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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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

2010

Open to Public  
Inspection

A For the 2010 calendar year, or tax year beginning OCT 1, 2010 and ending SEP 30, 2011

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 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)

Room/suite

P O BOX 65

E Telephone number

706-428-7606

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

DALTON, GA 30722-0065

F Group Exemption

Number ► 0026

G Accounting Method:  Cash  Accrual Other (specify) ►I Website: ► [WWW.KIWANISCLUBOFDALTON.ORG](http://WWW.KIWANISCLUBOFDALTON.ORG)J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 4 ) (insert no.)  4947(a)(1) or  527H 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 74783.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I 

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 42956.
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 Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 31700.
c Less: direct expenses from gaming and fundraising events	6c 10926.
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 20774.
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 in Schedule O) <i>RECEIVED</i>	8 127.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 <i>OGDEN, UT</i>	9 63857.
10 Grants and similar amounts paid (list in Schedule O)	10 27250.
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 62.
16 Other expenses (describe in Schedule O)	16 32791.
17 Total expenses. Add lines 10 through 16	17 60103.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 3754.
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 35014.
20 Other changes in net assets or fund balances (explain in Schedule O)	20 0.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 38768.

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

Form 990-EZ (2010)

KIWANIS INTERNATIONAL  
DALTON KIWANIS CLUB

Form 990-EZ (2010)

58-6043977

Page 2

**Part II Balance Sheets.** (see the instructions for Part II.)

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

22 Cash, savings, and investments

23 Land and buildings

24 Other assets (describe in Schedule O)

See Schedule O

25 Total assets

26 Total liabilities (describe in Schedule O)

See Schedule O

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

	(A) Beginning of year	(B) End of year	
22	33125.	22	36797.
		23	
	2325.	24	2407.
	35450.	25	39204.
	436.	26	436.
	35014.	27	38768.

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

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

What is the organization's primary exempt purpose? See Schedule O

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

Expenses

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

28 See Schedule O

(Grants \$ 3000. ) If this amount includes foreign grants, check here  28a

29

(Grants \$ ) If this amount includes foreign grants, check here  29a

30 See Schedule O

(Grants \$ 17454. ) If this amount includes foreign grants, check here  30a

31 Other program services (describe in Schedule O)

(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)

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DON RYAN, 1717 WILLOW OAK, LANE #69, DALTON, GA 30721	PAST-PRESENT 1.00	0.	0.	0.
RICK KLEIN P O BOX 1103, DALTON, GA 30722	PRESIDENT 1.00	0.	0.	0.
JAMIE UPTON 525-A UPTON DR, DALTON, GA 30720	PRESIDENT-ELECT 1.00	0.	0.	0.
SCOTT ALLEN 1012 HAVEN DR, DALTON, GA 30721	VICE-PRESIDENT 1.00	0.	0.	0.
J CHRIS HORTON 1400 TIARCO DR, DALTON, GA 30721	TREASURER 1.00	0.	0.	0.
CLIFF WOOD 2160 VINEWOOD DR, DALTON, GA 30720	SECRETARY 1.00	0.	0.	0.
TATE O'GWIN 134 HARVARD DR, DALTON, GA 30720	DIRECTOR 1.00	0.	0.	0.
JACK MAEGER 111 RIDGECREST DR, DALTON, GA 30721	DIRECTOR 1.00	0.	0.	0.
JASON PARKER 50 PARRISH RD, CHATSWORTH, GA 30705	DIRECTOR 1.00	0.	0.	0.
DEBBIE RECTOR, 629 WEST VIEW RD, CHATTANOOGA, TN 37415	DIRECTOR 1.00	0.	0.	0.
ALLEN FELKER 2720 OSPREY DR, DALTON, GA 30721	DIRECTOR 1.00	0.	0.	0.
JUANITA EDWARDS 1435 THRASHER RD, DALTON, GA 30721	DIRECTOR 1.00	0.	0.	0.

032172  
02-02-11

Form 990-EZ (2010)

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 

Yes	No
33	X
34	X

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

34	X
----	---

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. 

35a	X
35b	N/A

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 

35a	X
35b	N/A

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

36	X
37b	X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 

36	X
37b	X

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

0.

37a	0.
38a	X

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

37b	X
38a	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 tax year covered by this return? 

38b	N/A
39a	N/A

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

39a	N/A
39b	N/A

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

39b	N/A
40b	X

a Initiation fees and capital contributions included on line 9 

40b	X
40c	0.

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

40c	0.
40e	X

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

40e	X
-----	---

section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 

40b	X
40c	0.

