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## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

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

Sponsoring 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:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization<br><b>KIWANIS INTERNATIONAL<br/>DALTON KIWANIS CLUB</b>                   |  | D Employer identification number<br><b>58-6043977</b> |
|   |   | Number and street (or P.O. box, if mail is not delivered to street address)<br><b>P O BOX 65</b> |  | E Telephone number<br><b>706-428-7606</b>             |
|   |   | City or town, state or country, and ZIP + 4<br><b>DALTON, GA 30722-0065</b>                      |  | F Group Exemption Number <b>0026</b>                  |
|   |   |  |  |   |

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 not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (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 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     |        |
|            | 5b  | Less: cost or other basis and sales expenses   | 5b     |        |
|            | 5c  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (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"/>       |        |        |
|            | 6a  | Gross revenue (not including \$ _____ of contributions reported on line 1)   | 6a     | 30126. |
|            | 6b  | Less: direct expenses other than fundraising expenses  | 6b     | 12907. |
| 6c         | 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   |        |        |
| 7b         | Less: cost of goods sold  | 7b   |        |        |
| 7c         | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)          | 7c   |        |        |
| 8          | Other revenue (describe <b>▶ INTEREST INCOME</b> )                                      | 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)  | 10     | 27840. |
|            | 11  | Benefits paid to or for members  | 11     |        |
|            | 12  | Salaries, other compensation, and employee benefits  | 12     |        |
|            | 13  | Professional fees and other payments to independent contractors  | 13     | 330.   |
|            | 14  | Occupancy, rent, utilities, and maintenance  | 14     |        |
|            | 15  | Printing, publications, postage, and shipping  | 15     |        |
|            | 16  | Other expenses (describe <b>▶ See Statement 1</b> )  | 16     | 32369. |
|            | 17  | Total expenses Add lines 10 through 16   | 17     | 60539. |
| Net Assets | 18  | Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18     | 901.   |
|            | 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     | 48940. |
|            | 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     | 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.                | 47979.          |
| 23 Land and buildings  |                       |                 |
| 24 Other assets (describe <b>▶ PREPAID EXPENSE</b> )                           | 2298.                 | 2298.           |
| 25 Total assets  | 49376.                | 50277.          |
| 26 Total liabilities (describe <b>▶ See Statement 2</b> )                      | 436.                  | 436.            |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 48940.                | 49841.          |

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12-17-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

SCANNED JUL 15 2009

**KIWANIS INTERNATIONAL**

Form 990-EZ (2008)

**DALTON KIWANIS CLUB**

**58-6043977**

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**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)

**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   | PRESIDENT  |  |   |  |
| 340 HOWELL DRIVE, DALTON, GA 30720                                 | 100.00   | 0.   | 0.  | 0.                                       |
| DON RYAN, 1717 WILLOW OAK, LANE #69, DALTON, GA 30721              | PRESIDENT-ELECT  |  |   |  |
|  | 1.00   | 0.   | 0.  | 0.                                       |
| RICK KLEIN   | VICE-PRESIDENT   |  |   |  |
| P O BOX 1103, DALTON, GA 30722                                     | 1.00   | 0.   | 0.  | 0.                                       |
| JAMIE UPTON  | SECRETARY/DIRECTOR                                       |  |   |  |
| 525-A UPTON DR, DALTON, GA 30720                                   | 1.00   | 0.   | 0.  | 0.                                       |
| MICHAEL GARDNER  | TREASURER  |  |   |  |
| 8 BOYNTON TERRACE, RINGGOLD, GA 30726                              | 1.00   | 0.   | 0.  | 0.                                       |
| LARRY HARRISON, 2015 SUMMERFIELD CHASE, DALTON, GA 30720           | PAST-PRESENT   |  |   |  |
|  | 1.00   | 0.   | 0.  | 0.                                       |
| CLIFF WOOD   | DIRECTOR   |  |   |  |
| 2160 VINEWOOD DR, DALTON, GA 30720                                 | 1.00   | 0.   | 0.  | 0.                                       |
| SCOTT ALLEN  | DIRECTOR   |  |   |  |
| 1012 HAVEN DR, DALTON, GA 30721                                    | 1.00   | 0.   | 0.  | 0.                                       |
| KIM EPS, 4501 HUNTER WOOD LANE, COHUTA, GA 30710                   | DIRECTOR   |  |   |  |
|  | 1.00   | 0.   | 0.  | 0.                                       |
| BOB NEULS  | DIRECTOR   |  |   |  |
| 1704 RIO VISTA DR, DALTON, GA 30720                                | 1.00   | 0.   | 0.  | 0.                                       |
| AUSTIN KING  | DIRECTOR   |  |   |  |
| 517 RAINSONG RD, DALTON, GA 30720                                  | 1.00   | 0.   | 0.  | 0.                                       |
| MATT KENWORTHY, 9461 HAYWOOD VALLEY RD, SUMMERVILLE, 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  | DIRECTOR   |  |   |  |
| 2270 REED RD, DALTON, GA 30721                                     | 1.00   | 0.   | 0.  | 0.                                       |
|  |  |  |   |  |
|  |  |  |   |  |
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|  |  |  |   |  |

