I, LINE 16 **OTHER EXPENSES**

ADMINISTRATION							\$	72.
BANK CHARGES CLERICAL SERVICES			•	•		• •	•	157. 2,200.
FILING FEES		• •	•	• •				130.
GUEST MEALS	-				•			3,041.
INVESTMENT MGMT. FEES							·	10,129.
							TOTAL \$	15,729.

2008

#### **FEDERAL STATEMENTS**

PAGE 2

#### **SANTA ANA KIWANIS FOUNDATION**

95-6060395

STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE SCHOLARSHIPS TO LOW INCOME STUDENTS, TO SERVE THE CHILDREN OF THE COMMUNITY ESPECIALLY HANDICAPPED CHILDREN.

#### STATEMENT 5 FORM 990-EZ, PART III, LINE 31 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

	DESCRIPTION	0. GRANTS	PROGRAM SERVICE EXPENSES
COMMUNITY SERVICES	INCLUDES FOREIGN GRANTS: N	)	4,513.
	TOTAL		\$ 4,513.

# STATEMENT 6 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

#### SANTA ANA KIWANIS FOUNDATION OCTOBER 1, 2008 - SEPTEMBER 30, 2009 EIN 95-6060395

#### **OFFICERS**:

Herb Michel Rocio Brooks

Clint Hopson Robert Stopher

Larry L. Means

**President** 

Vice President

Vice President Foundation

Secretary Treasurer

#### **DIRECTORS**:

Charles Barb Robert Barnes **Steve Cate** 

Charles R. Fox

Pat Hofferbert **Daniel Oldewage** Mark Palazuelos

Address for all of the above:

P.O. Box 1256

Santa Ana, CA 92702-1256