



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

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

OMB No 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements.

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

B Check if applicable Address change Name change Initial return Termination Amended return Application pending	C Name of organization KIWANIS INTERNATIONAL DALTON KIWANIS CLUB	D Employer identification number 58-6043977
	Number and street (or P.O. box, if mail is not delivered to street address) P O BOX 65	E Room/suite 706-428-7606
	City or town, state or country, and ZIP + 4 DALTON, GA 30722-0065	F Group Exemption Number ► 0026

- 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 ► **WWW.KIWANISCLUBOFDALTON.ORG**H Check ► if the organization is notJ Organization type (check only one) — 501(c)(4) (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► **\$ 74347.****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 42712.
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 30126.
	b Less: direct expenses other than fundraising expenses	6b 12907.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 17219.
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe ► INTEREST INCOME)	8 1509.
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 61440.
Expenses	10 Grants and similar amounts paid (attach schedule)	Stmt 4 Stmt 3
	11 Benefits paid to or for members	10 27840.
	12 Salaries, other compensation, and employee benefits	11
	13 Professional fees and other payments to independent contractors	12
	14 Occupancy, rent, utilities, and maintenance	13 330.
	15 Printing, publications, postage, and shipping	14
	16 Other expenses (describe ► PREPAID EXPENSE)	15
	17 Total expenses Add lines 10 through 16	16 32369.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17 60539.
	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)	18
	20 Other changes in net assets or fund balances (attach explanation)	19 48940.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	20
		21 49841.

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	47078.22	47979.
23 Land and buildings		23
24 Other assets (describe ► PREPAID EXPENSE)	2298.24	2298.
25 Total assets	49376.25	50277.
26 Total liabilities (describe ► See Statement 2)	436.26	436.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	48940.27	49841.

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

Form 990-EZ (2008)

KIWANIS INTERNATIONAL

Form 990-EZ (2008) DALTON KIWANIS CLUB

58-6043977

Page 2

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

Expenses

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

What is the organization's primary exempt purpose? See Statement 9

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 See Statement 6(Grants \$ 3000.) If this amount includes foreign grants, check here ►

28a

29 See Statement 7(Grants \$ 5920.) If this amount includes foreign grants, check here ►

29a

30 See Statement 8(Grants \$ 9970.) 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)

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

32

0.

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LARRY KEARNS 340 HOWELL DRIVE, DALTON, GA 30720	PRESIDENT 100.00	0.	0.	0.
DON RYAN, 1717 WILLOW OAK, LANE #69, DALTON, GA 30721	PRESIDENT-ELECT 1.00	0.	0.	0.
RICK KLEIN P O BOX 1103, DALTON, GA 30722	VICE-PRESIDENT 1.00	0.	0.	0.
JAMIE UPTON 525-A UPTON DR, DALTON, GA 30720	SECRETARY/DIRECTOR 1.00	0.	0.	0.
MICHAEL GARDNER 8 BOYNTON TERRACE, RINGGOLD, GA 30726	TREASURER 1.00	0.	0.	0.
LARRY HARRISON, 2015 SUMMERFIELD CHASE, DALTON, GA 30720	PAST-PRESENT 1.00	0.	0.	0.
CLIFF WOOD 2160 VINEWOOD DR, DALTON, GA 30720	DIRECTOR 1.00	0.	0.	0.
SCOTT ALLEN 1012 HAVEN DR, DALTON, GA 30721	DIRECTOR 1.00	0.	0.	0.
KIM EPS, 4501 HUNTER WOOD LANE, COHUTA, GA 30710	DIRECTOR 1.00	0.	0.	0.
BOB NEULS 1704 RIO VISTA DR, DALTON, GA 30720	DIRECTOR 1.00	0.	0.	0.
AUSTIN KING 517 RAINSONG RD, DALTON, GA 30720	DIRECTOR 1.00	0.	0.	0.
MATT KENWORTHY, 9461 HAYWOOD VALLEY RD, SUMMERTON, GA	DIRECTOR 1.00	0.	0.	0.
ALLEN COLE, 900 UNIT 1 SANDY DUNES HAMMOND CREEK, DALTON, GA 30720	DIRECTOR 1.00	0.	0.	0.
BERT POSTON 2270 REED RD, DALTON, GA 30721	DIRECTOR 1.00	0.	0.	0.

KIWANIS INTERNATIONAL
DALTON KIWANIS CLUB

Form 990-EZ (2008)

58-6043977

Page 3

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?

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

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N

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

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

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

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

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

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

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

b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d 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

41 List the states with which a copy of this return is filed. ► GA

42a The books are in care of ► CHRIS HORTON Telephone no. ► 706-277-1300
Located at ► 1400 TIARCO DR, DALTON, GA ZIP + 4 ► 30721

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)?

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.?

