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Short Form

Return of Organization Exempt From Income Tax

2014

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning OCT 1, 2014 and ending SEP 30, 2015																											
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/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																									
		E Telephone number 706-428-7606																									
		F Group Exemption Number ► 0026																									
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► _____		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																											
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																											
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____																											
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$ 114,513.																									
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 <input checked="" type="checkbox"/>																											
<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; vertical-align: top;"> Revenue 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 </td> <td style="width: 15%; vertical-align: top;"> 1 2 3 43,332. 4 5a 5b 5c 6a 39,643. 6b 6c 31,521. 6d 37,738. 6d 33,426. 7a 7b 7c 8 9 76,775. </td> <td style="width: 15%; vertical-align: top;"> SEE SCHEDULE O </td> <td style="width: 55%; vertical-align: top;"> 1 2 3 4 5a 5b 5c 6a 6b 6c 6d 7a 7b 7c 8 9 10 11 12 13 14 15 16 17 18 19 20 21 </td> </tr> <tr> <td colspan="4" style="text-align: center;"> SEE SCHEDULE O ► 17. </td> </tr> <tr> <td colspan="4"> Expenses 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses Add lines 10 through 16 </td> </tr> <tr> <td colspan="4"> SEE SCHEDULE O ► 34,216. </td> </tr> <tr> <td colspan="4"> Net Assets 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 </td> </tr> <tr> <td colspan="4"> ► 8,981. ► 44,924. ► 0. ► 53,905. </td> </tr> </table>				Revenue 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	1 2 3 43,332. 4 5a 5b 5c 6a 39,643. 6b 6c 31,521. 6d 37,738. 6d 33,426. 7a 7b 7c 8 9 76,775.	SEE SCHEDULE O	1 2 3 4 5a 5b 5c 6a 6b 6c 6d 7a 7b 7c 8 9 10 11 12 13 14 15 16 17 18 19 20 21	SEE SCHEDULE O ► 17.				Expenses 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses Add lines 10 through 16				SEE SCHEDULE O ► 34,216.				Net Assets 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20				► 8,981. ► 44,924. ► 0. ► 53,905.			
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LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

KIWANIS INTERNATIONAL

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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	42,812.22	52,229.
23	Land and buildings	23	
24	Other assets (describe in Schedule O)	2,548.24	2,612.
25	Total assets	45,360.25	54,841.
26	Total liabilities (describe in Schedule O)	436.26	936.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,924.27	53,905.

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; optional for others.)

28 SEE SCHEDULE O(Grants \$) If this amount includes foreign grants, check here ► 28a 3,238.**29 SEE SCHEDULE O**(Grants \$ 19,500.) If this amount includes foreign grants, check here ► 29a**30 SEE SCHEDULE O**(Grants \$) If this amount includes foreign grants, check here ► 30a 500.**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 3,738.**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 title	(b) 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
CLIFF WOOD	1.00	0.	0.	0.
PAST-PRESIDENT	1.00	0.	0.	0.
TATE O'GWYN	1.00	0.	0.	0.
PRESIDENT	1.00	0.	0.	0.
JOHN THOMAS	1.00	0.	0.	0.
PRESIDENT-ELECT	1.00	0.	0.	0.
RANDY SELBY	1.00	0.	0.	0.
VICE-PRESIDENT	1.00	0.	0.	0.
J. CHRIS HORTON	1.00	0.	0.	0.
SECRETARY	1.00	0.	0.	0.
JAMES HARRIS	1.00	0.	0.	0.
TREASURER	1.00	0.	0.	0.
ROB WOODARD	1.00	0.	0.	0.
DIRECTOR	1.00	0.	0.	0.
JIM WILBANKS	1.00	0.	0.	0.
DIRECTOR	1.00	0.	0.	0.
HEATHER DIXON	1.00	0.	0.	0.
DIRECTOR	1.00	0.	0.	0.
NANCY GREEN	1.00	0.	0.	0.
DIRECTOR	1.00	0.	0.	0.
BERT POSTON	1.00	0.	0.	0.
DIRECTOR	1.00	0.	0.	0.
EDDIE BROOKER	1.00	0.	0.	0.
DIRECTOR	1.00	0.	0.	0.

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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

	Yes	No
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input type="checkbox"/> 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	<input type="checkbox"/> N/A
39 Section 501(c)(7) organizations. Enter:	39a	<input type="checkbox"/> N/A
a Initiation fees and capital contributions included on line 9	39b	<input type="checkbox"/> N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► <input type="checkbox"/> N/A ; section 4912 ► <input type="checkbox"/> N/A ; section 4955 ► <input type="checkbox"/> N/A		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	<input checked="" type="checkbox"/>
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	► 0.	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	► 0.	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ► <input type="checkbox"/> GA		
42a The organization's books are in care of ► <input type="checkbox"/> JAMES HARRIS	Telephone no. ► 706-278-7100	
Located at ► <input type="checkbox"/> 109 W MORRIS STREET, DALTON, GA	ZIP + 4 ► 30722-0769	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	► 43	<input type="checkbox"/> <input type="checkbox"/> N/A
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
b 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	<input type="checkbox"/>

KIWANIS INTERNATIONAL
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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 only

All section 501(c)(3) organizations 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 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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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 title of each employee N/A	(b) 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 ► _____

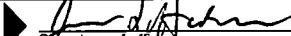
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." ► N/A

(a) Name and business address of each independent contractor	(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 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 2/8/2016
 Date
 ► 
 Type or print name and title 2/8/2016

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 (2014)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization **KIWANIS INTERNATIONAL**
DALTON KIWANIS CLUB Employer identification number **58-6043977**

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 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?

