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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

2009

Open to Public
Inspection

► 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.

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

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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	Room/suite
	City or town, state or country, and ZIP + 4 DALTON, GA 30722-0065	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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
	J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► **WWW.KIWANISCLUBOFDALTON.ORG**

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.)

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
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)	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 28006.
b Less: direct expenses other than fundraising expenses	6b 15237.
c 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
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)	8 190.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 49260.
10 Grants and similar amounts paid (attach schedule)	Stmt 4 Stmt 3
11 Benefits paid to or for members	10 30119.
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
15 Printing, publications, postage, and shipping	14
16 Other expenses (describe ► <i>MAY 23 2011</i>)	15 201.
17 Total expenses. Add lines 10 through 16	16 33767.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17 64087.
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 -14827.
20 Other changes in net assets or fund balances (attach explanation)	19 49841.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	20 35014.
See Statement 1)	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. 22	33125.
23 Land and buildings	23	
24 Other assets (describe ► PREPAID EXPENSE)	2298. 24	2325.
25 Total assets	50277. 25	35450.
26 Total liabilities (describe ► <i>See Statement 2</i>)	436. 26	436.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	49841. 27	35014.

932171
02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

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

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? 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 why the organization did not report the income on Form 990-T.

Yes	No
33	X
34	X

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

35a	X
35b	N/A

b If "Yes," has it filed a tax return on **Form 990-T** for this year?
 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

36	X
37b	X

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

37a	X
38a	X

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 outstanding at the end of the period covered by this return?

38b | N/A

38b	N/A
39a	N/A

39b	N/A
40b	X

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

40a	N/A
40b	X

40b	X
40c	0.

40c	0.
40e	X

40e	X
41	GA

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

42a	706-277-1300
42b	ZIP + 4

Located at ► 1400 TIARCO DR, DALTON, GA

42b	30721
42c	

42c	
43	

43	
43	

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)?

43	
43	

43	
43	

43	
43	

43	
43	

c 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**.

43	
43	

43	
43	

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

43	
43	

43	
43	

If "Yes," enter the name of the foreign country: ►

43	
43	

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

44	
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	
45	X

45	
45	X

45	
45	X

45	
45	X

45	
45	X

45	
45	X

45	
45	X

45	
45	X

45	
45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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 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

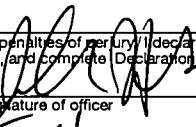
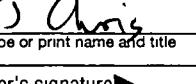
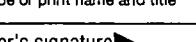
f Total number of other employees paid over \$100,000 ► _____

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

N/A

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

d Total number of other independent contractors each receiving over \$100,000 ► _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
		Date	5/16/2011	
 Chris Horton Treasurer 				
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 (2009)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

Open To Public Inspection

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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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. 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 e Solicitation of non-government grants
b Internet and 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.

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

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 (event type)	(b) Event #2 GUMBALL MACHINE REVE (event type)	(c) Other events None	(d) Total events (add col. (a) through col. (c))
		(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				
Direct Expenses	2 Cash prizes				
	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.

Yes	No
9a	
10a	

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?

11	12

KIWANIS INTERNATIONAL
DALTON KIWANIS CLUB

Schedule G (Form 990 or 990-EZ) 2009

58-6043977 Page 3

13 Indicate the percentage of gaming activity operated in:

	Yes	No
13a	%	
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 ► \$ _____

Schedule G (Form 990 or 990-EZ) 2009

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 Name

Affiliates Address

KIWANIS INTERNATION

P O BOX 6069
INDIANAPOLIS, IN 462066069

Purpose of Payment

Amount

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 Address

Grantee's
Relationship

Amount

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

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

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

► 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/file and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization KIWANIS INTERNATIONAL DALTON KIWANIS CLUB	Employer identification number 58-6043977
File by the due date for filing your return. See instructions	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: ► <input type="checkbox"/> calendar year <input type="text"/> or ► <input checked="" type="checkbox"/> tax year beginning OCT 1, 2009 , and ending SEP 30, 2010		
2	If this tax year is for less than 12 months, check reason: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> 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	\$ <input type="text"/>
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	\$ <input type="text"/>
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	\$ <input type="text"/> 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)