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

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

	Yes	No
33	X	
34	X	
35a	X	
35b	N/A	
36	X	
37b	X	
38a	X	
38b	N/A	
39a	N/A	
39b	N/A	
40b	X	
40e	X	

	Yes	No
42b	X	
42c	X	

	Yes	No
44	X	
45	X	

Form 990-EZ (2008)

832173
12-17-08

KIWANIS INTERNATIONAL

Form 990-EZ (2008)

DALTON KIWANIS CLUB

58-6043977

Page 4

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	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 operating 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(s) a section 527 organization?	49b	
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Total number of other employees paid over \$100,000 ►		0		

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

N/A

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

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

5/14/10

Signature of officer

J Chris Horton, Treasurer

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►		EIN ► <input type="checkbox"/>	Phone ► <input type="checkbox"/>

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

► Yes No

Form 990-EZ (2008)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization	KIWANIS INTERNATIONAL DALTON KIWANIS CLUB	Employer identification number 58-6043977
--------------------------	--	--

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a Mail solicitations
- b Email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
PANCAKE DAY	SALE OF PANCAKE BREAKFAST TO PUBLIC	Yes	No	X	27636.	0.	0.
GUMBALL REVENUE	NET PROCEEDS FROM SALE OF GUM IN PUB	X		X	2490.	0.	0.
Total				►	30126.		

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing
GA

KIWANIS INTERNATIONAL

Schedule G (Form 990 or 990-EZ) 2008 DALTON KIWANIS CLUB

58-6043977 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 PANCAKE DAY (event type)	(b) Event #2 GUMBALL SALES (event type)	(c) Other Events None (total number)	(d) Total Events (Add col (a) through col (c))
	1 Gross receipts	27636.	2490.		30126.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	27636.	2490.		30126.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	12907.			12907.
	8 Direct expense summary Add lines 4 through 7 in column (d)			► (12907.)
	9 Net income summary Combine lines 3 and 8 in column (d)			►	17219.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			► ()
	8 Net gaming income summary Combine lines 1 and 7 in column (d)			►	

9 Enter the state(s) in which the organization operates gaming activities. _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain _____

	Yes	No
9a		
10a		
11		
12		

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

KIWANIS INTERNATIONAL
Schedule G (Form 990 or 990-EZ) 2008 DALTON KIWANIS CLUB

58-6043977 Page 3

13 Indicate the percentage of gaming activity operated in

	Yes	No
13a		%
13b		%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address.

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

15a

17a

Schedule G (Form 990 or 990-EZ) 2008

Form 990-EZ	Other Expenses	Statement 1
Description		Amount
MEETING MEAL EXPENSES		26196.
CONTRACT LABOR		3600.
MEMBERSHIP RECOGNITION		572.
MEMBER COMMUNICATIONS		420.
OFFICE SUPPLIES		318.
CONFERENCES AND CONVENTIONS		1157.
TRAINING COSTS		106.
Total to Form 990-EZ, line 16		32369.

Form 990-EZ	Other Liabilities	Statement 2
Description	Beg. of Year	End of Year
DEPOSIT FUNDS FOR CIRCLE K CLUB	436.	436.
Total to Form 990-EZ, line 26	436.	436.

Form 990-EZ

Payments to Affiliates

Statement 3

Affiliate's Name

Affiliates Address

KIWANIS INTERNATIONAL

P O BOX 6069
INDIANAPOLIS, IN 46206-6069

Purpose of Payment

Amount

MEMBERSHIP DUES

7393.

Total included on Form 990-EZ, line 10

7393.

Form 990-EZ

Cash Grants and Allocations

Statement 4

Class of Activity/Donee's Name and Address

Donee's
Relationship

Amount

GRANTS UNDER \$5,000

NONE

20447.

VARIOUS GRANTS NONE OVER \$5,000

Total Included on Form 990-EZ, Line 10

20447.

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 5

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 6

UNITED WAY OF NORTHWEST GEORGIA - LOCAL CHAPTER OF NATIONAL AGENCY PROVIDING SUPPORT TO NUMEROUS COMMUNITY CAUSES. THIS GRANT AWARDED TO AGENCY TO UNDERWRITE AN ANNUAL BANQUET HELD TO HONOR VOLUNTEERS WHO WORK WITH UNITED WAY

SCHOLARSHIPS AND DIRECT SUPPORT TO YOUNG PEOPLE TO HELP DEVELOP LEADERSHIP
AND SCHOLASTIC ACCOMPLISHMENTS AND THE SPONSORING OF SPECIAL EVENTS TO
ENCOURAGE YOUTH PARTICIPATION IN COMMUNITY SERVICE

GRANTS TO LOCAL NON-PROFIT ORGANIATIONS THAT PROVIDE SERVICES TO YOUNG PEOPLE IN THE COMMUNITY. GRANT APPLICATIONS ARE REVIEWED FOR THEIR ABILITY TO ACCOMPLISH THE GOAL OF PROVIDING MEANINGFULL SERVICES TO THE YOUTH IN OUR COMMUNITY.

990-EZ Pg 2

Statement 9

VOLUNTARY COMMUNITY SERVICE ORGANIZATION FOCUSING OF THE NEEDS OF YOUTH.