



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



► 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.*

F Group Exemption
Number 0573

Form **990-EZ** (2010)

Part II **Balance Sheets**

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

(See the instructions for Part II)		(A) Beginning 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 O)		24	
25	Total assets	53,923	25	58,899
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	53,923	27	58,899

Part III **Statement of Program Service Accomplishments**

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

What is the organization's primary exempt purpose? WEEKLY MEETINGS AND CONFERENCES TO PROVIDE MEMBERS WITH PROGRAMS REGARDING LOCAL, NATIONAL AND WORLDWIDE ISSUES TO WHICH ROTARY AND INDIVIDUAL MEMBERS MAY REACT RECOGNITION 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		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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			
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 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	62,922
29	SPONSORSHIP FOR ROTARY STUDENT, SCHOLARSHIPS FOR AREA HIGH SCHOOL STUDENTS, SPONSORSHIP FOR AREA CIVIC GROUPS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	24,883
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	87,805

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
See Additional Data Table				

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 ☐

		Yes	No
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	33	No
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	No
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		
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	No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a <input type="text"/>		
b	Did the organization file Form 1120-POL for this year?	37b	No
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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation 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 during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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	No
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 . . . <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
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	No
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"/> FRANK HOGSHEAD Telephone no <input type="checkbox"/> (706) 428-9938 1902 KINGSRIDGE DRIVE Located at <input type="checkbox"/> DALTON, GA ZIP + 4 <input type="checkbox"/> 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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
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 <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . <input type="checkbox"/> 43 <input type="text"/>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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 must be completed instead of Form990-EZ		No
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		No

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

	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	
48	Is the organization a school 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?	
49b	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	(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

50(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 "

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

51(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			
	FRANK HOGSHEAD SECRETARY/TREASURER		2011-09-14			
Paid Preparer's Use Only	Preparer's signature	KEVIN W HARRIS	Date	2011-09-14	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	KEVIN W HARRIS CPA LLC 331 NOB NORTH DR COHUTTA, GA 30710			EIN	
					Phone no	(706) 270-4793
May the IRS discuss this return with the preparer shown above? See instructions Yes No						

Additional Data

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 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 745 COLLEGE DRIVE DALTON,GA 30720	PAST PRESIDE 10 00	0		

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 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 ROTARY CLUB OF DALTON INC	Employer identification number 58-1743740
---	--

Identifier	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

Identifier	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 / PLAQUES 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

Identifier	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 RECOGNITION 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

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT	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

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

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	