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

Short Form Return of Organization Exempt From Income Tax

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 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.*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning OCT 1, 2009 and ending SEP 30, 2010

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termin-ated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific instructions

C Name of organization
KIWANIS INTERNATIONAL

Number and street (or P O. box, if mail is not delivered to street address) 201 NORTH HARRISON ST

Room/suite 300

City or town, state or country, and ZIP + 4 DAVENPORT, IA 52801

D Employer identification number 42-0360385

E Telephone number (563) 888-4017

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: ▶ DAVENPORTKIWANIS.ORG

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 ▶ $ 39,731.

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	10,908.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	27,288.
	4	Investment income		4	859.
	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)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 10,395. 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 ▶ MISCELLANEOUS)		8	676.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	39,731.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 2		10	9,204.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	2,000.
	13	Professional fees and other payments to independent contractors		13	26.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping AUG 2 2011		15	
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	30,002.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	41,232.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<1,501.>
	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	5,475.
	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	3,974.

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	5,325.	22	3,824.
23	Land and buildings		23	
24	Other assets (describe ▶ COST BASIS OF STOCK)	150.	24	150.
25	**Total assets**	5,475.	25	3,974.
26	**Total liabilities** (describe ▶)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	5,475.	27	3,974.

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? SEE STATEMENT 4

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.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 BENEVOLENT GIVING TO IMPROVE THE QUALITY OF LIFE FOR CHILDREN AND FAMILIES WORLD WIDE

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 31,489.

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 31,489.

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
JOHN NAGEL, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	PRESIDENT 5.00	0.	0.	0.
MICHELE H. DANE, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	IMMEDIATE PAST PRESIDENT 5.00	0.	0.	0.
DENA REEVES, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	PRESIDENT-ELECT 5.00	0.	0.	0.
JANE A. ARTMAN-ANDREWS, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	FIRST VICE PRESIDENT 5.00	0.	0.	0.
LAURA LANG , 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	SECOND VICE PRESIDENT 5.00	0.	0.	0.
BETTY L. FOGLE, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	SECRETARY 5.00	0.	0.	0.
PETE J. SCHLICKSUP, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	TREASURER 5.00	0.	0.	0.
LUCKY LANG, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	DIRECTOR 5.00	0.	0.	0.
ERIC BARTA, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	DIRECTOR 5.00	0.	0.	0.
BRIAN C. BURKE, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	DIRECTOR 5.00	0.	0.	0.
ROBERT MCCABE, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	DIRECTOR 5.00	0.	0.	0.
JOHN W. ROCHE, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	DIRECTOR 5.00	0.	0.	0.
STEPHANIE SCHULTE, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	DIRECTOR 5.00	0.	0.	0.
JOSEPH SUNDERBRUCH, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	DIRECTOR 5.00	0.	0.	0.
THOMAS E. WAGNER, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	DIRECTOR 5.00	0.	0.	0.
VINCENT PAUL WALTERS, 201 NORTH HARRISON STREET, DAVENPORT, IA 52801	DIRECTOR 5.00	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	33		X
34	Were any changes made to the organizing or governing documents? 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, 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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
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 outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 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			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A , section 4912 ▶ N/A , section 4955 ▶ 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	40b		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 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
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	40e		X
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ PETER J. SCHLICKSUP Telephone no ▶ 563 322-0903			
	Located at ▶ 3015 BRADY STREET, DAVENPORT, IA ZIP + 4 ▶ 52803			
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)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		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			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		X

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.

			Yes	No
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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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 "

(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 "

N/A

(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 ▶

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 Date

▶ JOHN NAGLE, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instr.)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Pete Schenkenberg Treasurer			EIN ▶ Phone no. ▶

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
BANK CHARGES	26.
DUES	5,703.
MEALS EXPENSE	19,441.
INTERNATIONAL CONVENTION	1,554.
MISCELLANEOUS EXPENSE	609.
PRINTING & PUBLICATIONS	1,256.
POSTAGE	186.
RECOGNITIONS	127.
WEB SITE	30.
MEETINGS	670.
CIRCLE K YOUTH EXPENSE	400.
TOTAL TO FORM 990-EZ, LINE 16	30,002.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 2

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
CENTRAL HIGH SCHOOL MUSIC DEPARTMENT 1120 MAIN STREET DAVENPORT, IA 52803	NONE	250.
SALVATION ARMY 420 WEST RIVER DRVIE DAVENPORT, IA 52801	NONE	250.
ASSUMPTION HIGH SCHOOL 1020 WEST CENTRAL PARK AVENUE DAVENPORT, IA 52804	NONE	100.
CASI 1035 WEST KIMBERLY ROAD DAVENPORT, IA 52806	NONE	200.
CENTRAL HIGH SCHOOL 1120 MAIN STREET DAVENPORT, IA 52803	NONE	100.

