

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 07-01-2010

C Name of organization

ROTARY CLUB OF DALTON INC

As Filed Data -

DLN: 93492265007121

D Employer identification number

58-1743740

OMB No 1545-1150

.990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

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 (see instructions). 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

and ending 06-30-2011

Open to Public Inspection

_	Name change Initial return		Number and street (or P O box, if mail is not delivered to street address) Roc PO BOX 713	om/suite	E Telephor	ne numb	er	
_	nitial re emina		PO BOX 713			(706) 22	6-1489	
	mende	d return on pending	City or town, state or country, and ZIP + 4 DALTON, GA 307220713		F Group Ex Number		1	
IW	ebsit e	N/A	Cash	_ F	Check Frequired			ganızatıon ıs not nedule B
	(-Exem	ipt status(check	only one)—1 501(c)(5)1 501(c)(4) 4(insert no)1 4947(a)(1) 011 527	<u> </u>	(Form 99	90,990)-EZ,	or 990-PF)
\$5	0,000	0 A Form 990	anization is not a section 509(a)(3) supporting organization and its -EZ or Form 990 return is not required though Form 990-N (e-postor) to file a return, be sure to file a complete return					
			o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if to d of Form 990-EZ	otal assets		25, colui ► \$	mn (B)	below) are \$500,000 or 180,029
	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Ballie organization used Schedule O to respond to any question in this		(See the in	structio	ons for	
	1	Contribution	s, gifts, grants, and similar amounts received				1	
	2	Program serv	vice revenue including government fees and contracts			Ī	2	31,625
	3	Membership	dues and assessments				3	59,148
	4	Investment	ncome			. [4	130
	5a	Gross amour	nt from sale of assets other than inventory	5a		Ī		
<u>o</u>	ь	Less cost o	rother basis and sales expenses	5b				
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from lin	ne 5a)			5c	
Œ Œ	6	Gaming and fundraising events						
	а	Gross income fr	rom gaming (attach Schedule G if greater than \$15,000)	6a				
	ь		e from fundraising events (not including \$ <u>89,126</u> of contributions ine 1) (attach Schedule G if the sum of such gross income and conf		_	ents		
	С	Less direct	expenses from gaming and fundraising events	6с	68	8,357		
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6b a	and subt	ract line 6 c	:)	6d	20,769
	7a	Gross sales	of inventory, less returns and allowances	7a				
	ь	Less cost o	fgoods sold	7b				
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
	8	O ther revenu	ue (describe in Schedule O)				8	
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	111,672
	10	Grants and s	ımılar amounts paıd (lıst ın Schedule O)				10	38,337
	11	Benefits paid	l to or for members				11	
	12	Salaries, oth	er compensation, and employee benefits				12	
o o	13	Professional	fees and other payments to independent contractors $\ \ . \ \ \ .$				13	
Expenses	14	Occupancy,	rent, utilities, and maintenance			. [14	
Ë	15	Printing, pub	lications, postage, and shipping			L	15	66
	16	Other expen	ses (describe in Schedule O)				16	68,293
	17	Total expens	ses. Add lines 10 through 16				17	106,696
9	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)				18	4,976
Stets	19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (mu	st agree	with	Γ		
NetA		end-of-year	figure reported on prior year's return)				19	53,923
ž	20	O ther chang	es ın net assets or fund balances (explaın ın Schedule O) $oldsymbol{\cdot}$. [20	
	21	Net assets o	r fund balances at end of year Combine lines 18 through 20 .		.	Γ	21	58,899

