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Form **990-EZ**Department of the Treasury
Internal Revenue Service**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)

▶ 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

2009Open 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
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**KIWANIS INTERNATIONAL
DALTON KIWANIS CLUB**

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

P O BOX 65

City or town, state or country, and ZIP + 4

DALTON, GA 30722-0065**D Employer identification number****58-6043977****E Telephone number****706-428-7606****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**

J Tax-exempt status (check only one) — ☒ 501(c) (**4**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☒ if the organization is not

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 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 ▶ **\$ 64497.**

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	36301.
	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)	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	28006.
6b	Less: direct expenses other than fundraising expenses	6b	15237.	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	12769.	
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 ▶ INTEREST INCOME)	8	190.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	49260.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	30119.
	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	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	201.
	16	Other expenses (describe ▶ See Statement 1)	16	33767.
	17	Total expenses. Add lines 10 through 16	17	64087.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-14827.
	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	49841.
	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	35014.

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	47979.	33125.
23 Land and buildings		
24 Other assets (describe ▶ PREPAID EXPENSE)	2298.	2325.
25 Total assets	50277.	35450.
26 Total liabilities (describe ▶ See Statement 2)	436.	436.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	49841.	35014.

832171
02-08-10

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

Form **990-EZ** (2009)

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

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, 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 Statement 6

(Grants \$ **3000.**) If this amount includes foreign grants, check here ☐

28a

29 See Statement 7

(Grants \$ **4151.**) If this amount includes foreign grants, check here ☐

29a

30 See Statement 8

(Grants \$ **14636.**) 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
DON RYAN, 1717 WILLOW OAK, LANE #69, DALTON, GA 30721	PRESIDENT	1.00	0.	0.
RICK KLEIN	PRESIDENT-ELECT	1.00	0.	0.
P O BOX 1103, DALTON, GA 30722		1.00	0.	0.
JAMIE UPTON	VICE-PRESIDENT	1.00	0.	0.
525-A UPTON DR, DALTON, GA 30720		1.00	0.	0.
SCOTT ALLEN	SECRETARY	1.00	0.	0.
1012 HAVEN DR, DALTON, GA 30721		1.00	0.	0.
J CHRIS HORTON	TREASURER	1.00	0.	0.
1400 TIARCO DR, DALTON, GA 30721		1.00	0.	0.
LARRY KEARNS	PAST-PRESENT	1.00	0.	0.
340 HOWELL DRIVE, DALTON, GA 30720		1.00	0.	0.
CLIFF WOOD	DIRECTOR	1.00	0.	0.
2160 VINEWOOD DR, DALTON, GA 30720		1.00	0.	0.
JACK MAEGER	DIRECTOR	1.00	0.	0.
111 RIDGECREST DR, DALTON, GA 30721		1.00	0.	0.
JASON PARKER	DIRECTOR	1.00	0.	0.
50 PARRISH RD, CHATSWORTH, GA 30705		1.00	0.	0.
DEBBIE RECTOR, 629 WEST VIEW RD, CHATTANOOGA, TN 37415		1.00	0.	0.
ALLEN FELKER	DIRECTOR	1.00	0.	0.
2720 OSPREY DR, DALTON, GA 30721		1.00	0.	0.
RAY CAMP	DIRECTOR	1.00	0.	0.
DALTON, GA		1.00	0.	0.
HEATHER DIXON	DIRECTOR	1.00	0.	0.
2326 3RD ST, DALTON, GA 30721		1.00	0.	0.
TIFFANY SUN	DIRECTOR	1.00	0.	0.
1700 SUSIE LANE, DALTON, GA 30720		1.00	0.	0.
SMITH BOND	DIRECTOR	1.00	0.	0.
DALTON, GA		1.00	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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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.		
35a	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?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 0.		
37b	Did the organization file Form 1120-POL for this year?		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?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved N/A		
39a	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities 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		
40b	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		X
40c	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.		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
40e	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		X
41	List the states with which a copy of this return is filed. GA		
42a	The organization's books are in care of CHRIS HORTON Telephone no. 706-277-1300 Located at 1400 TIARCO DR, DALTON, GA ZIP + 4 30721		
42b	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)?		X
42c	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.		X
43	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: 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		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		X

Form 990-EZ (2009)

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.

- 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 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
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				

- 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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

- 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 5/16/2011	
Paid Preparer's Use Only	Type or print name and title Chris Horton Treasurer		
	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>
	Preparer's identifying number (See instr.)		EIN ▶ Phone no. ▶
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			

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

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

Open To Public Inspection

Employer identification number
58-6043977

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

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

- a ☐ Mail solicitations
b ☐ Internet and 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?

☐ 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.

(i) Name of individual or entry (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
		Yes	No			
Total						

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

[illegible]

KIWANIS INTERNATIONAL

Schedule G (Form 990 or 990-EZ) 2009

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

		(a) Event #1 PANCAKE BREAKFAST	(b) Event #2 GUMBALL MACHINE REVE	(c) Other events None	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	26368.	1638.		28006.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	26368.	1638.		28006.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	4596.			4596.
	7 Food and beverages	5463.			5463.
	8 Entertainment				
	9 Other direct expenses	5178.			5178.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(15237)
	11 Net income summary. Combine line 3, column (d), and line 10				12769.

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	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash 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 line 1, column (d), and line 7				

- 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.
- 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?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility

13a %

b An outside facility

13b %

14 Enter 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 of the third party.

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Form 990-EZ	Other Expenses	Statement	1
Description		Amount	
MEETING MEAL EXPENSES		23922.	
CONTRACT LABOR		3600.	
MEMBERSHIP RECOGNITION		1660.	
MEMBER COMMUNICATIONS		315.	
OFFICE SUPPLIES		133.	
CONFERENCES AND CONVENTIONS		3956.	
CORPORATE REGISTRATION		30.	
SPECIAL EVENT		151.	
Total to Form 990-EZ, line 16		33767.	

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 462066069Purpose of PaymentAmount

MEMBERSHIP DUES

8332.

Total included on Form 990-EZ, line 10

8332.

Form 990-EZ	Cash Grants and Allocations	Statement	4
-------------	-----------------------------	-----------	---

Class of Activity/Grantee's Name and AddressGrantee's
RelationshipAmount

GRANTS UNDER \$5,000

NONE

21787.

VARIOUS GRANTS NONE OVER \$5,000

Total Included on Form 990-EZ, Line 10

21787.

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

990-EZ Pg 2

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.

990-EZ Pg 2

Statement 9

VOLUNTARY COMMUNITY SERVICE ORGANIZATION FOCUSING OF THE NEEDS OF YOUTH.

**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**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.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization KIWANIS INTERNATIONAL DALTON KIWANIS CLUB	Employer identification number 58-6043977
	Number, street, and room or suite no. If a P.O. box, see instructions. P O BOX 65	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DALTON, GA 30722-0065	

Check type of return to be filed (file a separate application for each return).

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

CHRIS HORTON

- The books are in the care of ► **1400 TIARCO DR - DALTON, GA 30721**

Telephone No ► **706-277-1300**

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 will cover.

- 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
 ► ☒ tax year beginning **OCT 1, 2009**, and ending **SEP 30, 2010**.

- 2 If this tax year 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	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

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 Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)