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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

2010

Open to Public  
Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$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 2010 calendar year, or tax year beginning OCT 1, 2010 and ending SEP 30, 2011

B Check if applicable	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	KIWANIS INTERNATIONAL AURORA		36-6111460
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return	P.O. BOX 1551		(630) 466-3929
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4		F Group Exemption Number ►
<input type="checkbox"/> Amended return	AURORA, IL 60507-1551		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<input type="checkbox"/> Application pending	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		
I Website: ► N/A	J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.	L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 68,225.		

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

Check if the organization used Schedule O to respond to any question in this Part I 

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	54,252.
4 Investment income	4	59.
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 Gaming and fundraising events	6a	2,754.
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	1,377.
c Less: direct expenses from gaming and fundraising events	6d	1,377.
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	
7a Gross sales of inventory, less returns and allowances	7b	
b Less: cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	11,160.
8 Other revenue (describe in Schedule O)	9	66,848.
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 RECEIVED	10	
10 Grants and similar amounts paid (list in Schedule O)	11	
11 Benefits paid to or for members JUN 04 2012	12	
12 Salaries, other compensation, and employee benefits	13	
13 Professional fees and other payments to independent contractors	14	
14 Occupancy, rent, utilities, and maintenance	15	1,130.
15 Printing, publications, postage, and shipping	16	43,346.
16 Other expenses (describe in Schedule O)	17	44,476.
17 Total expenses Add lines 10 through 16	18	22,372.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	20,911.
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)	20	0.
20 Other changes in net assets or fund balances (explain in Schedule O)	21	43,283.
21 Net assets or fund balances at end of year. Combine lines 18 through 20		

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2010)

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	21,360.	22 43,622.
23	Land and buildings		23
24	Other assets (describe in Schedule O) SEE SCHEDULE O	845.	24 0.
25	Total assets	22,205.	25 43,622.
26	Total liabilities (describe in Schedule O) SEE SCHEDULE O	1,294.	26 339.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,911.	27 43,283.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this 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, 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 SEE SCHEDULE O**

(Grants \$	) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a	43,346.
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 (describe in Schedule O)				
(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	43,346.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this 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
PATRICK DIVINE	PRESIDENT 2.00	0.	0.	0.
ARCHIE NEEDAM	PAST PRESIDENT 2.00	0.	0.	0.
MAVIS BATES	VICE PRESIDENT 2.00	0.	0.	0.
JOAN KETTLEY-WEINERT	SECRETARY 2.00	0.	0.	0.
HAL BEEBEE, II	TREASURER 2.00	0.	0.	0.
DAN FAPP	DIRECTOR 1.00	0.	0.	0.
TOM ELMORE	DIRECTOR 1.00	0.	0.	0.
KAREN HARKNESS	DIRECTOR 1.00	0.	0.	0.
STEVE BEATTY	DIRECTOR 1.00	0.	0.	0.
ARLENE HAWKS	DIRECTOR 1.00	0.	0.	0.
CHRISTINA SMITH	DIRECTOR 1.00	0.	0.	0.
DAVE BOHMAN	DIRECTOR 1.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instructions for Part V)Check if the organization used Schedule O to respond to any question in this Part V 

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

	Yes	No
33		X
34		X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34	X
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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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

35a	X
35b	N/A

b If "Yes," has it filed a tax return on Form 990-T for this year?

35b	N/A
36	X

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	X
37b	X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a | 0.

37a	0.
38a	X

b Did the organization file Form 1120-POL for this year?

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 outstanding at the end of the tax year covered by this return?

38b	N/A
39a	N/A

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

39a	N/A
39b	N/A

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

40a	N/A
40b	X

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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

40b	X
40c	0.

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

40c	0.
40d	0.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

40d	0.
40e	X

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	NONE

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 Telephone no. ► (630) 466-3929  
Located at ► P.O. BOX 1551, AURORA, IL ZIP + 4 ► 60507-1551

42a	Telephone no. (630) 466-3929
42b	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)?

