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SCANNED AUG 0 8 2012

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$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

OMB No 1545-1150

2010

Α	For t	he 2010 calendar year, or tax year beginning $10/01$, 2010, and ending $9/30$, 2011
В			Employer	identification number
	Addres	s change East Fresno Kiwanis Foundation	77-04	178546
	Name		Telephone	
	Initial i		(559)	325-9185
	Termin			
-			Group E Number	xemption -
G		- Total Particular Control Parti		e organization is not
ı				Schedule B (Form
J		xempt status (ck only one) $ X = 501(c)(3)$ $501(c)(3)$ $\sqrt{\text{(insert no.)}}$ $\sqrt{\text{4947(a)(1) or}}$ $\sqrt{\text{527}}$ $\sqrt{\text{990, 990-1}}$	EZ, or 9	90-PF)
ĸ	Chec		ormally	not more than
	\$50,0	000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required		
	organ	nization chooses to file a return, be sure to file a complete return.		
L	Add asset	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to ts (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	tal ► \$	154,003.
Pa	it!	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	ictions	for Part I.)
		Check if the organization used Schedule O to respond to any question in this Part I		X
	1	Contributions, gifts, grants, and similar amounts received	1	27,845.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	3,632.
	5a	Gross amount from sale of assets other than inventory . 5a		
		Less cost or other basis and sales expenses 5b		
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
		Gaming and fundraising events		· ·
R		Gross income from gaming (attach Schedule G if greater than \$15,000).		
Ž		Gross income from fundraising events (not including \$ of contributions		
REVERUE] "	from fundraising events reported on line 1) (attach Schedule G if the sum		
E		of such gross income and contributions exceeds \$15,000) 6b 122,526		
	С	Less: direct expenses from gaming and fundraising events 66, 417		
		Net income or (loss) from gaming and fundraising events (add lines 6a and	6	
	-	6b and subtract line 6c)	6 d	56,109.
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less cost of goods sold		
	с	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7с	
	8	Other revenue (describe in Schedule O) .	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	87,586.
	10	Grants and similar amounts paid (list in Schedule O) See Schedule	10	64,086.
	11	Benefits paid to or for members .	11	
E X P	12	Salaries, other compensation, and employee be refits CFIVED .	12	
P	13	Professional fees and other payments to independent_contractors	13	
E N S E	14	Occupancy, rent, utilities, and maintenance	14	
Ě	15	Printing, publications, postage, and shipping . AUG 06 2012	15	
5	16	Occupancy, rent, utilities, and maintenance. Printing, publications, postage, and shipping. Other expenses (describe in Schedule O) See Schedule O	16	4,355.
	17		▶ 17	68,441.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,145.
A	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year		
N S E S T E	'3	figure reported on prior year's return).	19	120,507.
T E	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
s	21		▶ 21	139,652.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Par	Balance Sheets. (see the install Check if the organization used Sch	structions for Part II.) edule O to respond to any qu	estion in this Part I	ı			\overline{X}
	Officer if the organization used but	edule o to respond to diff qu	iootion in this rate		Beginning of year	r	(B) End of year
22	Cash, savings, and investments				42,563.		61,982.
23					6,500.		6,500.
	Other assets (describe in Schedule O)	See Schedule O)		71,444.	24	71,170.
25	Total assets				120,507.		139,652.
26	Total liabilities (describe in Schedule O)))		0.	26	0.
	Net assets or fund balances (line 27 of		line 21)		120,507.	27	139,652.
Par	t III Statement of Program Ser	vice Accomplishments	(see the instrs for F	art I	11.)		Expenses
	Check if the organization used So	chedule O to respond to any	question in this Part	t III	[X]	(Req	uired for section
What	s the organization's primary exempt purpose? See tribe what was achieved in carrying out th ribe the services provided, the number of	e Schedule O					c)(3) and 501(c)(4) nizations and section
Desc	ribe what was achieved in carrying out the	le organization's exempt purp	ooses In a clear and r relevant information	d cor	ncise manner,	4947	(a)(1) trusts, optional
progi	ram title					for o	thers)
28	Provide guidance and fina						
	Key Clubs, two Key Clubs			<u>di</u>	<u>sabled, a </u>		
	Circle K club at CSU Fres				اہے۔۔۔۔۔۔		4 - 4 - 4
		is amount includes foreign gi		_		28 a	15,072.
29	Various personnel support						
	for youth oriented organi		couting, 4H,	<u>A</u> C	ademic,		
	Service & Music Scholarsh		,,,				0 571
20	(Grants \$) If th	is amount includes foreign gi	rants, check here .			29 a	9,571.
30	Special Projects - Ca-Ne			<u>por</u>	<u></u>		
	memory of current and for	met members of via	<u> </u>		·		
	(Grants \$) If th	 is amount includes foreign gi	rants check here		╌╌╌╌┌┰╢	30 a	9,539.
21	Other program services (describe in Sch					30 a	5,555.
J 1		is amount includes foreign gi				31 a	31,158.
32	Total program service expenses (add lii		unto, chock hord		▶	32	65,340.
	t IV List of Officers, Directors,		plovees. List each or	ne eve	en if not compensated	(see t	
	Check if the organization used So				m not compensated.	(000 (
		(b) Title and average hours	(c) Compensation	(If	(d) Contributions	to .	(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plans deferred compensat	s and	and other allowances
Pat	rick Balakian	President		0.1	dererred compensat	0.	0.
	E. Barstow	0		`		•	•
	esno, CA 93710	_					
	Thomas	Vice President		0.		0.	0.
851	0 E. Alluvial	0					
Clo	vis, CA 93619						
	rlie Fosnaugh	Secretary		0.		0.	0.
<u>638</u>	5 N Laureen Ave	0					
	sno, CA 93710						
Gre	g Mason	Treasurer		۱.0		0.	0.
456	Clovis Ave Suite #3	0					
CTC	vis, CA 93612						
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Form 990-EZ (2010) East Fresno Kiwanis Foundation