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 

40c	0.
40e	X

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

40e	X
-----	---

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 

40e	X
-----	---

41 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	ZIP + 4	30721
-----	---------	-------

Located at ► 1400 TIARCO DR, DALTON, GA 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: ► 

42b	X
42c	X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 

42c	X
-----	---

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: ► 

42c	X
-----	---

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 

43	43	N/A
----	----	-----

and enter the amount of tax-exempt interest received or accrued during the tax year 

43	43	N/A
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44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 

44a	X
44b	X

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

44b	X
44c	X

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

44c	X
44d	

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

44d	
-----	--

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?  Yes  No  
 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  Yes  No  
 If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  Yes  No  
 If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  Yes  No  
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Yes  No  
 49a Did the organization make any transfers to an exempt non-charitable related organization?  Yes  No  
 b If "Yes," was the related organization a section 527 organization?  Yes  No  
 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

(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."  Yes  No  
N/A

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

d Total number of other independent contractors each receiving over \$100,000 ►  
 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here** ► Signature of Officer  Yes  No  
 ► *Chris Horn, Treasurer*  Date *2/10/12*  
 ► Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

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

032174  
03-04-11

Form 990-EZ (2010)

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.

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
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**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.

**Total** ►

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

## KIWANIS INTERNATIONAL

Schedule G (Form 990 or 990-EZ) 2010 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

Revenue		(a) Event #1 PANCAKE BREAKFAST (event type)	(b) Event #2 GUMBALL MACHINE REVE (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
1	Gross receipts	30506.	1194.		31700.
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	30506.	1194.		31700.
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	4649.			4649.
7	Food and beverages	5097.			5097.
8	Entertainment				
9	Other direct expenses	1180.			1180.
10	Direct expense summary. Add lines 4 through 9 in column (d)			► (	10926.)
11	Net income summary. Combine line 3, column (d), and line 10			►	20774.

**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	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?  Yes  No

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain \_\_\_\_\_

## KIWANIS INTERNATIONAL

Schedule G (Form 990 or 990-EZ) 2010 DALTON KIWANIS CLUB

58-6043977 Page 3

11 Does the organization operate gaming activities with nonmembers?  Yes  No

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

13 Indicate the percentage of gaming activity operated in:

a The organization's facility  Yes  No

b An outside facility  Yes  No

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?  Yes  No

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?  Yes  No

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 ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Supplemental Information to Form 990 or 990-EZ

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

Name of the organization

KIWANIS INTERNATIONAL  
DALTON KIWANIS CLUB

Employer identification number  
58-6043977

Form 990-EZ, Part I, Line 8, Other Revenue:

Description of Other Revenue:	Amount:
<u>INTEREST INCOME</u>	<u>127.</u>

Form 990-EZ, Part I, Line 10, Payments to Affiliates:

Affiliate Name:
<u>KIWANIS INTERNATIONAL</u>

Affiliate Address: P O BOX 6069 INDIANAPOLIS, IN 462066069

Purpose of Payment: MEMBERSHIP DUES

Amount of Payment: 6796.

Form 990-EZ, Part I, Line 10, Grants and Allocations:

Activity Classification:
<u>GRANTS UNDER \$5,000</u>

Grantee Name: VARIOUS GRANTS NONE OVER \$5,000

Grantee Relationship: NONE

Amount Given: 20454.

Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses:	Amount:
<u>MEETING MEAL EXPENSES</u>	<u>24823.</u>
<u>CONTRACT LABOR</u>	<u>3600.</u>
<u>MEMBERSHIP RECOGNITION</u>	<u>600.</u>
<u>MEMBER COMMUNICATIONS</u>	<u>420.</u>
<u>OFFICE SUPPLIES</u>	<u>32.</u>
<u>CONFERENCES AND CONVENTIONS</u>	<u>3266.</u>
<u>CORPORATE REGISTRATION</u>	<u>50.</u>

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

KIWANIS INTERNATIONAL  
DALTON KIWANIS CLUB

Employer identification number  
58-6043977

Total to Form 990-EZ, line 16

32791.

Form 990-EZ, Part II, Line 24, Other Assets:

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
<u>PREPAID EXPENSE</u>	<u>2325.</u>	<u>2407.</u>

Form 990-EZ, Part II, Line 26, Other Liabilities:

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
<u>DEPOSIT FUNDS FOR CIRCLE K CLUB</u>	<u>436.</u>	<u>436.</u>

Form 990-EZ, Part III, Primary Exempt Purpose - VOLUNTARY COMMUNITY

SERVICE ORGANIZATION FOCUSING OF THE NEEDS OF YOUTH.

Form 990-EZ, Part III, Line 28, Program Service Accomplishments:

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

Form 990-EZ, Part III, Line 30, Program Service Accomplishments:

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.

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**Name of the organization**

**KIWANIS INTERNATIONAL  
DALTON KIWANIS CLUB**

**Employer identification number**  
**58-6043977**

**Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:**

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

Name of the organization	KIWANIS INTERNATIONAL DALTON KIWANIS CLUB	Employer identification number	58-6043977
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**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV )

032471  
11-09-10