

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



A For the 2009 calendar year, or tax year beginning

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150 2009

Open to Public **Inspection**

10

September 30

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

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 \$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.

2009, and ending

October 1

B Check if applicable C Name of organization D Employer identification number Please Address change Naper Kiwanis Foundation 36-6124999 ahel or Name change Number and street (or P O box, if mail is not delivered to street address) Room/surte E Telephone number print or Initial return 820 Royal Saint George Drive 630-357-2969 Terminated See City or town, state or country, and ZIP + 4 F Group Exemption Amended return nstruc-Naperville, Illinois 60563-2307 Application pending Number ▶ 0026 G Accounting Method: ✓ Cash ☐ Accrual • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ► if the organization is not I Website: ▶ napervilleeveningkiwanis.org required to attach Schedule B (Form 990, J Tax-exempt status (check only one) — ✓ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or 990-EZ, or 990-PF). f 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 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 62,344 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 15,447 2 Program service revenue including government fees, and contracts 2 3 Membership dues and assessments . !. 3 SS(4 4 734 Investment income 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐ Gross revenue (not including \$ ___SeeAttachment#1 of contributions 44,376 reported on line 1) 6a 13,290 b Less: direct expenses other than fundraising expenses 6b 31,086 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 6c Gross sales of inventory, less returns and allowances 7a 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe ► Misc. 1,787 8 9 49,054 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 41,618 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 Expenses 13 Professional fees and other payments to independent contractors . 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 Other expenses (describe Peanuts, Projects, K-Insurance, Misc. 16 4,688 16 46,306 17 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 2,748 18 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 43,460 19 Set 20 20 Other changes in net assets or fund balances (attach explanation) . 46,208 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 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 43,460 22 46,208 22 Cash, savings, and investments 23 23 Land and buildings 24 Other assets (describe ▶ 24 25 43,460 25 46,208 Total assets 26 26 Total liabilities (describe ▶ Net assets or fund balances (line 27 of column (B) must agree with line 21) 43,460 46,208

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 10642I

Form 990-EZ (2009)

•	, ,						
Par Wha Desc man each	at is the organization's primary excribe what was achieved in ca iner, describe the services provi in program title.	kempt purpose? rrying out the orgided, the number o		ses. In a clear a	nd concise	501(c organ	Page 2 Expenses Irred for section (3) and 501(c)(4) Izations and section a)(1) trusts, optional hers)
28	(See Attachment #2) (Grants \$			eck here	. • 🗆	28a	
29							
30	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗓	29a	
31	(Grants \$ Other program services (attach (Grants \$	schedule)	ıncludes foreign grants, ch		. • .	30a 31a	
	Total program service expens	ses (add lines 28a t				32 instruc	tions for Part IV.)
See	(a) Name and address Attachment #3		hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans &	account and other allowances
						-	

Part	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	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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.			
а	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?	35a	-	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
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?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b]		
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9	-		
b 40a	Gross receipts, included on line 9, for public use of club facilities	1		
	section 4911 ▶; section 4912 ▶; section 4955 ▶			;
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		_ :	یہ ۔
	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	40b		•
С	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			!
е	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	40e	-	. √
41	List the states with which a copy of this return is filed. ▶ Illinois			
42a		630-98		6
	Located at ► 7905 Iriquois Court, Woodridge, Illinois ZIP + 4 ►	60	517	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	N -
	over a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	401	Yes	No
	If "Yes," enter the name of the foreign country: ▶	42b		-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		J
	If "Yes," enter the name of the foreign country: ▶	720		
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		. 1	▶ □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
4-	Form 990-EZ	44		✓
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	45		✓
	For	m 99 (J-EZ	(2009)

	•	
orm	990-EZ	(2009)

Page 4

Part	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	47(a)(1) nonexempt chari	xempt charitat table trusts mus	ole trusts only. A st answer question	ll sect ns 46	ion –49b
46	Did the organization engage in direct or indirect	t political campaign activiti	es on behalf of o	r in opposition to		Yes No
	candidates for public office? If "Yes," complete	Schedule C, Part I			46	√
47	Did the organization engage in lobbying activities	es? If "Yes," complete Sche	dule C, Part II .		47	✓
48	Is the organization a school as described in secti	on 170(b)(1)(A)(ii)? If "Yes," c	omplete Schedule	Ε	48	✓
49a	Did the organization make any transfers to an e	xempt non-charitable relate	d organization? .		49a	✓
	If "Yes," was the related organization a section				49b	✓
	Complete this table for the organization's five hemployees) who each received more than \$100					
	(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	acc	Expense ount and allowances
None		-				<u> </u>
		-				
		-				
		-				
	(a) Name and address of each independent contracto	r paid more than \$100,000	(b) Ty	pe of service	(c) Com	pensation
None						
d	Total number of other independent contractors	each receiving over \$100,00	00 ▶	1		
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration					
Sign Here	Signature of officer Mildred MIKA Type or print name and title	TREASURER	2/7	Date 2011		
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	nber (See	instructions)
Use On	yours if self-employed),		E			
	address, and ZIP + 4	man albania de Constituto de C	P	none no	1 14	
iviay th	e IRS discuss this return with the preparer show	vn above? See instructions	· · · · · ·	► <u>L</u>	Yes m 99 0	<u> </u>

