

Form **990**

OMB No 1545-0047

2005

Open to Public Inspection

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)

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 2005 calendar year, or tax year beginning 10/01/05, and ending 9/30/06

- 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
FLORIDA KIWANIS FOUNDATION, INC.

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 211

City or town, state or country, and ZIP + 4
DELAND FL 32721-0211

D Employer identification no.
23-7115348

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).

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 instr.)

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)

G Website: N/A

J Organization type

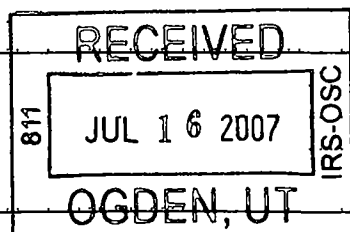
(check only one) 501(c) (**3**) (insert no) 4947(a)(1) or 527

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 **770,600**

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	231,415		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 231,415 noncash \$)				1d 231,415
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				2 411,179
	3 Membership dues and assessments				3
	4 Interest on savings and temporary cash investments				4 50
	5 Dividends and interest from securities				5 22,796
	6a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)				6c
7 Other investment income (describe)				7	
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
		37,611		8a	
	b Less cost or other basis and sales expenses	45,358		8b	
	c Gain or (loss) (attach schedule)	-7,747		8c	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	SEE STMT 1			8d -7,747
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ contributions reported on line 1a)	9a	67,549		
	b Less direct expenses other than fundraising expenses	9b	22,927		
c Net income or (loss) from special events (subtract line 9b from line 9a)				9c 44,622	
Revenue	10a Gross sales of inventory, less returns and allowances	10a			
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c
11 Other revenue (from Part VII, line 103)				11	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12 702,315	
Expenses	13 Program services (from line 44, column (B))				13 555,242
	14 Management and general (from line 44, column (C))				14 66,440
	15 Fundraising (from line 44, column (D))				15 29,934
	16 Payments to affiliates (attach schedule)				16
	17 Total expenses (add lines 16 and 44, column (A))				17 651,616
	18 Excess or (deficit) for the year (subtract line 17 from line 12)				18 50,699
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))				19 851,652
	20 Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 2			20 12,511
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21 914,862



P12

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Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) STMT 3 (cash \$ 183,908 non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 183,908	183,908		
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25 14,400		14,400	
26	Other salaries and wages	26 2,160		2,160	
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 2,375		2,375	
30	Professional fundraising fees	30			
31	Accounting fees	31 4,500		4,500	
32	Legal fees	32			
33	Supplies	33 1,521		1,521	
34	Telephone	34			
35	Postage and shipping	35 1,800		1,800	
36	Occupancy	36 1,500		1,500	
37	Equipment rental and maintenance	37			
38	Printing and publications	38 4,953		4,953	
39	Travel	39 3,555		3,555	
40	Conferences, conventions, and meetings	40 390,712	371,334	19,378	
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 4	43a 40,232		10,298	29,934
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 651,616	555,242	66,440	29,934

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a ASSIST NEEDED PERSONS, PARTICULARLY YOUNG PEOPLE, AND AID HANDICAPPED PERSONS TO REGAIN USEFUL LIVES.

(Grants and allocations \$ 147,058) If this amount includes foreign grants, check here ▶ **147,058**

b ASSIST KIWANIS SPONSORED YOUTH ORGANIZATIONS WHOSE OBJECTIVE IS THE SAME AS OUR ACHIEVEMENT "A".

(Grants and allocations \$ 36,850) If this amount includes foreign grants, check here ▶ **408,184**

c

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

555,242

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45	Cash-non-interest-bearing	83,600	45	130,959
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable			
	b	Less allowance for doubtful accounts		47c	
	48a	Pledges receivable			
	b	Less allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	2,074	53	
	54	Investments-securities SEE STATEMENT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	780,865	54	886,689
	55a	Investments-land, buildings, and equipment basis			
	b	Less accumulated depreciation (attach schedule)	18,234		
55b		18,153	326	55c	81
56	Investments-other (attach schedule)			56	
57a	Land, buildings, and equipment basis				
b	Less accumulated depreciation (attach schedule)			57c	
57b				57c	
58	Other assets (describe <input type="checkbox"/>)			58	
59	Total assets (must equal line 74) Add lines 45 through 58	866,865	59	1,017,729	
Liabilities	60	Accounts payable and accrued expenses	15,213	60	661
	61	Grants payable		61	25,500
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 7)		65	76,706
66	Total liabilities. Add lines 60 through 65	15,213	66	102,867	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	2,057	67	8,700
	68	Temporarily restricted	75,324	68	20,847
	69	Permanently restricted	774,271	69	885,315
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	851,652	73	914,862	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	866,865	74	1,017,729	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	341,531
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1	65,687	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	65,687
c	Subtract line b from line a		c	275,844
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2	SEE STMT 8 426,471	
	Add lines d1 and d2		d	426,471
e	Total revenue (Part I, line 12) Add lines c and d		e	702,315