<u>Pa</u>	Other Information (Note the statement requirements in the instructions for Part V.) See Sch Check if the organization used Schedule O to respond to any question in this Part V.	.edu1	.e 0	X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of		Yes	No
	each activity in Schedule O .	33		Х
34	a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule 0 why the organization did not report the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 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 (see instructions)?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		<u>x</u>
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	37b		X
	b Did the organization file Form 1120-POL for this year? a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3/0		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?.	38 a		<u>X</u>
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on line 9.		į	
	b Gross receipts, included on line 9, for public use of club facilities			
40	section 4911 \(\bigsup_{ \text{index}} \) section 4912 \(\bigsup_{ \text{index}} \) section 4955 \(\bigsup_{ \text{index}} \)			
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			I
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization .			'
	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 List the states with which a copy of this return is filed None	40 e		<u>x</u>
	a The organization's books are in care of ► Greg Mason Located at ► 456 Clovis Ave. Suite #3 Clovis CA Telephone no ► (559) ZIP + 4 ► 93612 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)? If 'Yes,' enter the name of the foreign country	229 42b	-722 Yes	11 No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country	42c		X
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•	Yes	N/A N/A No
	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	163	X
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		Х
1	c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
BAA		m 990	-EZ (2010)

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Form 990-EZ (2010) East Fresno Kiwanis Foundation

