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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Under section 501(c) 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organization of donor advised funds and controlling organization as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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 the 2009 calendar year or tax year beginning OCT 1, 2009 and ending SEP 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial <input type="checkbox"/> Term <input type="checkbox"/> Amendment <input type="checkbox"/> Application pending	Please use IRS label if principal or type See instructions	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) Room/suite 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 Tax exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 42,997**

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	41,635
	4	Investment income	4	236
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	1,126
	6b	Less: direct expenses other than fundraising expenses	6b	534
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	592
	7a	Gross sales of inventory less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe _____)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	42,463
	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	1,853
16		Other expenses (describe SEE STATEMENT 1)	16	47,538
17		Total expenses. Add lines 10 through 16	17	49,391
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<6,928 >
Net Assets		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	20,911

Part II Balance Sheets (If total assets on line 25, column (B) are \$1,250,000 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	52,907	21,360
23 Land and buildings		
24 Other assets (describe ACCOUNTS RECEIVABLE)	6,666	845
25 Total assets	59,573	22,205
26 Total liabilities (describe SEE STATEMENT 2)	31,734	1,294
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,839	20,911

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

(Required to section 501(c)(3) and 501(c)(4) organizations and section 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, and other relevant information for each program title.

28 **SEE STATEMENT 4**(Grants \$) If this amount includes foreign grants, check here ☐28a **47,538**

29

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32

47,538**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	PRESIDENT			
AURORA, IL	2 00	0	0	0
E BARRETT HICKERSON	PAST PRESIDENT			
AURORA, IL	2 00	0	0	0
PATRICK DIVINE	VICE PRESIDENT			
AURORA, IL	2 00	0	0	0
JOAN KETTLEY-WEINERT	SECRETARY			
AURORA, IL	2 00	0	0	0
EDWARD ST JULES	TREASURER			
AURORA, IL	2 00	0	0	0
JAN CHASE	DIRECTOR			
AURORA, IL	1 00	0	0	0
THOMAS ELMORE	DIRECTOR			
AURORA, IL	1 00	0	0	0
KAREN HARKNESS	DIRECTOR			
AURORA, IL	1 00	0	0	0
RONNY PHILLIP	DIRECTOR			
LA GRANGE PARK, IL	1 00	0	0	0
JENNIFER ROACH	DIRECTOR			
OAK PARK, IL	1 00	0	0	0
MAVIS BATES	DIRECTOR			
AURORA, IL	1 00	0	0	0
DAVE BOHMAN	DIRECTOR			
AURORA, IL	1 00	0	0	0
DAN DOLAN	DIRECTOR			
OSWEGO, IL	1 00	0	0	0
RON SLEWITZKE	DIRECTOR			
AURORA, IL	1 00	0	0	0

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

	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		X
34 Were any changes made to the organizing or governing documents? If "Yes" attach a conformed copy of the changes		X
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 why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice reporting and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
b Did the organization file Form 1120-POL for this year?		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 outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts included on line 9 for public use of club facilities	N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	N/A	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. 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? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	THE ORGANIZATION	
Located at	P O BOX 1551, AURORA, IL	
Telephone no	(630) 466-3929	
ZIP + 4	60507-1551	
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)?		X
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041. Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
43	N/A	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

Form 990-EZ (2009)

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 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 a section 527 organization?
- 50 Complete this table for the organization's 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	(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
N/A				

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none enter None

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

Under penalties of perjury I declare that I have prepared this return and the accompanying schedules and statements to the best of my knowledge and belief to be correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: HAL S BEEBEE II Date: 4-14-11

Type or print name and title: HAL S BEEBEE II - TREASURER

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: ☐

Firm's name (or yours if self-employed) address and ZIP + 4: _____ EIN: _____ Phone: _____

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990 EZ (2009)

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
LUNCHES	25 000
CONFERENCE CONVENTIONS, & MEETINGS	5,091
MEMBERSHIP DUES	9 529
INSTALLATION	263
MEMBERSHIP RECOGNITION	1 370
ORGANIZATIONAL EXPENSE	1 285
DONATIONS	5,000
TOTAL TO FORM 990-EZ LINE 16	47 538

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
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DESCRIPTION	BEG OF YEAR	END OF YEAR
DEFERRED REVENUE	26,535	1 294
DUE TO FOUNDATION	5 199	0
TOTAL TO FORM 990-EZ LINE 26	31 734	1 294

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

990-EZ PG 2

STATEMENT 4

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

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3 Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3 Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3 month extension on a previously filed Form 8868

Electronic filing (e file) You can electronically file Form 8868 if you need a 3 month automatic extension of time to file (6 months for a corporation required to file Form 990 T) or an additional (not automatic) 3 month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e file for Charities & Nonprofits**.

Part I Automatic 3 Month Extension of Time Only submit original (no copies needed)

A corporation required to file Form 990 T and requesting an automatic 6 month extension, check this box and complete

Part I only ☐

All other corporations (including 1120 C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date of 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	
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions. AURORA, IL 60507-1551	

Enter the Return code for the return that this application is for (file a separate application for each return)

03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990 T (corporation)	07
Form 990 BL	02	Form 1041 A	08
Form 990 EZ	03	Form 4720	09
Form 990 PF	04	Form 5227	10
Form 990 T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990 T (trust other than above)	06	Form 8870	12

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 _____

- 1 I request an automatic 3 month (6 months for a corporation required to file Form 990 T) extension of time until **MAY 15, 2011** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **OCT 1, 2009** and ending **SEP 30, 2010**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a 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.	3a	\$	0
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.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution: If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8879 EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2011)