Part II Balance Sheets						
Check if the organization use	d Schedule O to respond to	any question in t	hıs Part II			<u>Г</u>
(See the instru	ctions for Part II)		(A) Begin	ning of year		(B) End of year
22 Cash, savings, and investments .				53,923	22	58,899
23 Land and buildings					23	
24 Other assets (describe in Schedule ())				24	
25 Total assets				53,923	25	58,899
26 Total liabilities (describe in Schedule	.0)			<u> </u>	26	,
27 Net assets or fund balances (line 27	,	th line 21) .		53,923	27	58,899
Part IIII Statement of Program			<u>I</u>	,	1	Expenses
Check if the organization use	=		this Part III	. [고	1 '	quired for section 501 (3) and 501(c)(4)
What is the organization's primary exemp WEEKLY MEETINGS AND CONFERENCE NATIONAL AND WORLDWIDE ISSUES RECOGINITION AND SCHOLARSHIPS SPONSORSHIP OF ROTARY INTERNAT SPONSORSHIP OF INTERNATIONAL GOUNTRIES Describe what was achieved in carrying of describe the services provided, the numb	S TO PROVIDE MEMBERS TO WHICH ROTARY AND II FOR OUTSTANDING LOCA IONAL TRACK MEET FOR I ROUP STUDY EXCHANGE I ut the organization's exempt	NDIVIDUAL MEI L HIGH SCHOO HIGH SCHOOL T FOR ROTARIAN t purposes In a c	MBERS MAY L STUDENT TRACK TEA S FROM OT clear and co	REACT S MS HER ncise manner,	494 opt	anizations and section 47 (a)(1) trusts , ional for others)
28 RECOGNITION AND SCHOLARSHIP LOCAL NON PROFIT COMMUNITIES, S PROVIDE MEMBERS WITH PROGRAMS WHICH ROTARY MEMBERS MAY REACT FOR ROTARIANS FROM OTHER COUNT (Grants \$)	PONSORSHIP ANNUAL TR REGARDING LOCAL, NATI , SPONSORSHIP OF INTE	RACK MEET, WEI ONAL & WORLD RNATIONAL GR	EKLY MEETI WIDE ISSU OUP STUDY	INGS TO ES TO	28a	62,922
29 SPONSORSHIP FOR ROTARY STUDE	-	·		FNTS	204	02,922
SPONSORSHIP FOR AREA CIVIC GROU	JPS			·		
(Grants \$) If the	nis amount includes foreign (grants, check hei	re	► ┌	29a	24,883
<u> </u>	nıs amount ıncludes foreıgn (grants, check hei	re	▶ ┌	30a	
31 O ther program services (describe in S (Grants \$)	chedule O) . nis amount includes foreign (<u>.</u> –		
32 Total program service expenses (add li		grants, check her			31a 32	87,80!
Part IV List of Officers, Directors, Tr		List each one even i	f not compens			,
Check if the organization use						· · · · · · · · · · · · · · · · · · ·
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	d, empl) Contributions oyee benefit p erred compens	lans 8	(e) Expense account and other allowances
See Additional Data Table						
		1				†

Fa	rt v	Charles the agreement in the instru		_			
		Check if the organization used Schedule O to respond to any question in this	s Part	V		Yes	No
33		e organization engage in any activity not previously reported to the IRS? If "Y otion of each activity in Schedule O			33		No
34	of the a	ny significant changes made to the organizing or governing documents? If "Y amended documents if they reflect a change to the organization's name Othe ule O (see instructions)	rwise,	explain the change on	34		Νο
35	others	organization had income from business activities, such as those reported on l), but not reported on Form 990-T, explain in Schedule O why the organization in Schedule O why the organization is a substitution of the contract of the cont	n dıd n	ot report the income on			
а		e organization have unrelated business gross income of \$1,000 or more or wa or 501(c)(6) organization subject to section 6033(e) notice, reporting, and p		· / · //	35a		No
b	If"Yes	," has it filed a tax return on Form 990-T for this year? (see instructions) .			35b		
36		e organization undergo a liquidation, dissolution, termination, or significant dis ar? If "Yes," complete applicable parts of Schedule N			36		No
37a	Enter an	nount of political expenditures, direct or indirect, as described in the instructions	37a				
b	Did the	e organization file Form 1120-POL for this year?			37b		Νo
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee	, or ke	y employee or were			
	any su	ch loans made in a prior year and still outstanding at the end of the tax year o	covere	d by this return?	38a		Νo
b	If "Yes	," complete Schedule L, Part II and enter the total amount involved .	38b				
39	Section	501(c)(7) organizations. Enter					
а	Initiati	on fees and capital contributions included on line 9	39a				
b	Gross	receipts, included on line 9, for public use of club facilities	39b				
40a	Section	501(c)(3) organizations. Enter amount of tax imposed on the organization duri	ing the	year under			
	section 4	4911 🟲, section 4912 🟲, section 4955	▶				
Ь	transa	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any secction during the year or did it engage in an excess benefit transaction in a priced on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, P	or year	r that has not been	40b		No
C		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on org lified persons during the year under sections 4912, 4955, and 4958		ion managers or			
d		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rei zation	mburs e	ed by the			
е		anizations. At any time during the tax year, was the organization a party to a p ction? If "Yes," complete Form 8886-T			40e		Νο
41		states with which a copy of this return is filed 🕨 GA					
42a		rganization's books are in care of ► <u>FRANK HOGSHEAD</u> 1902 KINGSRIDGE DRIVE ed at ► DALTON, GA		770 . 4	► (70 ► 30		-9938
		·			<u> </u>		1
b		time during the calendar year, did the organization have an interest in or a si financial account in a foreign country (such as a bank account, securities acc				Yes	No
	accour	nt)?	,		42b		Νo
		," enter the name of the foreign country 🕒					
		e instructions for exceptions and filing requirements for Form TD F 90-22.1, R o ial Accounts.	eport o	of Foreign Bank and			
c	Atany	time during the calendar year, did the organization maintain an office outside	ofthe	US?	42c		Νo
	If "Yes	," enter the name of the foreign country 🕒					
43		a 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form are the amount of tax-exempt interest received or accrued during the tax year			• •		⊳ Г
44a	Did the	e organization maintain any donor advised funds? <i>If "Yes", Form 990 must be c</i>	omplet	ed instead of		Yes	No
	Form 9	90-EZ.			44a		No
b		e organization operate one or more hospital facilities during the year? <i>If 'Yes,'</i> I of Form990-EZ	Form 9	990 must be completed	44b		No
c	Did the	e organization receive any payments for indoor tanning services during the ye	ar?				
d	If'Yes ın Sche	' to line 44c, has the organization filed a Form 720 to report these payments dule O	? If 'No	o,' provide an explanation	44c		No