a Dut the organization scenario any asyment from or engage in any transaction with a controlled entity within the measure of the programment of the completed of the completed scenario delication of the completed scenario of th								Yes	No
a of section \$12(20) (37) if 1/96. From \$90 and Schedule R may need to be completed unstead of Form 990 62 (see anst) 6 Dot the companion engage where directly or indevelopely in pobletal canapage activities on behalf of or in opposition to additional state of the programment o	45 Is an	y related organization a controlled entity	of the organization with	in the mean	ing of secti	on 512(b)(13)?			_X
46 but the organization engage, directly or indirectly, in political campaign activities for public office? If vest, compile Schedule C, Part II? Section 501(c)30 organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)30 organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)30 organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization a school as described in section 170(b)(1)(A)(n)? If Yes', complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(A)(n)? If Yes', complete Schedule E 49 and the organization as school as described in section 170(b)(1)(A)(n)? If Yes', complete Schedule E 49 and the organization as school as described in section 170(b)(1)(A)(n)? If Yes', complete Schedule E 49 and the organization as school as described in section 170(b)(1)(A)(n)? If Yes', complete Schedule E 49 and the organization as school as described in section 170(b)(1)(A)(n)? If Yes', complete Schedule E 48 bit Yes' was the related organization as school 170(b)(A)(n)? If Yes', complete Schedule E 49 and the organization as school 170(b)(A)(n)? If Yes', complete Schedule C, Part II 40 bit Yes' was the related organization as school 170(b)(A)(n)? If Yes', complete Schedule C, Part II 41 and Yes' In	a Did the	ne organization receive any payment fron ction 512(b)(13)? If 'Yes,' Form 990 and	n or engage in any tran Schedule R may need t	saction with o be comple	a controlle	d entity within the mean of Form 990-EZ (see in	nst). 45 a		X X
Part VII Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check of the organization used Schedule O to respond to any question in this Part VI Yes N 47 Did the organization as school as described in section 170(b)(1)(A)(n)? If "Yes, complete Schedule C, Part III Yes N 48 Is the organization as school as described in section 170(b)(1)(A)(n)? If "Yes, complete Schedule E 48 Yes N 49 bit "Yes," was the rolated organization a section 22? organization? 49 Yes N 50 Complete this table for the organization a section 22? organization? 49 Yes N 50 Complete this table for the organization as school 22? organization in the complete schedule C, Part III 48 Yes N 60 Name and accessed each improvabage and more than \$100,000 than the organization or school in the organization organizat									X X
501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization engage in libbying activities? If Yes, complete Schedule C, Part III 48 is the organization as school as described in section 1700(1)(A)(0)? If Yes, complete Schedule E 48 3 Did the organization as school as described in section 1700(1)(A)(0)? If Yes, complete Schedule E 48 3 Did the organization as a school as described in section 1700(1)(A)(0)? If Yes, complete Schedule E 49 Did the organization as a school as described in section 1700(1)(A)(0)? If Yes, complete Schedule E 49 Did the organization as a school as described in school as a school as described in section 527 organization? 50 Complete this table for the organization as school 527 organization? 50 Complete this table for the organization as a school as a s	Part VI	Section 501(c)(3) organizations	and section 4947(a)(1) none	exempt c	haritable trusts on	ly. All sec	ction	
47 Did the organization engage in lobbying activities? If Yes, 'complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes, 'complete Schedule E 48 a bit the organization make any transfers to an exempt non-charitable related organization? 48 bit Yes, 'was the related organization on Section 527 organization? 50 Complete this table for the organization is the highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None? (a) Name and address of each employee paid over \$100,000 of compensation from the region of the expensation. If there is none, enter None? (b) Name and address of each employee paid over \$100,000 (c) Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None? (a) Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None? (b) Name and address of each independent contractors each received more than \$100,000 of compensation from the organization of the organization organization of the organization of the organization of the organization		501(c)(3) organizations and sec	tion 4947(a)(1) nor	nexempt c	haritable	trusts must answer	question	าร	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 48 Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 48 Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 48 Is the organization as school as described in section 527 organization? 50 Complete link stable for the organization is when highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None. (a) Name and address of each employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 (a) Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None. (b) Type of service of each employees paid over \$100,000 (c) Compensation from the organization. If there is none, enter None. (d) Name and address of each independent contractors paid more than \$100,000 of compensation from the organization. If there is none, enter None. (d) Name and address of each independent contractors paid more than \$100,000 of compensation from the organization. If there is none, enter None. (d) Total number of other independent contractors each receiving over \$100,000 (e) Type of service when the organization is the highest compensation from the organization from the organization from the organization from the organization of the paid of the organization from the organization		Check if the organization used Schedul	e O to respond to any o	question in t	hıs Part VI				