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	266,221
b	Amounts included on line a but not Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	266,221
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2	SEE STMT 9 385,395	
	Add lines d1 and d2		d	385,395
e	Total expenses (Part I, line 17) Add lines c and d		e	651,616

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE ATTACHED	0	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations	75c	X
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization			
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization FLORIDA DISTRICT OF KIWANIS and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	
81a	Enter direct and indirect political expenditures (See line 81 instructions)	81a	N/A
b	Did the organization file Form 1120-POL for this year?	81b	

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)			
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
84b			
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
85a			
85b			
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
85h			
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<input checked="" type="checkbox"/>
88			
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 0		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<input checked="" type="checkbox"/>
89b			
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 <input type="checkbox"/> 0		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0		
90a	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b 2	
91a	The books are in care of <input type="checkbox"/> E. GARTON JENKINS PO BOX 211 Located at <input type="checkbox"/> DELAND, FL	Telephone no <input type="checkbox"/> ZIP + 4 <input type="checkbox"/> 32721	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the United States?	Yes	No
91b			<input checked="" type="checkbox"/>
91c			<input checked="" type="checkbox"/>
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/>	92	

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CONVENTION FEES			3	411,179	
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					50
95 Interest on savings and temporary cash investments					22,796
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-7,747
101 Net income or (loss) from special events			2	44,622	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		455,801	15,099
105 Total (add line 104, columns (B), (D), and (E))					470,900

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
95	INTEREST- EARNINGS USED FOR EXEMPT PURPOSE
96	INTEREST & DIVIDENDS-EARNINGS USED FOR EXEMPT PURPOSE
100	SALES OF SECURITIES-EARNINGS USED FOR EXEMPT PURPOSE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including attachments, and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has knowledge.

Please Sign Here

Signature of officer: *G. Glenn Schanel*

Type or print name and title: **GLENN G. SCHANEL EXEC**

Paid Preparer's Use Only

Preparer's signature: **GLENN G. SCHANEL**

Firm's name (or yours if self-employed), address, and ZIP + 4: **GLENN G. SCHANEL, 4600 MILITARY TRAIL, JUPITER, FL 33458**

**SCHEDULE A
(Form 990 or 990-EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

FLORIDA KIWANIS FOUNDATION, INC.

Employer identification number

23-7115348

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ►**
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	144,947	86,207	184,744	123,665	539,563
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	28,907	2,447	35,542	16,412	83,308
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	23,489	25,315	29,369	35,412	113,585
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
23 Total of lines 15 through 22	197,343	113,969	249,655	175,489	736,456
24 Line 23 minus line 17	168,436	111,522	214,113	159,077	653,148
25 Enter 1% of line 23	1,973	1,140	2,497	1,755	

26 Organizations described on lines 10 or 11:

a Enter 2% of amount in column (e), line 24 ▶ 26a 0

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ 26c

d Add Amounts from column (e) for lines 18 _____ 19 _____ ▶ 26d

22 _____ 26b _____

e Public support (line 26c minus line 26d total) ▶ 26e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f %

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year

(2004)	0	(2003)	0	(2002)	0	(2001)	0
--------	---	--------	---	--------	---	--------	---

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2004)	0	(2003)	0	(2002)	0	(2001)	0
--------	---	--------	---	--------	---	--------	---

c Add Amounts from column (e) for lines 15 539,563 16 _____ ▶ 27c 622,871

17 83,308 20 _____ 21 _____ ▶ 27d

d Add Line 27a total _____ and line 27b total _____ ▶ 27e 622,871

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ 27f 736,456

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g 84.5768%

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h 15.4232%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d		
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table-		
	If the amount on line 40 is- The lobbying nontaxable amount is-		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines through c h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines through c h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
- (ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		<input checked="checked" type="checkbox"/>
a(ii)		<input checked="checked" type="checkbox"/>
b(i)		<input checked="checked" type="checkbox"/>
b(ii)		<input checked="checked" type="checkbox"/>
b(iii)		<input checked="checked" type="checkbox"/>
b(iv)		<input checked="checked" type="checkbox"/>
b(v)		<input checked="checked" type="checkbox"/>
b(vi)		<input checked="checked" type="checkbox"/>
c		<input checked="checked" type="checkbox"/>

