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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning OCTOBER 01 , 2010, and ending SEPTEMBER 30, 2011

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization CAPE CORAL KIWANIS FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address): PO BOX 100006 — Room/Suite

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 $ 785,528

F Name and address of principal officer:

H(a) Is this a group return for affiliates? ☐ Yes ☒ 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: ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation **M** State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE CAPE CORAL KIWANIS FOUNDATION IS AN ORGANIZATION DEDICATED TO CHANGING THE WORLD ONE CHILD AND ONE COMMUNITY AT A TIME.

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	
6	Total number of volunteers (estimate if necessary)	6	160
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	28,093	23,986
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	61,134	8,341
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	694,354	747,859
12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	783,581	780,186
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)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 292,038		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	313,763	368,170
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	313,763	368,170
19	Revenue less expenses. Subtract line 18 from line 12	469,818	412,016

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,011,229	3,506,468
21	Total liabilities (Part X, line 26)	903,299	1,565,944
22	Net assets or fund balances Subtract line 21 from line 20	2,107,930	1,940,524

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SCANNED NOV 14 2013

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

▶ SAMUEL HUBER PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
WALLY V CORDELL		04-24-2012		

Firm's name ▶ WALLY CORDELL CPA LLC — Firm's EIN ▶

Firm's address ▶ PO BOX 1357 ESTERO FL 33929-1357 — Phone no. (239)209-8869

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

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Signature Missing

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01, 2011, and ending 09-30, 20 12

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: CAPE CORAL KIWANIS FOUNDATION INC

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): PO BOX 100006

Room/suite:

City or town, state or country, and ZIP + 4: CAPE CORAL, FL 33910

D Employer identification no.: 23-7376955

E Telephone number: (239) 772-7856

G Gross receipts $: 947,991

F Name and address of principal officer: SUSAN ROLFE
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ 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: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website. ▶ WWW.MYCAPECORALKIWANIS.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1963

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE CAPE CORAL KIWANIS FOUNDATION IS AN ORGANIZATION DEDICATED TO CHANGING THE WORLD ONE CHILD AND ONE COMMUNITY AT A TIME.

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net 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 individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	160
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	13,875
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	23,986	0
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,341	113,832
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	747,859	824,765
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	780,186	938,597
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	368,170	750,476
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	368,170	750,476
19	Revenue less expenses. Subtract line 18 from line 12	412,016	188,121

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,506,468	3,562,438
21	Total liabilities (Part X, line 26)	1,565,944	1,336,662
22	Net assets or fund balances. Subtract line 21 from line 20	1,940,524	2,225,776

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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

JOYCE ZAWROTNY
Signature of officer — Date: 05-09-2013

JOYCE ZAWROTNY, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
Timothy W Barrier CPA	Timothy W Barrier CPA	05-24-2013		P00624246

Firm's name ▶ Timothy W Barrier CPA PA — Firm's EIN ▶

Firm's address ▶ 616 SE 47th Terrace, Cape Coral FL 33904 — Phone no 239-542-1600

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. EEA Form 990 (2011)