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 a Did the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation. If there is none, enter None: (a) Name and address of each employee paid over \$100,000 of compensation from the organization. If there is none, enter None: (b) Title and severage (c) Compensation (c) Compete this table for the organizations five highest compensated independent contractors who each received expension of compensation from the organization. If there is none, enter None: (a) Name and address of each employees paid over \$100,000 (b) Title and severage (c) Compensation (d) Compete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None: (b) Title and severage (c) Compete this table for the organization is the term is none, enter None: (c) Name and address of each independent contractor paid more than \$100,000 (d) Name and address of each independent contractor paid more than \$100,000 (e) Name and address of each independent contractor paid more than \$100,000 (e) Name and address of each independent contractor paid more than \$100,000 (f) Name and address of each independent contractor paid more than \$100,000 (g) Name and address of each independent contractor paid more than \$100,000 (g) Name and address of each independent contractor paid more than \$100,000 (g) Name and address of each independent contractor paid more than \$100,000 (g) Name and address of each independent contractor paid more than \$100,000 (g) Name and address of each independent contractor paid more than \$100,000 (g) Name and address of each independent contractor paid more than \$100,000 (g) Name a	_							Yes	No
49 a Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section 527 organization? 5 Complete lith stable for the organization is the highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None: (a) Name and address of each employee paid over \$100,000 f Total number of other employees paid over \$100,000 5 Complete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None: (b) Name and address of each employees paid over \$100,000 5 Complete this table for the organization. If there is none, enter None: (c) Name and address of each employees paid over \$100,000 5 Complete this table for the organization. If there is none, enter None: (d) Name and address of each employees paid over \$100,000 5 Own the organization of the organization organization of the organizat							—		X
b If Yes, 'was the related organization a section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, irusless and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None. (a) Name and address of each employee paid over \$100,000 of compensation from the organization. If there is none, enter None. (b) Name and address of each employee paid over \$100,000 of compensation of the individual of the individua		-				dule E	<u> </u>		X
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None. (a) Name and address of each employee paid officer and oregan and oreganization and oreganization and other allowances. (b) Total and engage (i) Compensation (ii) Compensation (iii) deferred compensation other allowances. (c) Compensation (iii) deferred compensation of other employees paid over \$100,000 of compensation from the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None (iii) None and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter None (iii) None (iii) None enter None enter None (iii) None enter None enter None enter None (iii) None enter No				related orga	anization	•			
(a) Name and address of each employee paid photograph and present of each employee paid more than \$100,000 when the property of the property o	50 Com	plete this table for the organization's five	highest compensated e	mployees (c	other than o	officers, directors, truste	es and key		
(a) Name and address of each employees paid over \$100,000	emple	oyees) who each received more than \$10						pense	
f Total number of other employees paid over \$100,000 51 Complete this table for the organization. If there is none, enter None (a) Name and address of each independent contractors pad more than \$100,000 of compensation from the organization. If there is none, enter None (b) Type of service (c) Compensation (d) Compensation None 4 Total number of other independent contractors pad more than \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt characteristic interpendent trusts must attach a completed Schedule A trust correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any 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 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. Figure or print name and title Preparer Tom Borchardt Teresson, CA 93710-8008 Preparer Preparer N/A Firm's address > 1540 E. Shaw #118 Fresno, CA 93710-8008 Preparer N/A Firm's address > 1540 E. Shaw #118 Fresno, CA 93710-8008 Preparer N/A Firm's address > 1540 E. Shaw #118 Fresno, CA 93710-8008 Preparer N/A Firm's address > 1540 E. Shaw #118 Fresno, CA 93710-8008	(a)	Name and address of each employee paid more than \$100,000	hours per week			benefit plans and	accou	nt and	s
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A? Note: All section 501(c)(3) organiz	None								
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Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type pr	None_								
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Charitable trusts must attach a completed Schedule A 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	d Total	number of other independent contractors	s each receiving over \$	100,000	, >				
Sign Here Signature of officer Type or print name and title Print/Type preparer's name Preparer Firm's name Borchardt Firm's name Firm's address Firesno, CA 93710-8008 May the IRS discuss this return with the preparer (other than officer) is based on all information of which preparer has any knowledge Date Treasurer Check If PTIN PTIN PTIN PTIN N/A Firm's EIN N/A Firm's EIN N/A Phone no (559) 225-6891 No No	52 Did th	ne organization complete Schedule A? Notable trusts must attach a completed Sch	ote: All section 501(c)(3 edule A) organizatio	ons and 494	47(a)(1) nonexempt	► X Yes	. [No
Greg Mason Treasurer Tr	Under penaltic true, correct,	es of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office	, including accompanying scheder) is based on all information of	dules and statem	nents, and to the r has any know	e best of my knowledge and bel ledge	ief, it is		
Greg Mason Treasurer Tr		>							
Type or print name and title Print/Type preparer's name Tom Borchardt Tom Borchardt 7/18/12 Self-employed N/A Preparer Use Only Firm's name Borchardt, Corona & Faeth Firm's address 1540 E. Shaw #118 Fresno, CA 93710-8008 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	Sign	人 ×	Misson	_		1	_1-15),	
Print/Type preparer's name	Here		11/2004			Treasurer 8	-1-1.		
Paid Preparer Use Only Preparer Use Only Pressure Firm's address Presso, CA 93710-8008 Pressure Press		* '	Preparer's signature		Date	Check I if PT	IN	····	
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	May the In			ations		Phone no (559		$\overline{}$	
	May the IR BAA	S discuss this return with the preparer st	iown above? See instru	cuons					