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

<u>Desc</u>	<u>How Rec'd</u>	<u>Whom Sold</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sale Price</u>	<u>Cost & Expense</u>	<u>Deprec</u>	<u>Gain/ -Loss</u>
PUBLICLY TRADED SECURITIES								
					\$ 37,611	\$ 45,358	\$	\$ -7,747
TOTAL					<u>\$ 37,611</u>	<u>\$ 45,358</u>	<u>\$ 0</u>	<u>\$ -7,747</u>

23-7115348

Federal Statements

FYE: 9/30/2006

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS ON INVESTMENTS	\$ 65,687
PRIOR PERIOD ADJUSTMENT	-12,100
PASS THROUGH FUNDS HELD	-41,076
TOTAL	<u>\$ 12,511</u>

23-7115348

Federal Statements

FYE: 9/30/2006

Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

Name Address	Relationship to Org	Class of Activity					
	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
KIWANIS CIRCLE K		NONE					
KEY CLUB		NONE	\$ 16,500	\$	\$		
VARIOUS KIWANIS CLUBS		NONE	20,350				
CFCC FOUNDATION		NONE	129,330				
VARIOUS		NONE	12,000				
			5,728				
TOTAL			\$ 183,908	\$ 0	\$ 0		

23-7115348

Federal Statements

FYE: 9/30/2006

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund- Raising</u>
	\$	\$	\$	\$
EXPENSES				
SUSTAINING MEMBERSHIP EXP	5,290			5,290
DEVELOPMENT EXPENSE	4,411			4,411
DONOR RECOGNITION PLAQUES	20,233			20,233
TELECOMMUNICATIONS	2,347		2,347	
COMPUTER EXPENSES	1,267		1,267	
INTERNET FEES	2,495		2,495	
INSURANCE	1,270		1,270	
MISCELLANEOUS	2,919		2,919	
TOTAL	<u>\$ 40,232</u>	<u>\$ 0</u>	<u>\$ 10,298</u>	<u>\$ 29,934</u>

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

PROVIDE DIRECT AND INDIRECT SUPPORT FOR YOUTH AND NEEDY
PERSONS.

23-7115348

Federal Statements

FYE: 9/30/2006

Statement 6 - Form 990, Part IV, Line 54 - Investments in Securities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
RAYMOND JAMES	780,865	886,689	MARKET
	<u>780,865</u>	<u>886,689</u>	

Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PASS-THRU FUNDS PAYABLE-CLUB	\$	\$ 35,630
PASS-THRU FUNDS-SPONSORED YOUTH		41,076
TOTAL	\$ <u>0</u>	\$ <u>76,706</u>

Federal Statements**Statement 8 - Form 990, Part IV-A - Other Revenue Included on Return**

<u>Description</u>	<u>Amount</u>
PASS-THROUGH REVENUE FOR SPONSORED YOUTH ORGS	\$ 426,471
TOTAL	\$ <u>426,471</u>

Statement 9 - Form 990, Part IV-B - Other Expenses Included on Return

<u>Description</u>	<u>Amount</u>
PASS-THROUGH EXPENSES FOR SPONSORED YOUTH ORGS	\$ 385,395
TOTAL	\$ <u>385,395</u>

**BOARD OF TRUSTEES
FLORIDA KIWANIS FOUNDATION, INC.**

Robert A. Zelko, President 35 hours monthly
2699 Stirling Rd. Suite B-205
Hollywood, FL 33312-1123

Cathy L. Lucrezi, Immediate Past President 10 hours monthly
4243 Ellen Ave.
Fort Myers, FL 33901-8916

Richard K. Klein, President-Elect 30 hours monthly
3871 First Ave. SW
Naples, FL 34117-3013

Jack G. Allen, Vice President 30 hours monthly
2406 San Pietro Cir.
Palm Beach Gardens, FL 33410-2970

* E. Garth Jenkins, Executive Director/Secretary 120 hours monthly
P. O. Box 211
DeLand, FL 32721-0211

Elizabeth H. Lusty, Treasurer 20 hours monthly
8142 Causeway Blvd.
St. Petersburg, FL 33707-1017

H. Phillip Yorston, *Ex-Officio* Trustee, District Governor 10 hours monthly
1700 Embassy Dr. #208
West Palm Beach, FL 33401-1961

George F. Langguth, *Ex-Officio* Trustee, District Executive Director 10 hours monthly
5545 Benchmark Lane
Sanford, FL 32773-8116

Donna M. Batelaan, Trustee-at-Large, Past District Governor 6 hours monthly
4212 Fox Trace
Boynton Beach, FL 33436-3315

William R. Rushing, Trustee-at-Large, Past District Governor 6 hours monthly
3815 Grovewood Lane
Titusville, FL 32780-5161

* Annual salary - \$14,400. The Executive Director
is the only paid Trustee/officer.