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) 2014 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.

Revenue	(a) Event #1 PANCAKE BREAKFAST (event type)	(b) Event #2 (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
1 Gross receipts	30,462.		1,059.	31,521.
2 Less Contributions				
3 Gross income (line 1 minus line 2)	30,462.		1,059.	31,521.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	5,095.			5,095.
7 Food and beverages	7,189.			7,189.
8 Entertainment				
9 Other direct expenses	3,649.			3,649.
10 Direct expense summary Add lines 4 through 9 in column (d)				► 15,933.
11 Net income summary Subtract line 10 from line 3, column (d)				► 15,588.

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			39,643.	39,643.
2 Cash prizes			17,500.	17,500.
3 Noncash prizes				
4 Rent/facility costs			667.	667.
5 Other direct expenses			3,638.	3,638.
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				► 21,805.
8 Net gaming income summary Subtract line 7 from line 1, column (d)				► 17,838.

9 Enter the state(s) in which the organization conducts gaming activities: **GA**

a Is the organization licensed to conduct 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) 2014 DALTON KIWANIS CLUB

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11 Does the organization conduct 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 conducted in.

a The organization's facility

b An outside facility

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 ►

Digitized by srujanika@gmail.com

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.** Provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)

KIWANIS INTERNATIONAL

Schedule G (Form 990 or 990-EZ)

DALTON KIWANIS CLUB

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Part IV **Supplemental Information (continued)**

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

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:**

INTEREST INCOME **17.**

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: KIWANIS INTERNATIONAL

AFFILIATE ADDRESS: P O BOX 6069 INDIANAPOLIS, IN 462066069

PURPOSE OF PAYMENT: MEMBERSHIP DUES

AMOUNT OF PAYMENT: 8,325.

AFFILIATE NAME: KIWANIS INTERNATIONAL

AFFILIATE ADDRESS: P O BOX 6069 INDIANAPOLIS, IN 462066069

PURPOSE OF PAYMENT: KIWANIS INTERNATIONAL PROJECTS

AMOUNT OF PAYMENT: 1,653.

AFFILIATE NAME: KIWANIS INTERNATIONAL

AFFILIATE ADDRESS: P O BOX 6069 INDIANAPOLIS 462066069

PURPOSE OF PAYMENT: KEY CLUB CHARTER FUNDING

AMOUNT OF PAYMENT: 400.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 10,378.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: GRANTS UNDER \$5,000

GRANTEE NAME: VARIOUS GRANTS NONE OVER \$5,000

GRANTEE RELATIONSHIP: NONE

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014Open to Public
Inspection

Name of the organization	KIWANIS INTERNATIONAL DALTON KIWANIS CLUB	Employer identification number 58-6043977
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<u>AMOUNT GIVEN:</u>	23,838.
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FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
MEETING MEAL EXPENSES	23,914.
CONTRACT LABOR	4,800.
CONFERENCE AND CONVENTIONS	3,957.
CORPORATE REGISTRATION	30.
P O BOX RENTAL	66.
BACKGROUND SCREENINGS	8.
MEETING SUPPLIES	53.
MEMBER RECOGNITION AND TROPHIES	43.
MEMBER COMMUNICATIONS	420.
MEMBERSHIP SHIRTS	279.
TOTAL TO FORM 990-EZ, LINE 16	33,570.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
PREPAID EXPENSE	2,548.	2,612.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
DEPOSIT FUNDS FOR CIRCLE K CLUB	436.	436.
2015 PANCAKE DAY SPONSORSHIP	0.	500.
TOTAL TO FORM 990-EZ, LINE 26	436.	936.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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DALTON KIWANIS CLUB

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FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - VOLUNTARY COMMUNITY

SERVICE ORGANIZATION FOCUSING ON THE NEEDS OF YOUTH.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

SPONSORED YOUTH - EXPENSES FOR D.A.R.E. PROGRAM AND AWARDS

AND S.T.A.R. STUDENT PROGRAM AND AWARDS. DARE PROGRAMS

TEACH STUDENTS GOOD DECISION-MAKING SKILLS TO HELP THEM

LEAD SAFE AND HEALTHY LIVES. STUDENT TEACHER ACHIEVEMENT RECOGNITION

(STAR) PROGRAM HONORS GEORGIA'S HIGHEST ACHIEVING HIGH SCHOOL SENIORS

AND THE TEACHERS WHO HAVE BEEN MOST INSTRUMENTAL IN THEIR ACADEMIC

DEVELOPMENT.

FORM 990-EZ, PART III, LINE 29, 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 MEANINGFUL SERVICES TO THE YOUTH IN OUR

COMMUNITY.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

SPONSORED YOUTH - SPONSORSHIP FUNDS TO MIRACLE LEAGUE OF

WHITFIELD COUNTY. THE MIRACLE LEAGUE OF WHITFIELD COUNTY

PROVIDES CHILDREN AND ADULTS WITH MENTAL AND PHYSICAL

CHALLENGES AN OPPORTUNITY TO PLAY BASEBALL.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

432211
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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2014

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Inspection**

**Department of the Treasury
Internal Revenue Service**

**KIWANIS INTERNATIONAL
DALTON KIWANIS CLUB**

Employer identification number
58-6043977

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).