77-0478546

Page 4

Form 990-EZ (2010) East Fresno Kiwanis Foundation

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

	_	Fresno Kiwanis								178546		
Par				(All organizations					See II	<u>nstruct</u>	ions.	
The o	orga	nization is not a priva	te foundation becaus	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box)				
1		A church, convention	of churches or assoc	ciation of churches desc	cribed in	section	170(b)	(1)(A)(i)				
2		A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule l	E)							
3		A hospital or a coope	erative hospital servic	e organization describe	ed in sec	ction 17	0(b)(1)(A	A)(iii).				
4		A medical research of	rganization operated	in conjunction with a h	ospital (describe	d in sec	tion 17	D(b)(1)(A	A)(iii). Er	nter the hosp	ıtal's
		name, city, and state	:									
5		An organization oper 170(b)(1)(A)(iv). (Co	ated for the benefit o mplete Part II.)	f a college or university	owned	or oper	ated by	a gover	nmenta	l unit de:	scribed in se	ction
6				overnmental unit descri								
7	L	in section 170(b)(1)(A)(vi). (Complete Par	•			vernme	ntal uni	or from	n the ger	neral public o	lescribed
8		•		'0(b)(1)(A)(vi). (Comple		•						
9	X	from activities related	d to its exempt function and unrelated business) more than 33-1/3% of ons — subject to certain s taxable income (less mplete Part III)	n except	ions, an	ıd (2) na	more t	han 33-	1/3% of	its support fr	om gross
10		An organization orga	nized and operated e	xclusively to test for pu	iblic safe	ety See	section	1 509(a)	(4).			
11		more publicly suppor	ted organizations des	exclusively for the benefication 509(a stribed in section 509(a stribe)	1)(1) or s	section 5	509(a)(2	ictions o). See s	of, or ca section !	rry out th 509(a)(3)	he purposes). Check the	of one or box that
		a Type I	b Type II	c Type II	I — Fund	ctionally	ıntegra	ted		d 🗌	Type III –	Other
е		By checking this box other than foundation section 509(a)(2).	, I certify that the org n managers and other	anization is not controlly than one or more pub	led dired licly sup	tly or in	directly organiza	by one tions de	or more escribed	disquali in section	ified persons on 509(a)(1)	or
f		` ' ' '	ceived a written dete	rmination from the IRS	that is a	a Type I	, Type II	or Type	e III sup	porting	organization,	
g		Since August 17, 200	06, has the organizati	on accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons		
											[·	res No
		(i) A person who debelow, the gove	lirectly or indirectly co erning body of the sup	ontrols, either alone or oported organization?	togethe	r with pe	ersons d	lescribe	d ın (ıı)	and (III)	11 g (i)	
		(ii) A family member	er of a person describ	oed in (i) above?							11 g (ii)	
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)	
h		Provide the following	information about the	e supported organization	on(s)							
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (is the zation in i) listed in overning ment?	the organ	ou notify nization in n (i) of upport?	organiz colur	s the ation in in (i) ed in the S ?	(vii) Amount	of support
					Yes	No	Yes	No	Yes	No		
/A\												
<u>(A)</u>					-							
<u>(B)</u>												
(C)												
<u> </u>						<u> </u>						
<u>(D)</u>					-							
<u>(E)</u>												
Total												