orm 990-l	EZ (2010)							Page 4
							Yes	No
	y related organization a controlle Form 990 and Schedule R must be		_	of section 51	12(b)(13)? <i>If</i>	45		No
	he organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>		•		•	45-		N -
46 Did tl	he organization engage, directly idates for public office? If "Yes,"	or indirectly, in political	campaign activities on l			45a		No
Part VI				nexempt (charitable tri	46 usts c	nlv	No
r dit vi	All section 501(c)(3) organ 47-49b and 52.		` ' ' '	•			-	stions
	Check if the organization used	l Schedule O to respond	to any question in this l	Part VI .				
							Yes	No
17 Did th	he organization engage in lobbyir	ng activities? If "Yes," c	omplete Schedule C, Pa	rt II		47		
8 Is the	e organization a school described	d ın section 170(b)(1)(A)(II)? If "Yes," complete .	Schedule E		48		
l9a Did th	he organization make any transfe	ers to an exempt non-ch	arıtable related organıza	tion?		49a		
b If"Ye	es," was the related organization	a section 527 organizat	tion?			49b		
	plete this table for the organization							
	oyees) who each received more t	(b) Title and average			ere is none, enter		e " :) Expe	ns e
	and address of each employee Id more than \$100,000	hours per week	(c) Compensation	employee	benefit plans &	ac	count a rallowa	and
		devoted to position		deterred	compensation	otne	rallowa	ances
·								
50(f) Tot:	al number of other employees pa	ıd over \$100,000 .				<u> </u>		
50(f) Tot:	al number of other employees pa	ıd over \$100,000 .				•		
5 1 Comp	plete this table for the organization	on's five highest comper	•	ractors who	• • each received m	•	an \$10	0,000
i 1 Comp		on's five highest comper n Ifthere is none, enter	"None"		each received m		an \$10 ompen	
i 1 Comp	plete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"					
1 Comp	plete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"					
1 Comp	plete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"					
61 Comp of cor	plete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"					
1 Comp	plete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"					
61 Comp of cor	plete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"					
51 Comp of cor	plete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"					
61 Composition (a) Na	plete this table for the organization mpensation from the organization ame and address of each independent of other independent of	on's five highest comper If there is none, enter indent contractor paid mo	"None " ore than \$100,000 ng over \$100,000 .	(b) Тур	e of service	(c) C	ompen	sation
61 Composition (a) No. (a) No. (b) Total (c) T	plete this table for the organization mpensation from the organization ame and address of each indeper	on's five highest comper If there is none, enter indent contractor paid mo ontractors each receiving	"None " ore than \$100,000 ng over \$100,000 .	(b) Тур	e of service	(c) C	ompen	sation
61 Composition of control (a) No. 61(d) Total (b) Total (c) mu	plete this table for the organization mpensation from the organization ame and address of each independent of the organization of other independent of the organization complete Scheist attach a completed Schedule	on's five highest comper If there is none, enterndent contractor paid mondent contractor paid mondent contractors each receiving dule A? NOTE: All Section A	"None" ore than \$100,000 ng over \$100,000 on 501(c)(3) organization cluding accompanying sch	(b) Typ	e of service	npt cha	ritable /es st of my	trusts No
(a) No. (a) No. (b) Total and a penal anowledge a penal anowledg	plete this table for the organization mpensation from the organization ame and address of each independent of the organization of other independent of the organization complete Schellst attach a completed Schedule of perjury, I declare that I have and belief, it is true, correct, and complete of the organization of the organization of the organization of the organization completed Schedule of the organization of the organi	on's five highest comper If there is none, enterndent contractor paid mondent contractor paid mondent contractors each receiving dule A? NOTE: All Section A	"None" ore than \$100,000 ng over \$100,000 on 501(c)(3) organization cluding accompanying sch	(b) Typ	e of service	npt cha	ritable /es st of my	trusts No
