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Short Form
Return of Organization Exempt From Income TaxUnder 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

2011

Open to Public
Inspection

► 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

A For the 2011 calendar year, or tax year beginning OCT 1, 2011 and ending SEP 30, 2012

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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 Room/suite
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**

G Accounting Method: Cash Accrual Other (specify) ►I Website: ► WWW.KIWANISCLUBOFDALTON.ORGJ Tax-exempt status (check only one) — 501(c)(3) 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).

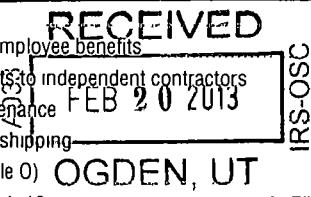
K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization 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 ► \$ **120400.**

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.

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	153.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	49512.
	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	40740.
	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	29851.
	c Less: direct expenses from gaming and fundraising events	6c	44825.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	25766.
	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)	8	144.
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	75575.
	10 Grants and similar amounts paid (list in Schedule O)	10	29443.
	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	83.
	16 Other expenses (describe in Schedule O)	16	39494.
	17 Total expenses Add lines 10 through 16	17	69020.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6555.
	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	38768.
	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	45323.

SCANNED MAR 06 2013
Net Assets

See Schedule O ►

See Schedule O

See Schedule O ►

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

Form 990-EZ (2011)

KIWANIS INTERNATIONAL
DALTON KIWANIS CLUB

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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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	36797.	22 43352.
23	Land and buildings		23
24	Other assets (describe in Schedule O)	2407.	24 2407.
25	Total assets	39204.	25 45759.
26	Total liabilities (describe in Schedule O)	436.	26 436.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	38768.	27 45323.

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 2500.) 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 \$ 15158.) 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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RICK KLEIN P O BOX 1103, DALTON, GA 30721	PAST-PRESENT 1.00	0.	0.	0.
JAMIE UPTON 525-A UPTON DR, DALTON, GA 30722	PRESIDENT 1.00	0.	0.	0.
SCOTT ALLEN 1012 HAVEN DR, DALTON, GA 30720	PRESIDENT-ELECT 1.00	0.	0.	0.
CLIFF WOOD 1400 TIARCO DR, DALTON, GA 30721	VICE-PRESIDENT 1.00	0.	0.	0.
J CHRIS HORTON 2160 VINEWOOD DR, DALTON, GA 30721	TREASURER 1.00	0.	0.	0.
TATE O'GWIN 134 HARVARD DR, DALTON, GA 30720	SECRETARY 1.00	0.	0.	0.
BOB BEAVERS 2206 FAWN 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.
JUANITA EDWARDS 1435 THRASHER RD, DALTON, GA 30721	DIRECTOR 1.00	0.	0.	0.
TIFFANY SUN 1700 SUSIE LANE, DALTON, GA 30720	DIRECTOR 1.00	0.	0.	0.

132172
02-06-12

Form 990-EZ (2011)

KIWANIS INTERNATIONAL

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DALTON KIWANIS CLUB

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

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

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b N/A

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c

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

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

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? 38a

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:

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 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 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 40d 0.

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

41 List the states with which a copy of this return is filed. ► GA42a 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

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

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

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

If "Yes," enter the name of the foreign country: ► 42c 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a 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 c Did the organization receive any payments for indoor tanning services during the year? 44c 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 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

KIWANIS INTERNATIONAL
DALTON KIWANIS CLUB

Form 990-EZ (2011)

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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
 If "Yes," complete Schedule C, Part I

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47	47	
48	48	
49a	49a	
49b	49b	

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. 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."

(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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

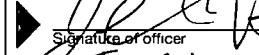
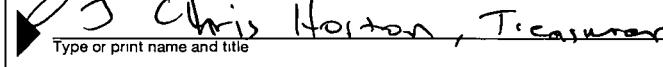
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **N/A**

(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 ► _____

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
 Date: 12/14/13
 ► 
 Chris Norton, Treasurer
 Type or print name and title

Paid Preparer Use Only	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

Form 990-EZ (2011)

132174
02-08-12

20300212 130429 KIWANIS

5
2011.05000 KIWANIS INTERNATIONAL DALTON KIWANIS

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.
IRS INTERNAL REVENUE SERVICE

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
- 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) 2011 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	(a) Event #1 PANCAKE BREAKFAST (event type)	(b) Event #2	(c) Other events 1	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	28208.		1643.	29851.
2 Less Charitable contributions				
3 Gross income (line 1 minus line 2)	28208.		1643.	29851.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	4815.			4815.
7 Food and beverages	6009.			6009.
8 Entertainment				
9 Other direct expenses	973.			973.
10 Direct expense summary Add lines 4 through 9 in column (d)				► (11797)
11 Net income summary Combine line 3, column (d), and line 10				► 18054.

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			40740.	40740.
Direct Expenses				
2 Cash prizes				
3 Noncash prizes			25521.	25521.
4 Rent/facility costs				
5 Other direct expenses			7507.	7507.
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 10000 % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				► (33028)
8 Net gaming income summary Combine line 1, column d, and line 7				► 7712.

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

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) 2011 DALTON KIWANIS CLUB

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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	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? 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>144.</u>

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

<u>Affiliate Name:</u> KIWANIS INTERNATIONAL
<u>Affiliate Address:</u> P O BOX 6069 INDIANAPOLIS, IN 462066069
<u>Purpose of Payment:</u> MEMBERSHIP DUES
<u>Amount of Payment:</u> 7150.

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

<u>Activity Classification:</u> GRANTS UNDER \$5,000
<u>Grantee Name:</u> VARIOUS GRANTS NONE OVER \$5,000
<u>Grantee Relationship:</u> NONE
<u>Amount Given:</u> 22293.

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

Description of Other Expenses:	Amount:
<u>MEETING MEAL EXPENSES</u>	<u>27781.</u>
<u>CONTRACT LABOR</u>	<u>3600.</u>
<u>MEMBERSHIP RECOGNITION</u>	<u>1155.</u>
<u>MEMBER COMMUNICATIONS</u>	<u>583.</u>
<u>OFFICE SUPPLIES</u>	<u>524.</u>
<u>CONFERENCES AND CONVENTIONS</u>	<u>5793.</u>
<u>CORPORATE REGISTRATION</u>	<u>10.</u>

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

2011

Open to Public
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Name of the organization	KIWANIS INTERNATIONAL DALTON KIWANIS CLUB	Employer identification number 58-6043977
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P O BOX RENTAL 48.

Total to Form 990-EZ, line 16 39494.

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

Description	Beg. of Year	End of Year
PREPAID EXPENSE	2407.	2407.

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

Description	Beg. of Year	End of Year
DEPOSIT FUNDS FOR CIRCLE K CLUB	436.	436.

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 ORGANIZATIONS 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.

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

2011

Open to Public
Inspection

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).