Schedule A (Form 990 or 990-EZ) 2010 East Fresno Kiwanis Foundation 77-0478546 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
	endar year (or fiscal year inning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
	endar year (or fiscal year inning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4				ļ		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc (see ins	structions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3) ▶ □
	ction C. Computation of Pu						
	Public support percentage for 20	•	•	ne 11, column (f))			<u>%</u>
	Public support percentage from						<u>%</u>
16	a 33-1/3% support test — 2010. If and stop here. The organization	the organization of qualifies as a pu	did not check the blicly supported c	box on line 13, ai organization	nd the line 14 is 3.	3-1/3% or more, ch	eck this box
	b 33-1/3% support test — 2009. If and stop here. The organization	the organization of qualifies as a pu	did not check a bo blicly supported o	ox on line 13 or 10 organization	6a, and line 15 is	33-1/3% or more, o	heck this box
17	7a 10%-facts-and-circumstances test — 2010. 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 te or more, and if the organization organization meets the 'facts-and	meets the 'facts- d-circumstances'	and-circumstance test. The organiz	s' test, check this zation qualifies as	box and stop her a publicly suppor	e. Explain in Part I ted organization	V how the . ►
	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a			
3AA	\				Scl	hedule A (Form 990) or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 East Fresno Kiwanis Foundation Part III. Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts grants contributions	,,					
	and membership fees received (Do not include any 'unusual grants.')	12,674.	8,872.	40,781.	86,221.	27,845.	176,393.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	123,198.	112,467.	98,415.	107,961.	122,526.	564,567.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	•	,	2,568.			2,568.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			2,000.			0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	135,872.	121,339.	141,764.	194,182.	150,371.	743,528.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6.)				0.		743,528.
	tion B. Total Support				,		
	ndar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	135,872.	121,339.	141,764.	194,182.	150,371.	743,528.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,512.	2,968.	2,268.	3,200.	3,632.	13,580.
t	o Unrelated business taxable income (less section 511 taxes) from businesses						0
	income (less section 511 taxes) from businesses acquired after June 30, 1975	1,512.	2,968.	2,268.	3,200.	3,632.	0. 13.580.
c	income (less section 511 taxes) from businesses	1,512.	2,968.	2,268.	3,200.	3,632.	0. 13,580. 0.
11	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 in line 10b, whether or not the business is	1,512.	2,968.	2,268.	3,200.	3,632.	13,580.
11 12	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 in line 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	1,512.	2,968.	2,268.	3,200.	3,632.	13,580.
11 12	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 in line 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	137, 384.	124,307.	144,032.	197,382.	154,003.	0. 757,108.
11 12 13 14	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 in line 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	137, 384. Is for the organize stop here	124, 307. ation's first, secon	144,032.	197,382.	154,003.	0. 757,108.
11 12 13 14 Sec	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 in line 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	137, 384. Is for the organiza stop here blic Support P	124, 307. ation's first, secon	144,032. id, third, fourth, o	197,382. or fifth tax year as	154,003.	13,580. 0. 0. 757,108.
11 12 13 14 Sec 15	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 in line 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 lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and etion C. Computation of Pul	137, 384. Is for the organiza stop here blic Support P	124, 307. ation's first, secon ercentage n (f) divided by lin	144,032. id, third, fourth, o	197,382. or fifth tax year as	154, 003. a section 501(c)(3	0. 757,108.
11 12 13 14 Sec 15 16	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 in line 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 Pul	137, 384. Is for the organizatop here blic Support P 10 (line 8, column 2009 Schedule A,	124, 307. ation's first, secon ercentage n (f) divided by lin Part III, line 15	144, 032. id, third, fourth, o e 13, column (f))	197,382. or fifth tax year as	154, 003. a section 501(c)(3	0. 0. 757,108. 0. 757,208.
11 12 13 14 Sec 15 16 Sec	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 in line 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 stion C. Computation of Pul Public support percentage from 20 Public support percentage from 20	137, 384. Is for the organize stop here blic Support P 10 (line 8, column 2009 Schedule A, estment Incor	124, 307. ation's first, secon ercentage n (f) divided by lin Part III, line 15 ne Percentage	144, 032. id, third, fourth, o e 13, column (f))	197,382. or fifth tax year as	154, 003. a section 501(c)(3	0. 0. 757,108. 0. 757,208.
11 12 13 14 Sec 15 16 Sec	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 in line 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 exition C. Computation of Pul Public support percentage from 20 Public support percentage from 20 interest and 10 in the sale of capital assets (Explain in Part IV.).	137, 384. Is for the organizatop here blic Support P 10 (line 8, column 2009 Schedule A, estment Incomor 2010 (line 10c,	124, 307. ation's first, secon ercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divided	144, 032. Id, third, fourth, of the end of	197,382. or fifth tax year as	154, 003. a section 501(c)(3	0. 757,108. 98.2 % 98.5 %
11 12 13 14 Sec 15 16 Sec 17 18 19a	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 in line 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 action C. Computation of Pul Public support percentage for 20. Public support percentage from 20. Investment income percentage find 133-1/3% support tests — 2010. If is not more than 33-1/3%, check	137, 384. Is for the organizatop here blic Support P 10 (line 8, column 2009 Schedule A, estment Incomor 2010 (line 10c, rom 2009 Schedule the organization this box and stop	124, 307. ation's first, secon ercentage a (f) divided by lin Part III, line 15 ne Percentage column (f) divided le A, Part III, line did not check the bene. The organ	144,032. Id, third, fourth, of e 13, column (f)) Id by line 13, column 17 box on line 14, a lization qualifies a	197, 382. In fifth tax year as mn (f)) and line 15 is more as a publicly support	154,003. a section 501(c)(3) 15 16 17 18 e than 33-1/3%, an orted organization	13,580. 0. 757,108. 98.2 % 98.5 % 1.8 % 1.6 % d line 17 ► X
11 12 13 14 Sec 15 16 Sec 17 18 19a	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 in line 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 action C. Computation of Pul Public support percentage for 20 Public support percentage from action D. Computation of Inv Investment income percentage for 12 Investment income percentage for 13 3-1/3% support tests — 2010. If	137,384. Is for the organizatop here blic Support P 10 (line 8, column 2009 Schedule A, estment Incom or 2010 (line 10c, rom 2009 Schedul the organization this box and stop the organization	ation's first, secondercentage of (f) divided by line Part III, line 15 one Percentage column (f) divided le A, Part III, line did not check the phere. The organish did not check a bridge le A bright le A brigh	144,032. Id, third, fourth, of the end of t	197, 382. In fifth tax year as min (f)) Ind line 15 is more as a publicly suppoine 19a, and line	154, 003. a section 501(c)(3) 15 16 17 18 e than 33-1/3%, an orted organization 16 is more than 33	13,580. 0. 757,108. 98.2 % 98.5 % 1.8 % 1.6 % d line 17 ► X -1/3%, and