(a) No. (a) No. (b) Total and an owledge a nowledge and a control of the contro	plete this table for the organization mpensation from the organization ame and address of each independent of the organization of other independent of the organization complete Schellst attach a completed Schedule of perjury, I declare that I have and belief, it is true, correct, and complete of the organization of the organization of the organization of the organization completed Schedule of the organization of the organi	on's five highest comper If there is none, enterndent contractor paid mondent contractor paid mondent contractors each receiving dule A? NOTE: All Section A	"None" ore than \$100,000 ng over \$100,000 on 501(c)(3) organization cluding accompanying sch	(b) Typ	e of service	npt cha	ritable /es st of my	trusts No
(a) No. (a) No. (a) No. (b) Total and an expension of the content of the conte	al number of other independent of the organization ame and address of each independent of the organization and the organization complete Schellst attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and contact the organization complete is the organization completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and contact the organization complete is the organization completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and contact the organization complete is the o	on's five highest comper If there is none, enterndent contractor paid mondent contractor paid mondent contractors each receiving dule A? NOTE: All Section A	"None" ore than \$100,000 ng over \$100,000 on 501(c)(3) organization cluding accompanying sch	(b) Typ	7 (a)(1) nonexent tatements, and to all information of	npt cha	ritable /es st of my	trusts No
61 Composition of control (a) No. 61(d) Total (a) Total (b) Total (b) Total (c) Total	al number of other independent of the organization ame and address of each independent of the organization and the organization and the organization complete Scheist attach a completed Schedule and belief, it is true, correct, and complete is true,	on's five highest comper If there is none, enter ndent contractor paid monomerator paid monomerators each receiving dule A? NOTE: All Section A	"None" ore than \$100,000 ng over \$100,000 on 501(c)(3) organization cluding accompanying sch	(b) Typ	7 (a)(1) nonexen	npt cha	ritable /es st of my	trusts No
51 Composition of control (a) No. 51(d) Total (a) Total (b) Total (b) Total (c) Total	al number of other independent of the organization ame and address of each independent of the organization and the organization complete. So the organization complete of the organization complete of the organization complete of the organization complete. So the organization complete of the organization complete of the organization complete of the organization complete. So the organization complete of the organization complete organization	on's five highest compendent of the second ontractors each receiving dule A? NOTE: All Section A	"None" ore than \$100,000 on 501(c)(3) organization cluding accompanying scheparer (other than officer) oate oate oate colution of the column officer of the column	(b) Typ	7 (a)(1) nonexent tatements, and to all information of	npt cha	ritable 'es st of my prepare	trusts No r has ar
51 Composition of column o	al number of other independent of the organization ame and address of each independent of the organization complete. Schedule littles of perjury, I declare that I have and belief, it is true, correct, and complete of the organization complete. ****** Signature of officer FRANK HOGSHEAD SECRETARY/TR Type or print name and title Preparer's signature KEVIN W HARRIS Firm's name (or yours KEVIN W HARRIS)	on's five highest compendent of the second ontractors each receiving dule A? NOTE: All Section A	"None" ore than \$100,000 on 501(c)(3) organization cluding accompanying scheparer (other than officer) oate oate oate colution of the column officer of the column	(b) Typ ons and 494 edules and s is based on	7 (a)(1) nonexen tatements, and to all information of one of the control of the c	npt cha	ritable 'es st of my prepare	trusts No r has an
51 Composition of control (a) No. 51(d) Total mu nder penal	al number of other independent of the organization ame and address of each independent of the organization complete. Scheist attach a completed Schedule and belief, it is true, correct, and complete of the organization complete org	on's five highest comper If there is none, enter ndent contractor paid monomerators each receiving dule A? NOTE: All Section A	"None" ore than \$100,000 on 501(c)(3) organization cluding accompanying scheparer (other than officer) oate oate oate colution of the column officer of the column	(b) Typ	7 (a)(1) nonexent all information of one of the other of	npt cha the beat which	ritable res st of my prepare	trusts No r has an

