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See a Social Security Number? Say Something!
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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

2011

Open to Public Inspection

copy - info only

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

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) | Room/suite
PO BOX 100006

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

D Employer identification number
23-7376955

E Telephone number

G Gross receipts $ 947,991

F Name and address of principal officer
SUSAN ROLFE

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

STATUTE UNIT RECEIVED DEC 16 2013 IRS BRANCH OGDEN UT

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 acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (othe knowledge.

Sign Here

******
Signature of officer

JOYCE ZAWROTNY TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Timothy W Barner CPA | Date: 2013-05-15

Firm's name (or yours if self-employed), address, and ZIP + 4: Timothy W Barner CPA PA
616 SE 47th Terrace
Cape Coral, FL 33904

May the IRS discuss this return with the preparer shown above? (see instructio

[redacted]

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED JAN 27 2014

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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

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

B Check if applicable	C Name of organization CAPE CORAL KIWANIS FOUNDATION INC	D Employer identification number
☐ Address change	Doing Business As	23-7376955
☐ Name change	Number and street (or P O box if mail is not delivered to street address) / Room/Suite	E Telephone number
☐ Initial return	PO BOX 100006	(239)209-8869
☐ Terminated	City or town, state or country, and ZIP + 4	G Gross receipts $ 785,528
☐ Amended return	CAPE CORAL FL 33910	
☐ Application pending	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)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

H(c) Group exemption number ▶

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

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	
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

REVENUE

		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

EXPENSES

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
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

NET ASSETS OR FUND BALANCES

		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

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 Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name WALLY V CORDELL	Preparer's signatu
	Firm's name ▶ WALLY CORDELL CPA LI	
	Firm's address ▶ PO BOX 1357 ESTERO FL 33929-1357	

May the IRS discuss this return with the preparer shown above? (see instr

For Paperwork Reduction Act Notice, see the separate instructions.

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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

2009

Open to Public Inspection

copy info only

A For the 2009 calendar year, or tax year beginning OCTOBER 01 , 2009, and ending SEPTEMBER 30, 2010

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization CAPE CORAL KIWANIS FOUNDATION I

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 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 $ 784,891

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) ◀ (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: COMMUNITY SERVICE AND SCHOLARSHIPS

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	74
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
5	Total number of employees (Part V, line 2a)	5	
6	Total number of volunteers (estimate if necessary)	6	128
7a	Total gross 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

STATUTE UNIT RECEIVED DEC 10 2013 IRS BRANCH OGDEN

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10,000	28,093
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48,630	61,134
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	715,020	694,354
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	773,650	783,581
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) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	377,299	313,763
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	377,299	313,763
19	Revenue less expenses Subtract line 18 from line 12	396,351	469,818

RECEIVED APR 21 2011 OGDEN, UT

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,948,450	3,011,229
21	Total liabilities (Part X, line 26)	972,036	903,299
22	Net assets or fund balances Subtract line 21 from line 20	1,976,414	2,107,930

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 SAMUEL G HUBBE 4.7.11

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ WALLY V CORDELL

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WALLY CORDELL CPA, PO BOX 1357, ESTERO, FL 33929-13

[redacted]

May the IRS discuss this return with the preparer shown above? (see instr

For Privacy Act and Paperwork Reduction Act Notice, see the separat

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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

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 10/1/2007 , and ending 9/30/2008

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

Please use IRS label or print or type See Specific Instructions

C Name of organization: CAPE CORAL KIWANIS FOUNDATION, INC.

Number and street (or P O box if mail is not delivered to street address): P O. BOX 1000006 — Room/suite:

City or town: CAPE CORAL — State or country: FL — ZIP + 4: 33915

D Employer identification number: 23-7376955

E Telephone number:

F Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website. ▶

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☒ No (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