Schedule A	(Form 990 or	990-EZ) 2010	East	Fresno	Kiwanis	Foundat	ion	77-04	78546	Page 4
Part IV.	Supplement Part II, line (See instruc	ital Informati 17a or 17b; ctions).	tion. Cor and Pa	nplete thi rt III, line	is part to 12. Also	provide th complete	e explanation this part for	ons required by any additional	Part II, line information	e 10; า.
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2010

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions. Inspection Employer Identification number 77-0478546 East Fresno Kiwanis Foundation **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants а Mail solicitations f Solicitation of government grants b Internet and email solicitations Special fundraising events Phone solicitations C d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (vi) Amount paid to (or retained by) (iii) Did fundraiser (v) Amount paid to (i) Name and address of individual (iv) Gross receipts (ii) Activity or entity (fundraiser) have custody or control (or retained by) from activity fundraiser listed in organization of contributions? column (i) Yes No 1 2 3 Δ 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

7	7 –	0.4	17	R	5	Δ	6
•		U		o	J	-	v

<u> </u>	reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.								
RE		<u> </u>	(a) Event #1 Barbary Coast (event type)	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))			
ピエンモアン	1	Gross receipts .	122,526.			122,526.			
E	2	Less. Charitable contributions							
	3	Gross income (line 1 minus line 2)	122,526.			122,526.			
	4	Cash prizes	500.			500.			
	5	Noncash prizes							
D-RECT	6	Rent/facility costs	6,298.			6,298.			
	7	Food and beverages	49,306.			49,306.			
E X E	8	Entertainment	2,041.			2,041.			
EXPESSES	9	Other direct expenses	8,272.			8,272.			
S	10 11	Direct expense summary Add lines 4- to Net income summary. Combine line 3, co	•		>	66,417. 56,109.			
Par	t III	Gaming. Complete if the organize \$15,000 on Form 990-EZ, line 6a		s' to Form 990, Par	t IV, line 19, or rep	ported more than			
MCZH <mx< th=""><th>_</th><th></th><th>(a) Bingo</th><th>(b) Pull tabs/Instant bingo/progressive bingo</th><th>(c) Other gaming</th><th>(d) Total gaming (add column (a) through column (c))</th></mx<>	_		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))			
	1	Gross revenue							
n E	2	Cash prizes							
D-RECT	3	Non-cash prizes							
C S T E S	4	Rent/facility costs							
	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	ines 1, column (d) and	line 7 .					
a b	9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' explain.								
	10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain:								

