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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

2008

Open to Public
Inspection► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

B Check if applicable Address change Name change Initial return Termination Amended return Application pending	C Name of organization KIWANIS INTERNATIONAL AURORA	D Employer identification number 36-6111460
	Number and street (or P.O. box, if mail is not delivered to street address) P.O BOX 1551	E Telephone number (630) 466-3929
	City or town, state or country, and ZIP + 4 AURORA, IL 60507-1551	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 the organization is not required to attach Schedule 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► **\$ 33,439.**

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

Revenue	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 30,573.
	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 (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input checked="" type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 2,497.
b Less: direct expenses other than fundraising expenses	6b 857.	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 1,640.	
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 ► INTEREST)	8 369.	
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 32,582.	
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 1,345.
	16 Other expenses (describe ► OGDEN, UT)	16 33,761.
	17 Total expenses. Add lines 10 through 16	17 35,106.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <2,524.
	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 30,363.
	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 27,839.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		31,158.	52,907.
23 Land and buildings		22	23
24 Other assets (describe ► ACCOUNTS RECEIVABLE)		0.	6,666.
25 Total assets		31,158.	59,573.
26 Total liabilities (describe ► SEE STATEMENT 2)		795.	31,734.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		30,363.	27,839.

832171
12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? **COMMUNITY SERVICE CLUB**

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.

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 **SEE STATEMENT 4**

(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)		► <input type="checkbox"/>	32 0.

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
ARCHIE NEEDHAM AURORA, IL	PRESIDENT 2.00	0.	0.	0.
E. BARRETT HICKERSON AURORA, IL	PAST PRESIDENT 2.00	0.	0.	0.
PATRICK DIVIN AURORA, IL	VICE PRESIDENT 2.00	0.	0.	0.
JOAN KETTLEY-WEINERT AURORA, IL	SECRETARY 2.00	0.	0.	0.
EDWARD ST. JULES AURORA, IL	TREASURER 2.00	0.	0.	0.
JAN CHASE AURORA, IL	DIRECTOR 1.00	0.	0.	0.
THOMAS ELMORE AURORA, IL	DIRECTOR 1.00	0.	0.	0.
KAREN HARKNESS AURORA, IL	DIRECTOR 1.00	0.	0.	0.
RONNY PHILLIP LA GRANGE PARK, IL	DIRECTOR 1.00	0.	0.	0.
JENNIFER ROACH OAK PARK, IL	DIRECTOR 1.00	0.	0.	0.
MAVIS BATES AURORA, IL	DIRECTOR 1.00	0.	0.	0.
DAVE BOHMAN AURORA, IL	DIRECTOR 1.00	0.	0.	0.
DAN DOLAN OSWEGO, IL	DIRECTOR 1.00	0.	0.	0.
RON SLEWITZKE AURORA, IL	DIRECTOR 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part VI)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 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
 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.

Yes	No
33	X
34	X

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?
 b If "Yes," has it filed a tax return on Form 990-T for this year?
 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N
 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.

35a	X
35b	N/A

36	X
37b	X

38a	X
38b	N/A

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?

38b	N/A
39a	N/A

39 Section 501(c)(7) organizations. Enter:

39a	N/A
39b	N/A

a Initiation fees and capital contributions included on line 9
 b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

39b	N/A
40b	X

40b	X
40e	X

section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A

40e	X
40f	X

40f	X
41	X

41 List the states with which a copy of this return is filed. ► NONE

42a The books are in care of ► THE ORGANIZATION Telephone no. ► (630) 466-3929
 Located at ► P.O. BOX 1551, AURORA, IL ZIP + 4 ► 60507-1551

42a	X
42b	X

42b	X
42c	X

42c	X
43	X

43	X
44	X

44	X
45	X

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)?

45	X
46	X

46	X
47	X

47	X
48	X

48	X
49	X

49	X
50	X

50	X
51	X

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

51	X
52	X

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

52	X
53	X

53	X
54	X

54	X
55	X

55	X
56	X

56	X
57	X

57	X
58	X

58	X
59	X

59	X
60	X

60	X
61	X

61	X
62	X

62	X
63	X

63	X
64	X

64	X
65	X

65	X
66	X

66	X
67	X

67	X
68	X

68	X
69	X

69	X
70	X

70	X
71	X

71	X
72	X

72	X
73	X

73	X
74	X

74	X
75	X

75	X
76	X

76	X
77	X

77	X
78	X

78	X
79	X

79	X
80	X

80	X
81	X

81	X
82	X

82	X
83	X

83	X
84	X

84	X
85	X

85	X

<tbl_r cells="2" ix="

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

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 is none, enter "None."

N/A

Total number of other independent contractors each receiving over \$100,000

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

15-25-10
Date

► Archie Needham
Type or print name and title

President

Paid
Preparer
Use Only

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, the information contained therein is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Paid
Prepared
Use Only

Preparer's signature ▶

Date

Check if self-employed

Report of the Meeting (Continued)

Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instr.)
	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

► Yes No

Form 990-EZ (2008)

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

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?

b 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 each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000 N/A	(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
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 is none, enter "None."

N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 ►		

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 ► *Archie Needam* Signature of officer **Date** *1-5-25-10*

► *Archie Needam President* Type or print name and title

Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instr)
	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

► Yes No

Form 990-EZ (2008)

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
LUNCHES		17,140.
CONFERENCE, CONVENTIONS, & MEETINGS		5,610.
MEMBERSHIP DUES		8,637.
INSTALLATION		766.
MEMBERSHIP RECOGNITION		1,130.
ORGANIZATIONAL EXPENSE		478.
TOTAL TO FORM 990-EZ, LINE 16		33,761.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT 2
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE DUE TO FOUNDATION	785. 10.	26,535. 5,199.
TOTAL TO FORM 990-EZ, LINE 26	795.	31,734.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

CLUB MEMBERS VOLUNTEER TIME TO MANY OTHER ORGANIZATIONS WITHIN THE COMMUNITY TO HELP WITH PROJECTS AND RAISE FUNDS FOR THE ORGANIZATIONS ASSISTED AND THE AURORA KIWANIS FOUNDATION.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print	Name of Exempt Organization KIWANIS INTERNATIONAL AURORA	Employer identification number 36-6111460
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1551	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AURORA, IL 60507-1551	

Check type of return to be filed (File a separate application for each return):

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

- The books are in the care of ► **P.O. BOX 1551 - AURORA, IL 60507-1551**
- Telephone No. ► **(630)466-3929** FAX No. ► _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **AUGUST 15, 2010**.
- For calendar year _____, or other tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

REQUEST FOR ADDITIONAL TIME IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$ _____
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$ _____
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ _____ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Jamie Johnson CPS Title ►

Date ► 5/7/10

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization KIWANIS INTERNATIONAL AURORA	Employer identification number 36-6111460
	Number, street, and room or suite no. If a P.O. box, see instructions P.O BOX 1551	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions AURORA, IL 60507-1551	

Check type of return to be filed (File a separate application for each return):

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

- The books are in the care of ► **P.O BOX 1551 - AURORA, IL 60507-1551**

Telephone No ► **(630) 466-3929** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2010**.
 5 For calendar year , or other tax year beginning **OCT 1, 2008** , and ending **SEP 30, 2009** .
 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension

REQUEST FOR ADDITIONAL TIME IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► *Archie Needam*

Title ► *President*

Date ► *5-25-10*

Form 8868 (Rev. 4-2009)