

**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)

OMB No 1545-1150

2007

Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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

A For 2007 calendar year, or tax year beg. OCTOBER 01, 2007, & end. SEPTEMBER 30, 2008

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization Cocoa Beach Kiwanis Club, Inc.	D Employer identification number 59-2838276
		No & street (or P O box, if mail is not delivered to street address) Room/suite PO Box 320095	E Telephone number (321) 453-7214
		City or town, state or country, and ZIP + 4 Cocoa Beach FL 32932	F Group Exemption Number ▶

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

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check if organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) -- 501(c)(4) () ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

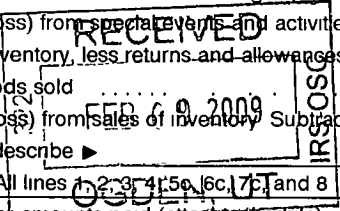
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions)			
REVENUES	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule)	5c	
	6 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities Subtract line 6b from line 6a	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a	7c		
8 Other revenue (describe ▶ _____)	8		
9 Total revenue. All lines 1, 2, 3, 4, 5a, 6c, 7c, and 8	9	0	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ _____)	16	
17 Total expenses. Add lines 10 through 16	17	0	
ASSETS	18 Excess or (deficit) for the year Subtract line 17 from line 9	18	
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	0

Part II Balance Sheets -- If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	
23 Land and buildings	23	
24 Other assets (describe ▶ _____)	24	
25 Total assets	0	0
26 Total liabilities (describe ▶ _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	0

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Part III Statement of Program Service Accomplishments (See instructions)		Expenses	
What is the organization's primary exempt purpose?		(Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses. Add lines 28a through 31a	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See instructions)				
(A) Name and address	(B) Title & average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred comp	(E) Expense account and other allowances

Part V Other Information (Note the statement requirement in General Instruction V)		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a		
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A

Part V Other Information (Note the statement requirement in General Instruction V) (Continued)

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter amount of tax on line 40c reimbursed by the organization

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

Table with 3 columns: Question ID, Yes, No. Row 40b: Yes, No (X). Row 40e: Yes, No (X).

41 List the states with which a copy of this return is filed

42a The books are in care of See attachment #1 Telephone no.

Located at

b At any time during the calendar year, did the organization have an over a financial account in a foreign country (such as a bank account)?

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form

c At any time during the calendar year, did the organization maintain

If "Yes," enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ and enter the amount of tax-exempt interest received or accrued d

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, in and belief, it is true, correct, and complete Declaration of preparer (other than the taxpayer)

Signature of officer (Handwritten signature)

Type or print name and title (ARMAUD P. HAYNES)

Paid Preparer's Use Only

Preparer's signature (Handwritten signature)

Firm's name (or yours if self-employed), address, and ZIP + 4

L George Leonard CPA PA 1485 N Atlantic Ave Suite 102 Cocoa Beach FL 32931

01-20-2009 employed

EIN Phone no 321-799-1691

BOOKS ARE IN CARE OF

Attachment 1 - 990-EZ Page 3, Part V, Line 42a

For calendar year 2007 or tax period beginning 10-01 , and ending 09-30-2008.

Name of Organization Cocoa Beach Kiwanis Club, Inc.	Employer Identification Number 59-2838276
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Part V - Line 42a

Individual Name
or
Business Name

Street Address

U.S. Address

Zip code _____ City _____ State _____

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number