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 36 6124999

Nap	er k	(iwanis Four	ndation						36	•	124999
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instruc	ctions.
The	orga			ndation because it is:							
1				rches, or association							
2				on 170(b)(1)(A)(ii). (At							
3		A hospital or	r a cooperative	hospital service organ	nization d	escribed	in sectio	n 170(b)	(1)(A)(iii).		
4				ation operated in con							(A)(iii). Enter the
			ime, city, and st				-				
5			tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle							unit described in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v).	
7		An organizat	ion that normall	y receives a substanti	al part of	its suppo	ort from a	governn	nental uni	t or from t	the general public
		described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)			•			
8		A community	y trust described	d in section 170(b)(1)	(A)(vi). (C	complete	Part II.)				
9	✓	An organizat	ion that normally	receives: (1) more th	an 331/3 %	of its su	pport froi	n contrib	utions, m	nembershi	p fees, and gross
				ed to its exempt func		-		•			
				ent income and unre						1 511 tax)	from businesses
	_	acquired by	the organization	after June 30, 1975.	See sec	tion 509((a)(2). (Co	mplete F	Part III.)		
10				nd operated exclusive							
11	Ш			and operated exclusive							
				blicly supported organ							
		_		at describes the type	` ` `				-		-
		a ☐ Type			: ∐ Тур 						Type III-Other
е	ч			tify that the organizat							
			section 509(a)(2)	on managers and othe	r trian one	e or more	publicly	supporte	o organiz	zations de	scribed in section
f			```							-	
•			zation received , check this box	a written determinati				a Type	ı, rype ii	, or type	iii supporting
~		•		the organization acce					 my of the		
9		following per		the organization acce	spied any	giit or c	Onthibutio	ni ironi a	uly Of the	•	
				r indirectly controls, e	either aloi	ne or too	ether wit	h nersor	s descri	ned in (ii)	Yes No
			•	ning body of the sup		_		ii persoi		JCG III (II)	11g(i)
			=	erson described in (i)	•						11g(ii)
				of a person described				 			11g(iii)
<u>h</u>				ation about the suppo							
(i)		of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Amount of
	org	janization		(described on lines 1–9 above or IRC section		sted in your document?		iization in of your		ion in col. zed in the	support
				(see instructions))				ort?		S.?	
					Yes	No	Yes	No	Yes	No	
										i	
										ļ	
					-					1	
		-								 	
]		
					 				-	 	
					1	1					
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W	1364 marita	E	575	. 4	-, - ; - ;	2.57	
Tota	1							1			

Par	Support Schedule for Org (Complete only if you check	anizations l ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	'0(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	:					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			 			
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4					1	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .			<u> </u>	<u> </u>	ļ.,,	
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>			ear as a section	
	tion C. Computation of Public Su					1	
14	Public support percentage for 2009 (line	•	-			14	<u>%</u>
15	Public support percentage from 2008 Sch	· -	=			15	<u>%</u>
16a	33% % support test—2009. If the organization qualifies				line 14 is 33%	% or more, che	ck this box
ь	33% % support test – 2008. If the organization qua					33/3 % or more	
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circui	mstances" test,	check this box	and stop here	. Explain in Parl	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstation the organization did private foundation. If the organization did	acts-and-circur inces" test. The	nstances" test, organization qu	check this box alifies as a publi	and stop here. cly supported o	Explain in Part rganization	IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	<u> </u>		,				•	
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,443	16,547	14,293	17,166		15,447		896
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	45,246	56,648	54,494	48,519		44,376	249,	283
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge	£7 690	72 405	69 797	CE COE		50 922	225	470
6	Total. Add lines 1 through 5	57,689	73,195	68,787	65,685		59,823	325,	1/9
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
C	Add lines 7a and 7b	<u> </u>							
8	Public support (Subtract line 7c from line 6.)							325,	179
	tion B. Total Support								
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total	
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	57,689 251	73,195	68,787 1,250	65,685		734	325 <u>,</u> 3.	694
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				,				
с 11	Add lines 10a and 10b	251	260	1,250	1,199		734	3,	694
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)	57,940	73,455	70,037	66,884		60,557	328,	
14	First five years. If the Form 990 is for organization, check this box and stop			nd, third, fourth				n 501(c)(3 ■) - [
Sec	tion C. Computation of Public Su				<u></u>	<u> </u>	<u> </u>	<u> </u>	
15	Public support percentage for 2009 (lin			e 13. column i	(f))	15		98.9	%
16	Public support percentage from 2008 S			· · · · ·		16		99.0	%
	tion D. Computation of Investmen			· · · · · · · · · · · · · · · · · · ·	-				_,,,
17	Investment income percentage for 200			by line 13. ca	olumn (fi)	17		1.1	%
18	Investment income percentage from 20	•	• •	-	***	18		1.0	%
19a		anization did n	ot check the bo	ox on line 14, a	and line 15 is n				
b	331/3 % support tests—2008. If the organ line 18 is not more than 331/3 %, check this								; ► □
20	Private foundation If the organization	did not check	a hoy on line 1	4 10a or 10h	check this he	Y 201	t see inst	nictions =	

