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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? A LOCAL KIWANIS CLUB SERVING THE LOCAL COMMUNITY THROUGH PROJECTS AND DONATIONS TO LOCAL NON-PROFITS FOR THE PURPOSE OF STRENGTHENING THE COMMUNITY AND SERVING CHILDREN AND THEIR FAMILIES			
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 SCHOLARSHIPS FOR LOCAL CHILDREN IN NEED--SPECIAL NEEDS CHILDREN--AND OTHER CHILDREN WHO DESERVE RECOGNITION FOR VARIOUS ACHIEVEMENTS (Grants \$ 15,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	
29 FINANCIAL SUPPORT FOR FAMILIES IN NEED (Grants \$ 9,939) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30 DONATIONS TO OTHER LOCAL NOT-FOR-PROFIT 501(c)(3) ORGANIZATIONS (Grants \$ 46,512) 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	71,451

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JEFFERY BERENSON 8506 THORNGATE DRIVE ORLAND PARK,IL 60462	Treasurer 3 00	0		
PAT THOMPSON 11618 VALLEY BROOK DRIVE ORLAND PARK,IL 60467	Secretary 3 00	0		
DENNIS NOWAK 14404 TWIN CREEK LANE HOMER GLEN,IL 60491	President 3 00	0		

Part V Other Information (Note the statement requirements in the instructions for Part VI.)		Yes	No								
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No								
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	No								
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, 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	No								
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b									
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	No								
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <table><tr><td>37a</td><td></td></tr></table>	37a									
37a											
b	Did the organization file Form 1120-POL for this year?	37b	No								
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	No								
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b									
39	501(c)(7) organizations. Enter										
a	Initiation fees and capital contributions included on line 9	39a	0								
b	Gross receipts, included on line 9, for public use of club facilities	39b	0								
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____										
b	Section 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," complete Schedule L, Part I.	40b	No								
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?	40e	No								
41	List the states with which a copy of this return is filed ▶ <u>IL</u>										
42a	The books are in care of ▶ <u>JEFFERY BERENSON</u> Telephone no ▶ <u>(708) 226-2961</u> 8506 THORNGATE DRIVE Located at ▶ <u>ORLAND PARK, IL</u> ZIP + 4 ▶ <u>60462</u>										
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 ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>42b</td><td></td><td>No</td></tr><tr><td></td><td></td><td></td></tr></table>		Yes	No	42b		No			
	Yes	No									
42b		No									
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No								
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <table><tr><td>43</td><td></td></tr></table>	43									
43											
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>44</td><td></td><td>No</td></tr><tr><td></td><td></td><td></td></tr></table>		Yes	No	44		No			
	Yes	No									
44		No									
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>45</td><td></td><td>No</td></tr></table>		Yes	No	45		No			
	Yes	No									
45		No									

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization(s) a section 527 organization?		
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51	Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."	
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Please Sign Here	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.			
	***** Signature of officer		2010-04-13 Date	
Paid Preparer's Use Only	JEFFERY BERENSON Treasurer Type or print name and title			
	Preparer's signature	Date	Check if self-employed	Preparer's PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN Phone no.	
May the IRS discuss this return with the preparer shown above? See instructions.				

TY 2008 Grants and Similar Amounts Paid Schedule**Name:** KIWANIS CLUB OF ORLAND PARK

KIWANIS INTERNATIONAL K09564 ORLAND PARK

EIN: 51-0245600**Software ID:** 08000091**Software Version:** 2008v2.7

Item No.	1
Class of Activity	EDUCATION
Donee's Name	COLLEGE SCHOLARSHIPS FOR LOCAL HS GRADS
Donee's Address	VARIOUS ORLAND PARK, IL 60462
Amount (FMV)	15,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	FAMILY NEEDS
Donee's Name	FAMILY NEEDS AND HOLIDAY FOOD BASKETS
Donee's Address	VARIOUS ORLAND PARK IL, IL 60462
Amount (FMV)	9,939
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	DONATION
Donee's Name	LOCAL NONPROFIT 501C3 ORGANIZATIONS
Donee's Address	VARIOUS ORLAND PARK, IL 60462
Amount (FMV)	46,512
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2008 Other Expenses Schedule

Name: KIWANIS CLUB OF ORLAND PARK
KIWANIS INTERNATIONAL K09564 ORLAND PARK

EIN: 51-0245600

Software ID: 08000091

Software Version: 2008v2.7

Description	Amount
MISCELLANEOUS	1,303
INTERNATIONAL DUES	1,436

TY 2008 Other Liabilities Schedule

Name: KIWANIS CLUB OF ORLAND PARK
KIWANIS INTERNATIONAL K09564 ORLAND PARK

EIN: 51-0245600

Software ID: 08000091

Software Version: 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	13,213	8,213