Software ID: Software Version:

EIN: 58-1743740

Name: ROTARY CLUB OF DALTON INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
MARK MARLOWE 337 NOB NORTH DRIVE COHUTTA, GA 30710	PRESIDENT 10 00	0		
NANCY KENNEDY PO BOX 182 DALTON, GA 30722	PAST PRESIDE 10 00	0		
JOHN RICHMOND TO 1506 BROADRICK DRIVE DALTON, GA 30720	PAST PRESIDE 10 00	0		
FRANK HOGSHEAD 1902 KINGSRIDGE DRIVE DALTON, GA 30720	SEC / TREAS 10 00	0		
GARY HOWARD 1200 MEMORIAL DRIVE DALTON, GA 30720	PAST PRESIDE 10 00	0		
JOHN NEAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTA	PAST PRESIDE 10 00	0		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492265007121

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization ROTARY CLUB OF DALTON INC Employer identification number

58-1743740

ldentifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	DISTRICT 6910 DUES 18,272 GRSP 0 ROTARY INTERNATIONAL 11,780 ROTARY INTERNATIONAL DUES 8,285

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 34 OFFICE SUPPLIES 8,032 TRAVEL 42 CONFERENCES 1,826 DISTRICT CONFERENCE 213 AWARDS 1,101 BANNERS / BADGES 234 CLUB BULLETINS 1,068 CLUB PROJECT 6,372 FUND RAISER 183 GOLF TOURNAMENT 4,598 LICENSES 50 MISCELLANEOUS 8,527 OUTGOING PRESIDENT 1,067 RAFFLE TICKETS 1,650 TAKE ROTARY TO LUNCH GRSP 3,800 TRAINING 1,130 TRACK MEET 1,567 TROPHIES / PLAGUES 133 STUDENT SPONSOR 10,535 CONTRIBUTIONS 2,000 SCHOLARSHIPS 11,848 BOY SCOUTS OF AMERICA 500 INTERACT CLUB 125 HONORARIUMS 135 LEADS 418 RECOGNITION 659 ROTARY LEADERSHIP 446 TOTAL 68,293

ldentifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990- EZ, PART III	WEEKLY MEETINGS AND CONFERENCES TO PROVIDE MEMBERS WITH PROGRAMS REGARDING LOCAL, NATIONAL AND WORLDWIDE ISSUES TO WHICH ROTARY AND INDIVIDUAL MEMBERS MAY REACT RECOGINITION AND SCHOLARSHIPS FOR OUTSTANDING LOCAL HIGH SCHOOL STUDENTS SPONSORSHIP OF ROTARY INTERNATIONAL TRACK MEET FOR HIGH SCHOOL TRACK TEAMS SPONSORSHIP OF INTERNATIONAL GROUP STUDY EXCHANGE FOR ROTARIANS FROM OTHER COUNTRIES

ldentifier	Return Reference	Explanation
FIRST A CHIEV EMENT	FORM 990-EZ, PART III, LINE 28	RECOGNITION AND SCHOLARSHIPS FOR OUTSTANDING STUDENTS, DONATIONS TO VARIOUS LOCAL NON PROFIT COMMUNITIES, SPONSORSHIP ANNUAL TRACK MEET, WEEKLY MEETINGS TO PROVIDE MEMBERS WITH PROGRAMS REGARDING LOCAL, NATIONAL & WORLDWIDE ISSUES TO WHICH ROTARY MEMBERS MAY REACT, SPONSORSHIP OF INTERNATIONAL GROUP STUDY EXCHANGE FOR ROTARIANS FROM OTHER COUNTRIES

ldentifier	Return Reference	Explanation
ALL OTHER	FORM 990-EZ, PART III,	SPONSORSHIP FOR ROTARY STUDENT, SCHOLARSHIPS FOR AREA HIGH SCHOOL
ACHIEVEMENTS	LINE 31	STUDENTS, SPONSORSHIP FOR AREA CIVIC GROUPS

Petite Graphic print - DO NOT PROCESS AS Filed Data - DEN: 3343220300/121	efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492265007121
---	--------------------------------------	-----------------	---------------------

TY 2010 Compensation Explanation

Name: ROTARY CLUB OF DALTON INC

EIN: 58-1743740

Person Name	Explanation
MARK MARLOWE	
NANCY KENNEDY	
JOHN RICHMOND	
FRANK HOGSHEAD	
GARY HOWARD	
JOHN NEAL	