	OIIII 330 OI 330-EZ) 2003				Page 🕶
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this I Part III, line 12	part to provide the Provide any other	e explanations required additional information.	by Part II, line 10;
			•••••••••••		•
	•	••••		•••••••••••	•
·					
				•••••	
	•			••	
					·
	••••••				

		•••••			
					•
				·	

				•••••	
	•••••			•••••	

····				•••••	·
•••••					

Kiwanis Club or Naperville - Evening

Part 1 - Line 6

	<u>6a</u>	<u>6b</u>	<u>6c</u>
Pancake Festival Tickets	\$18,394	\$8,027	\$10,367
Pancake Festival Sponsorship	\$1,000		\$1,000
Pancake Festival Placemats	\$10,960	\$552	\$10,408
Pancake Festival Raffle	\$4,911	\$241	\$4,670
Pancake Festival 50/50	\$555		\$555
Fruit Baskets	\$8,556	\$4,470	\$4,086
TOTALS	\$44,367	\$13,290	\$31,086

No individual gift equaled \$5,000 or more.

Attachment to Form 990-EZ - 2009 EIN 36-6124999

ATTACHMENT #2

Naper Kiwanis Foundation

Recipient

Naperville Little League	\$244.89
CASA of DuPage	\$850.00
DuPage Childrens Museum	\$2,000.00
DuPage Senior Citizens Council	\$4,000.00
Easter Seals - DuPage	\$1,400.00
Edward Foundation	\$2,000 00
Families Helping Families	\$2,800.00
Family Shelter Services	\$2,000.00
Heritage YMCA	\$1,450 00
Humanitarian Services	\$600.00
Little Friends	\$650.00
Loaves and Fishes	\$4,000.00
Naperville CARES	\$1,000.00
OPUS	\$600.00
Samaritan Interfaith Counseling Center	\$1,200.00
Special Olympics - NE Illinois	\$1,450.00
St. Raphael Football	\$500.00
Teen Parent Connection	\$2,000.00
Wayside Cross Ministries	\$1,200.00
Western DuPage Special Recreation Assoc.	\$1,000.00
Young Naperville Singers	\$900.00
Ovarian Cancer Society	\$150.00
Martin Avenue Seniors	\$500.00
Independence Village	\$500.00
Spastic Paralysis	\$1,000.00
Kiwanis International Fund	\$500.00
Diocese of Joliet	\$200.00
St. Peter & Paul Church	\$200.00
Ann Reid Special Education Center	\$250.00
Adopt-a-School Sponsorship	\$790.00
CKI Sponsorship	\$475.00
Key Club Sponsorship	\$1,208.00
Key Club Scholarships	\$4,000.00
•	

TOTAL \$41,617.89

Naperville Kiwanis Foundation Officers

Part IV

(a)	(b)	(c)	(d)	(e)
Ed Rosenberger 2280 River Woods Drive Naperville, IIL 60565	President 8	0	0	0
Fred Jacobs 8 S 237 Aintree Drive Naperville, IL 60540	President-Elect 6	0	0	0
John Bergesen 1040 Royal Saint George Drive Naperville, IL 60563	Secretary 6	0	0	0
Mildred Mika 7905 Iriquois Court Woodridge, IL 60517	Treasurer 6	0	0	0
Kieth Axtell 916 Rockbridge Drive Naperville, IL 60540	Director 2	0	0	0
Leo Emanuel 1202 Briargate Naperville, IL 60563	Director 2	0	0	0
Paul Furnish 1751 Briarheath Aurora, IL 60505	Director 2	0	0	0
Tom Jones 1032 Douglas Avenue Naperville, IL 60540	Director 2	0	0	0
Dolores Peterman 3013 Oldham Avenue Lisle, IL 60532	Director 2	0	0	0
Julie Rothenfluh 841 Hartford Lane Bolingbrook, IL 60440	Director 2	0	0	0

Naperville Kiwanis Foundation Officers

Part IV

(a)	(b)	(c)	(d)	(e)
Carl Volland 629 East 8 th Avenue Naperville, IIL 60563	Director 2	0	0	0
Jane Woodward 1148 Tennyson Lane Naperville IL 60540	Director 2	0	0	0