M Check ▶ ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 802,415

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received.			
	a	Contributions to donor advised funds	1a	0	
	b	Direct public support (not included on line 1a)	1b	0	
	c	Indirect public support (not included on line 1a)	1c	0	
	d	Government contributions (grants) (not included on line 1a)	1d	0	
	e	Total (add lines 1a through 1d) (cash $ 0 noncash $ 0)			1e 0
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 184
	3	Membership dues and assessments			3 0
	4	Interest on savings and temporary cash investments			4 84
	5	Dividends and interest from securities			5 40,208
	6 a	Gross rents	6a	21,101	
	b	Less rental expenses	6b	13,972	
	c	Net rental income or (loss) Subtract line 6b from line 6a			6c 7,129
	7	Other investment income (describe ▶)			7 0
	8 a	Gross amount from sales of assets other than inventory — (A) Securities 0	8a	(B) Other 0	
	b	Less cost or other basis and sales expenses	8b	0	
	c	Gain or (loss) (attach schedule)	8c	0	
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d 0
	9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1b)	9a	0	
	b	Less direct expenses other than fundraising expenses	9b	0	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c 0
	10 a	Gross sales of inventory, less returns and allowances	10a	740,838	
	b	Less cost of goods sold	10b	0	
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c 740,838
	11	Other revenue (from Part VII, line 103)			11 0
	12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 788,443
Expenses	13	Program services (from line 44, column (B))			13 295,124
	14	Management and general (from line 44, column (C))			14 478,631
	15	Fundraising (from line 44, column (D))			15 0
	16	Payments to affiliates (attach schedule)			16 0
	17	Total expenses. Add lines 13 and 44, column (A)			17 773,755
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18 14,688
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 1,905,513
	20	Other changes in net assets or fund balances (attach explanation)			20 -2,842
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 1,917,359

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

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 10/1/2006 , and ending 9/30/2007

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

Please use IRS label or print or type See Specific Instructions.

C Name of organization: CAPE CORAL KIWANIS FOUNDATION, INC.

Number and street (or P O box if mail is not delivered to street address): P. O. BOX 1000006 — Room/suite:

City or town: CAPE CORAL — State or country: FL — ZIP + 4: 33915

D Employer identification number: 23-7376955

E Telephone number:

F Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☒ No (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

J Organization type (check only one) ▶ ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

I Group Exemption Number ▶

M Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 824,288

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1	Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a	109		
b	Direct public support (not included on line 1a)	1b	0		
c	Indirect public support (not included on line 1a)	1c	0		
d	Government contributions (grants) (not included on line 1a)	1d	0		
e	**Total** (add lines 1a through 1d) (cash $ 109 noncash $ 0)			1e	109
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	0
3	Membership dues and assessments			3	0
4	Interest on savings and temporary cash investments			4	877
5	Dividends and interest from securities			5	47,716
6 a	Gross rents	6a	21,511		
b	Less: rental expenses	6b	11,568		
c	Net rental income or (loss). Subtract line 6b from line 6a			6c	9,943
7	Other investment income (describe ▶ MARKET FLUCTUATION GAIN)			7	478
8 a	Gross amount from sales of assets other than inventory — (A) Securities: 0	8a	(B) Other: 0		
b	Less: cost or other basis and sales expenses	8b	0		
c	Gain or (loss) (attach schedule)	8c	0		
d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	0
9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐				
a	Gross revenue (not including $ 0 of contributions reported on line 1b)	9a	0		
b	Less: direct expenses other than fundraising expenses	9b	0		
c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	0
10 a	Gross sales of inventory, less returns and allowances	10a	753,597		
b	Less cost of goods sold	10b	58,624		
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	694,973
11	Other revenue (from Part VII, line 103)			11	0
12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	754,096
13	Program services (from line 44, column (B))			13	291,275
14	Management and general (from line 44, column (C))			14	82,656
15	Fundraising (from line 44, column (D))			15	308,293
16	Payments to affiliates (attach schedule)			16	0
17	**Total expenses.** Add lines 16 and 44, column (A)			17	682,224
18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	71,872
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,833,642
20	Other changes in net assets or fund balances (attach explanation)			20	0
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	1,905,514

Revenue / Expenses / Net Assets

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

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning 10/1/2005 , and ending SEPT 30, 2006

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: CAPE CORAL KIWANIS FOUNDATION, INC.

Number and street (or P.O. box if mail is not delivered to street address): P. O. BOX 1000006 — Room/suite:

City or town: CAPE CORAL — State or country: FL — ZIP + 4: 33915

D Employer identification number: 23-7376955

E Telephone number:

F Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 837,481

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☒ No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ▶ ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	5,913	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	0	
	d	**Total** (add lines 1a through 1c) (cash $ 0 noncash $ 0)			1d 5,913
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
	3	Membership dues and assessments			3 0
	4	Interest on savings and temporary cash investments			4 43,411
	5	Dividends and interest from securities			5
	6 a	Gross rents	6a	21,950	
	b	Less: rental expenses	6b	16,774	
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c 5,176
	7	Other investment income (describe ▶ MARKET VALUE DECREASE)			7 -9,217
	8 a	Gross amount from sales of assets other than inventory	(A) Securities 0	8a (B) Other 0	
	b	Less: cost or other basis and sales expenses	0	8b 0	
	c	Gain or (loss) (attach schedule)	0	8c 0	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d 0
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a	855	
	b	Less: direct expenses other than fundraising expenses	9b	736	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c 119
	10 a	Gross sales of inventory, less returns and allowances	10a	767,396	
	b	Less: cost of goods sold	10b	7,800	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c 759,596
	11	Other revenue (from Part VII, line 103)			11 7,173
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 812,171
Expenses	13	Program services (from line 44, column (B))			13 352,914
	14	Management and general (from line 44, column (C))			14 367,491
	15	Fundraising (from line 44, column (D))			15 0
	16	Payments to affiliates (attach schedule)			16 0
	17	**Total expenses** (add lines 16 and 44, column (A))			17 720,405
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 91,766
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 1,742,414
	20	Other changes in net assets or fund balances (attach explanation)			20 0
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 1,834,180

Form **990**

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)

OMB No 1545-0047

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning 10/1/2004 , and ending 9/30/2005

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

Please use IRS label or print or type See Specific Instructions.

C Name of organization
CAPE CORAL KIWANIS FOUNDATION, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P. O. BOX 1000006

City or town State or country ZIP + 4
CAPE CORAL FL 33915

D Employer identification number
23-7376955

E Telephone number

F Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☒ No
(If "No," attach a list See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return.

I Group Exemption Number ▶

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,127,477

M Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	212,435	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	**Total** (add lines 1a through 1c) (cash $ ____ noncash $ ____)			1d 212,435
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 212,435
	3	Membership dues and assessments			3 0
	4	Interest on savings and temporary cash investments			4 795
	5	Dividends and interest from securities			5 28,544
	6 a	Gross rents	6a	61,105	
	b	Less: rental expenses	6b	27,412	
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c 33,693
	7	Other investment income (describe ▶ GAIN ON VALUE FLUCTUATION OF INVESTMEI)			7 5,620
	8 a	Gross amount from sales of assets other than inventory — (A) Securities 0	8a	(B) Other 0	
	b	Less: cost or other basis and sales expenses	8b	0	
	c	Gain or (loss) (attach schedule)	8c	0	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d 0
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 212,435 of contributions reported on line 1a)	9a	0	
	b	Less: direct expenses other than fundraising expenses	9b	0	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c 0
	10 a	Gross sales of inventory, less returns and allowances	10a	606,123	
	b	Less: cost of goods sold	10b	4,923	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c 601,200
	11	Other revenue (from Part VII, line 103)			11 420
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 1,095,142
Expenses	13	Program services (from line 44, column (B))			13 328,138
	14	Management and general (from line 44, column (C))			14 225,045
	15	Fundraising (from line 44, column (D))			15 0
	16	Payments to affiliates (attach schedule)			16 0
	17	**Total expenses** (add lines 16 and 44, column (A))			17 553,183
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 541,959
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 1,414,736
	20	Other changes in net assets or fund balances (attach explanation)			20 0
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 1,956,695

[redacted]

Copy on file

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

Power of Attorney and Declaration of Representative

▶ Type or print. ▶ See the separate instructions.

OMB No 1545-0150

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

Part I Power of Attorney

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

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

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

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

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

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

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

3 Matters

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

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

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

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

[ ] Other acts authorized _____

(see instructions for more information)

RECEIVED
DEC 06 2013
IRS-OSC

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

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

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

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

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

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

Joyce M. Zawitkowski
Signature

6/26/13
Date

Treasurer
Title (if applicable)

Joyce M Zawitkowski
Print Name

PIN Number

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

Part II Declaration of Representative

Under penalties of perjury, I declare that

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice before the Internal Revenue Service,
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there, and
- I am one of the following
  - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent - enrolled as an agent under the requirements of Circular 230
  - d Officer - a bona fide officer of the taxpayer's organization
  - e Full-Time Employee - a full-time employee of the taxpayer
  - f Family Member - a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister)
  - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U S C 1242 (the authority to practice before the Internal Revenue Service is limited by section 10 3(d) of Circular 230)
  - h Unenrolled Return Preparer - Your authority to practice before the Internal Revenue Service is limited You must have been eligible to sign the return under examination and have signed the return **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions**
  - i Registered Tax Return Preparer - registered as a tax return preparer under the requirements of section 10 4 of Circular 230 Your authority to practice before the Internal Revenue Service is limited You must have been eligible to sign the return under examination and have signed the return **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.**
  - k Student Attorney or CPA - receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10 7(d) of Circular 230 See instructions for Part II for additional information and requirements
  - r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10 3(e))

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

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

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