**KIWANIS INTERNATIONAL**  
**DALTON KIWANIS CLUB**

58-6043977

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

|  | 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 but not reported to the IRS? 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 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?   | 35a | X   |
| b If "Yes," has it filed a tax return on Form 990-T for this year?   | 35b | N/A |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction 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 unpaid at the start 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:<br>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 | 40b | X   |
| c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.  |     |     |
| d 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. ▶ GA   |     |     |
| 42a The books are in care of ▶ CHRIS HORTON Telephone no. ▶ 706-277-1300<br>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)?             | 42b | X   |
| If "Yes," enter the name of the foreign country: ▶<br>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<br>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  | 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   |

Form 990-EZ (2008)

**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.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating 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(s) a section 527 organization?
- 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."

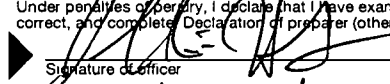
|     | Yes | No |
|-----|-----|----|
| 46  |     |    |
| 47  |     |    |
| 48  |     |    |
| 49a |     |    |
| 49b |     |    |

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

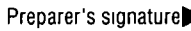
- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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:  Date: 5/14/10

Type or print name and title: Chris Horton, Treasurer

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: EIN: Phone no.:

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

▶ 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.

OMB No 1545-0047

**2008**

Open To Public  
Inspection

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

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? ☐ Yes ☒ No

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

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**

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**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.

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

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

|   | Yes | No |
|---|-----|----|
| <b>9</b> Enter the state(s) in which the organization operates gaming activities. _____   |     |    |
| <b>a</b> Is the organization licensed to operate gaming activities in each of these states?   |     |    |
| <b>b</b> If "No," Explain _____   |     |    |
| <b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?   |     |    |
| <b>b</b> If "Yes," Explain _____  |     |    |
| <b>11</b> Does the organization operate gaming activities with nonmembers?  |     |    |
| <b>12</b> 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? |     |    |

Schedule G (Form 990 or 990-EZ) 2008

**KIWANIS INTERNATIONAL**

Schedule G (Form 990 or 990-EZ) 2008

**DALTON KIWANIS CLUB**

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**13** Indicate the percentage of gaming activity operated in

**a** The organization's facility

|            |   |
|------------|---|
| <b>13a</b> | % |
|------------|---|

**b** An outside facility

|            |   |
|------------|---|
| <b>13b</b> | % |
|------------|---|

**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?

**15a**

**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?

**17a**

**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 ► \$ \_\_\_\_\_

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 NameAffiliates Address

KIWANIS INTERNATIONAL

P O BOX 6069  
INDIANAPOLIS, IN 46206-6069Purpose of PaymentAmount

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 AddressDonee's  
RelationshipAmount

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

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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

990-EZ Pg 2

Statement 7

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

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Statement 8

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.

VOLUNTARY COMMUNITY SERVICE ORGANIZATION FOCUSING OF THE NEEDS OF YOUTH.