42b	X
42c	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

42c	X
43	None

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: ►

43	None
44a	Yes

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

43	N/A
44a	Yes

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

44a	Yes
44b	X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b	X
44c	X

c Did the organization receive any payments for indoor tanning services during the year?

44c	X
44d	

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

44d	
Form 990-EZ (2010)	

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  
If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  
If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a	X	
46	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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI 

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
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." 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 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ►  Yes  No

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

Signature of officer

Hal Beebe \* Treasurer

Date

5-30-12

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Andrew T. Twardawski

Preparer's signature

REB-1-

Date

5/30/12

Check

 if self-employed

PTIN

Firm's name ►

Firm's EIN ►

Firm's address ►

Phone no.

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

032174  
03-04-11►  Yes  No

Form 990-EZ (2010)

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**  
Open to Public  
Inspection

Name of the organization

**KIWANIS INTERNATIONAL AURORA**

Employer identification number  
**36-6111460**

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

<b>DESCRIPTION OF PROPERTY:</b>	<b>AMOUNT:</b>
<b>INTEREST</b>	<b>59.</b>

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

<b>DESCRIPTION OF OTHER REVENUE:</b>	<b>AMOUNT:</b>
<b>HAPPY DOLLARS</b>	<b>529.</b>
<b>LUNCHES</b>	<b>4,847.</b>
<b>OTHER INCOME</b>	<b>5,784.</b>
<b>TOTAL TO FORM 990-EZ, LINE 8</b>	<b>11,160.</b>

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

<b>DESCRIPTION OF OTHER EXPENSES:</b>	<b>AMOUNT:</b>
<b>LUNCHES</b>	<b>22,122.</b>
<b>CONFERENCE, CONVENTIONS, &amp; MEETINGS</b>	<b>6,000.</b>
<b>MEMBERSHIP DUES</b>	<b>7,632.</b>
<b>INSTALLATION</b>	<b>80.</b>
<b>MEMBERSHIP RECOGNITION</b>	<b>1,000.</b>
<b>ORGANIZATIONAL EXPENSE</b>	<b>1,502.</b>
<b>DONATIONS</b>	<b>5,000.</b>
<b>MISCELLANEOUS</b>	<b>10.</b>
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>43,346.</b>

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

<b>DESCRIPTION</b>	<b>BEG. OF YEAR</b>	<b>END OF YEAR</b>
<b>ACCOUNTS RECEIVABLE</b>	<b>845.</b>	<b>0.</b>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
032211  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**  
Open to Public  
Inspection

Name of the organization

KIWANIS INTERNATIONAL AURORA

Employer identification number  
36-6111460

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
<u>DEFERRED REVENUE</u>	<u>1,294.</u>	<u>0.</u>
<u>OTHER LIABILITIES</u>	<u>0.</u>	<u>339.</u>
<u>TOTAL TO FORM 990-EZ, LINE 26</u>	<u>1,294.</u>	<u>339.</u>

**FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:**

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.

**FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:**

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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Name of the organization

## KIWANIS INTERNATIONAL AURORA

**Employer identification number**

36-6111460

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV).

# 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](http://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.	<b>KIWANIS INTERNATIONAL AURORA</b>	<b>36-6111460</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	<b>P.O BOX 1551</b>	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	<b>AURORA, IL 60507-1551</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)  01

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	01	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, 2012** , 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, 2010** , and ending **SEP 30, 2011** .

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)

- 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).

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

Enter the Return code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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 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.

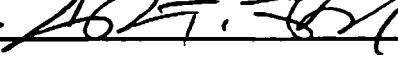
- 4 I request an additional 3-month extension of time until **AUGUST 15, 2012**
- 5 For calendar year  , or other tax year beginning **OCT 1, 2010** , and ending **SEP 30, 2011** .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension

**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	\$	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 ► **5/4/12**

Form 8868 (Rev. 1-2011)