Schedule G (Form 990 or 990-E	Z) 2010 East Fres	no Kiwanis Foundation	77	-0478546	Page 3
11 Does the organization ope				Yes	No
12 Is the organization a grant administer charitable gami	or, beneficiary or trusteing?	e of a trust or a member of a partners	ship or other entity form	med to Yes	No
13 Indicate the percentage of	gaming activity operate	ed in:			
a The organization's facility				13a	%
				13b	<u></u> ક
14 Enter the name and addre	ss of the person who pr	repares the organization's gaming/spe	cial events books and	records.	
Name •					
Address ►					
b If 'Yes,' enter the amount	of gaming revenue rece	party from whom the organization received by the organization ► \$			No
of gaming revenue retaine					
c If 'Yes,' enter name and a	ddress of the third party	/ '			
Name •					
Address ►					
16 Gaming manager information	ion:				
Name ►				_	. -
Gaming manager compens	sation > \$				
Description of services pro	ovided >				
Director/officer	Employee	Independent contr	actor		
17 Mandatory distributions					
	d under state law to ma	ake charitable distributions from the ga	aming proceeds to reta		
state gaming license?				Yes	∐No
organization's own exempt	· · · · · · · · · · · · · · · · · · ·	state law to be distributed to other exe	empt organizations or s	pent in the	
Part IV Supplemental I columns (III) ar	Information. Complete (v), and Part III,	lete this part to provide the explines 9, 9b, 10b, 15b, 15c, 16, information (see instructions).	and 17b, as applic	l by Part I, line cable. Also com	2b, aplete
				· · · · · · · · · · · · · · · · · · ·	
					
BAA		TEEA3703L 01/13/11	Schadule (G (Form 990 or 990).EZ\ 2010
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization East Fresno Kiwanis Foundation	77-0478546
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
Foundation's efforts are directed at providing assistance to t	he youth of our
community, particularly those that are disadvantaged and avenu	es for others to
reach_their_potentials	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Co	ontracts
(a) Did the organization, during the year, receive any funds,	directly or
indirectly, to pay premiums on a personal benefit contract?	<u> No</u>
(b) Did the organization, during the year, pay premiums, dire	ctly_or
indirectly, on a personal benefit contract?	No

2010 Sc	hedule O - Supplemental Informat	tion	Page 2
Client 1098	East Fresno Kiwanis Foundation		77-0478546
7/18/12 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts I	Paid In Excess of \$5,000		02:28PM
Class of Activity: Donee's Name: Cash Amount Given:	Support Various See Part III Fresno, CA	\$	50,012.
Form 990-EZ, Part I, Line 16 Other Expenses CA Filing Fee Franchise Tax - Fee Insurance Office Expenses		\$ Total <u>\$</u>	50. 10. 3,363. 932. 4,355.
Form 990-EZ, Part II, Line 24 Other Assets Accounts Receivable Notes and Loans Receival	ble Total	\$ 1,444. \$ 70,000.	1,170. 70,000. 71,170.
Fresno Fair's Junior Li	Description ough price support program at	Se	rogram ervice penses 8,787.
school children to obta Children served in the at the various school s co-sponsor the project. Community Service Recogn	in clothing to go to school. program are selected by personnel ites. Kohl's and WalMart Includes Foreign Grants: No nition - Award luncheon for		5,158.
nominated members of contribution to name. Also support for	mmunity for their work and present their selected charity in their the annual Veterans Day Parade. Includes Foreign Grants: No		4,669.
elementary school to en- attendance. Selected s	e - Provide incentives at 7 courage students to attain perfect ites have a history of high lly disadvantaged students.		3,518.

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Schedule O - Supplemental Information		Page 3
Client 1098	East Fresno Kiwanis Foundation	77-0478546
7/18/12		02:28PN
Form 990-EZ, Part I Statement of Progr	II, Line 31 (continued) am Service Accomplishments	
	Description Gran	Program Service nts Expenses
	Includes Foreign Grants: No	
activities for	Area Special Olympics that provide children with disabilities and their to understand and work with those	3,494.
	Includes Foreign Grants: No	
Children's Hosp Children's Hosp	ital Miracle Mile of Quarters to benefit ital. Includes Foreign Grants: No	2,150.
in the San Joaq plants, supplied	er Service Project - Clean-up and planting uin River Parkway Trust. Purchased the s and provided the manpower to bring back rees to the San Joaquin River Parkway. Includes Foreign Grants: No	1,069.
student athlete	ence - Recognition of community college s that maintain a B average or better. s were recognized in this program. Includes Foreign Grants: No	1,050.
	ents - Recognition luncheon for the work of ing with troubled youth to get them back on Includes Foreign Grants: No	1,013.
non-demonination	California Parks ministry that provides nal services for visitors to California	0.50
parks.	Includes Foreign Grants: No	250.
	Total \$	0. \$ 31,158.
	1	