QUAD CITY ARTS 1715 2ND AVENUE ROCK ISLAND, IL 61201	NONE	500.
WEST AFTER PROM PARTY 3505 WEST LOCUST STREET DAVENPORT, IA 52804	NONE	100.
HAND-IN-HAND 3860 MIDDLE ROAD BETTENDORF, IA 52722	NONE	500.
NAMI WALKS OF SCOTT COUNTY 1706 BRADY STREET, STE. 200 DAVENPORT, IA 52803	NONE	500.
MADISON SCHOOL 116 EAST LOCUST STREET DAVENPORT, IA 52803	NONE	585.
KIWANIS INTERNATIONAL FOUNDATION P.O. BOX 4 DAVENPORT, IA 52808	NONE	330.
MISS IOWA SCHOLARSHIP PROGRAM P.O. BOX 25 BETTENDORF, IA 52722	NONE	500.
FRIENDLY HOUSE 1221 MYRTLE STREET DAVENPORT, IA 52804	NONE	500.
SUMMIT KIDS 2800 EASTERN AVENUE DAVENPORT, IA 52803	NONE	674.
GIRL SCOUTS OF MISSISSIPPI VALLEY 2011 SECOND AVENUE ROCK ISLAND, IL 61201	NONE	500.

BOY SCOUTS OF AMERICA 4711 NORTH BRADY STREET DAVENPORT, IA 52806	NONE	640.
BOYS AND GIRLS CLUB OF MISSISSIPPI VALLEY 338 6TH STREET MOLINE, IL 61265	NONE	500.
Y.M.C.A. 624 WEST 53RD STREET DAVENPORT, IA 52806	NONE	1,000.
QUAD CITY KAOS ASA SOFTBALL MOLINE, IL 61265	NONE	100.
GARFIELD SCHOOL 1518 25TH AVENUE MOLINE, IL 61265	NONE	500.
ST. AMBROSE UNIVERSITY 518 WEST LOCUST STREET DAVENPORT, IA 52803	NONE	300.
DAVENPORT COMMUNITY SCHOOL DISTRICT 1606 BRADY STREET DAVENPORT, IA 52803	NONE	100.
KIDS AGAINS HUNGER 5401 BOONE AVENUE NORTH NEW HOPE, MN 55428	NONE	375.
NEWSPAPER IN EDUCATION 500 EAST THIRD STREET DAVENPORT, IA 52801	NONE	100.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		9,204.

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

SERVICE CLUB TO IMPROVE THE QUALITY OF LIFE FOR CHILDREN AND FAMILIES WORLDWIDE

Form **8868**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- 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	Name of exempt organization	Employer identification number
File by the due date for filing your return See instructions.	KIWANIS INTERNATIONAL	42-0360385
	Number, street, and room or suite no. If a P.O. box, see instructions. 201 NORTH HARRISON ST, NO. 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DAVENPORT, IA 52801	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 3

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

PETER J. SCHLICKSUP

- The books are in the care of ▶ 3015 BRADY STREET - DAVENPORT, IA 52803
  Telephone No. ▶ 563 322-0903 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
▶ [X] 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)

923841
01-03-11

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

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	Employer identification number
File by the extended due date for filing your return See instructions	KIWANIS INTERNATIONAL	42-0360385
	Number, street, and room or suite no. If a P O. box, see instructions. 201 NORTH HARRISON ST, NO. 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DAVENPORT, IA 52801	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 3

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
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

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

- The books are in the care of ▶ PETER J. SCHLICKSUP - 3015 BRADY STREET - DAVENPORT, IA 52803
  Telephone No. ▶ 563 322-0903 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, 2011.

5 For calendar year _____, or other tax year beginning OCT 1, 2009, and ending SEP 30, 2010.

6 If the tax year entered in line 5 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
ADDITIONAL TIME IS NEEDED TO GATHER THE NECESSARY INFORMATION 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	$	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 and any amount paid previously with Form 8868.	8b	$	0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	0.

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 ▶ Title ▶ CPA Date ▶