Robert W. Fowinkle, Trustee-at-Large, Past District Governor 705 Rye Rd. Bradenton, FL 34212-9112	6 hours monthly
Edward H. Scheye, Trustee Division 1 7990 Chesterfield Rd. Pensacola, FL 32506-5514	20 hours monthly
D. Keith Forehand, II, Trustee Division 2 1239 Huntington Ridge Rd. Lynn Haven, FL 32444-3190	25 hours monthly
Larry Helm Spalding, Trustee Division 3 2256 Cobb Dr. Tallahassee, FL 32312-3170	20 hours monthly
George J. Emmanuel, III, Trustee Division 4 1841 NW 23 Terr Gainesville, FL 32605-3835	20 hours monthly
Phillip H. Gullion, Trustee Division 5 4237 Salisbury Rd. Suite 103 Jacksonville, FL 32216-2970	35 hours monthly
George J. Albright, Jr., Trustee Division 6 P. O. Box 725 Ocklawaha, FL 32183-0725	20 hours monthly
Richard S. Hall, Trustee Division 7 7 Blackthorn Court Palm Coast, FL 32137-7343	10 hours monthly
Laura Beagles, Trustee Division 8 13921 12 St Dade City, FL 33525-4804	25 hours monthly
Richard H. Bell, Trustee Division 9 1139 W. Lakeshore Dr. Clermont, FL 34711-2935	25 hours monthly
Kathy McDonald, Trustee Division 10 653 Valley Stream Dr. Geneva, FL 32732-9270	20 hours monthly

<ul style="list-style-type: none"> · Hugh J. Halsey, Trustee Division 11 435 Island Dr. Merritt Island, FL 32952-5892 	20 hours monthly
<ul style="list-style-type: none"> William G. Barnett, III, Trustee Division 12 1618 Kilwinning Court Palm Harbor, FL 34684-2340 	20 hours monthly
<ul style="list-style-type: none"> William L. Knowles, Trustee Division 13 1307 41 Ave NE St. Petersburg, FL 33703-5354 	30 hours monthly
<ul style="list-style-type: none"> Lawrence R. Bevis, II, Trustee Division 14 115 Adalia Ave. Tampa, FL 33606-3303 	20 hours monthly
<ul style="list-style-type: none"> Tim J. Hart, Trustee Division 15 1068 Sugartree Dr. S. Lakeland, FL 33813-1866 	25 hours monthly
<ul style="list-style-type: none"> Jocelyn Lane, Trustee Division 16 2400 SE Monterey Rd. #100 Stuart, FL 34996-3351 	20 hours monthly
<ul style="list-style-type: none"> Lu Files, Trustee Division 17 4307 Gulf Dr. #109 Holmes Beach, FL 34217-3343 	20 hours monthly
<ul style="list-style-type: none"> Carl R. Stockton, Trustee Division 18N 2147 Wasatch Dr. Sarasota, FL 34235-9168 	10 hours monthly
<ul style="list-style-type: none"> Allen J. Levin, Trustee Division 18S 3440 Conway Blvd. Suite 1-A Port Charlotte, FL 33952-7050 	25 hours monthly
<ul style="list-style-type: none"> Richard A. Anglickis, Trustee Division 19 P. O. Box 111 Lehigh Acres, FL 33970-0111 	20 hours monthly
<ul style="list-style-type: none"> Don Kula, Trustee Division 20 545 Margaret Court West Palm Beach, FL 33413-3438 	20 hours monthly

Thomas C. Thayer, Trustee Division 21 899 Enfield St. Boca Raton, FL 33487-3118	25 hours monthly
Linda L. Chambers, Trustee Division 22 19196 Pine Run Lane Fort Myers, FL 33912-4815	20 hours monthly
Celia Earle, Trustee Division 23 921 Sevilla Circle Weston, FL 33326-4524	25 hours monthly
Saied Taie-Tehrani, Trustee Division 24 14600 Luray Rd. Southwest Ranches, FL 33330-3418	20 hours monthly
Maria C. Cruz, Trustee Division 25 1447 Miller Rd. Coral Gables, FL 33146-2307	20 hours monthly
Errol A. Saunders, Trustee Division 26 12173 SW 131 Ave Miami, FL 33176-0812	20 hours monthly