

### 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



Department of the Treasury

### **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)

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

2008 Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/01/08 , and ending 6/30/09  B Check if applicable	63- E Telepl 334 G Gross rec	-6052442 hone number 1-792-0022 eipts\$ 56,734
Address change  Name change Initial return  Termination Amended return  Application pending  Name and address of principal officer  DOTHAN ROTARY CHILDRENS FOUNDATIO  Doing Business As  Number and street (or P O box if mail is not delivered to street address)  Room/suite  P.O. BOX 338  City or town, state or country, and ZIP + 4  DOTHAN  AL 36302	E Telepl 334 G Gross rec	-6052442 hone number 1-792-0022
Address change  Name change Initial return  Termination Amended return  Application pending  Application pending  Iabel or print or type. See P.O. BOX 338  City or town, state or country, and ZIP + 4 DOTHAN  Application pending  Room/suite P.O. BOX 338  City or town, state or country, and ZIP + 4 DOTHAN  AL 36302	E Teleph 334 G Gross rec H(a) Is this affiliat H(b) Are al	hone number 1-792-0022
Name change    Initial return   See   Specific Instructions.   Application pending   Application pending   F Name and address of principal officer   Doing Business As	E Telepl 334 G Gross rec H(a) Is this affiliat H(b) Are al	hone number 1-792-0022
Initial return  See Specific Instructions.  Application pending  type. See Specific Instructions.  Number and street (or P 0 box if mail is not delivered to street address)  P.O. BOX 338  City or town, state or country, and ZIP + 4  DOTHAN  AL 36302  F Name and address of principal officer	G Gross rec  H(a) Is this affiliat H(b) Are al	1-792-0022
Termination Amended return Application pending Specific Instructions. City or town, state or country, and ZIP + 4 DOTHAN AL 36302 F Name and address of principal officer	G Gross reco	
Amended return  Application pending  City or town, state or country, and ZIP + 4  DOTHAN  AL 36302  F Name and address of principal officer	H(a) Is this affiliat H(b) Are al	eipts\$ 56,734
Amended return  Application pending  tions. DOTHAN  AL 36302  F Name and address of principal officer	affiliat <b>H(b)</b> Are al	
	affiliat <b>H(b)</b> Are al	
	H(b) Are al	a group return for
I Tax-exempt status   X 501(c) ( 3 )   √ (insert no )   4947(a)(1) or   527		
I Tax-exempt status		
I Tax-exempt status	lf "No	,* attach a list (see instructions)
J Website ▶ N/A	H(c) Group	exemption number
K Type of organization X Corporation Trust Association Other ▶ L Year of formation	n	M State of legal domicile
Part I Summary .		
Briefly describe the organization's mission or most significant activities		
provides support to wiregrass rehabilitation center, inc.		
AN ORGANIZATION THAT SUPPORTS MENTALLY AND PHYSICALLY CHALLENGED INDIVIDUALS.  Check this box In the organization discontinued its operations or disposed of more than 25% of its Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of employees (Part V, line 2a)  Total number of volunteers (estimate if necessary)		
CHALLENGED INDIVIDUALS.		
2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its	assets	
3 Number of voting members of the governing body (Part VI, line 1a)	3	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
5 Total number of employees (Part V, line 2a)	5	
6 Total number of volunteers (estimate if necessary)	6	
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	or Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	234,433	41,000
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40.040	45 504
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,640	15,734
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2	
	247,075	56,734
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	331,296	
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17. Other expenses (Part IX, column (A), lines 11e, 11d, 11f, 24f)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶		100.000
17 Other expenses (Fait IX, Column (A), illies (Fait III, LLiq241)	92	190,883
18 Total expenses Add lines 12 Thus dup Pan IX, column (A), line 25)	331,388	
1 19 Revenue less expenses Subtract line 18 from line 12 1	-84,313	-134,149 End of Year
Begin 20 Total assets (Part X, Intel 16) DEC 1 5 2009  21 Total liabilities (Part X, Lifte 26)  22 Net assets or fund balances Sobject 1,	206,987	805,879
20 Total assets (Part X, Intel 16) DEC 1 5 2009	200,301	003,013
21 Total liabilities (Part Auffle 20)	206,987	805,879
Part II Signature Block 기계	200,301	003,013
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	onte and to the b	est of my knowledge
and belief it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of v	hich preparer ha	s any knowledge
sign Gran Bickhous	115	17/00
Here Signature of officer	Date	<del>\</del>
BRIAN BICKHAUS PRESIDENT	Dak	
Type or print name and title		<del></del>
Pote	heck if	Preparer's identifying number
Paid Preparers D ( Various 111) ( Paralla )	elf-	(see instructions)
Preparer's Parsons Group, LLC	mployed ▶ L	
* PATSONS GOOD Libb.	EIN	P 03-0932281
Use Only Firm's name (or yours 110 Modical De		
Use Only  Firm's name (or yours if self-employed), address, and ZIP + 4  Dothan, AL 36303	Phone	334-793-3122

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008) DOTHAN ROTARY C		-6052442	Page 2
Briefly describe the organization's mission     PROVIDES SUPPORT TO WIF	rvice Accomplishments (see instruction of the complishments) REGRASS REHABILITATION OF THE COMPLETE THE COMPL	ENTER, INC.	
Did the organization undertake any signification the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Scribe the Scribe the Scribe these new services on Scribe the Scribe t	nt program services during the year which were hedule O	not listed on	Yes X No
3 Did the organization cease conducting, or m services? If "Yes," describe these changes on Scheduling	nake significant changes in how it conducts, any ille O	program	Yes X No
4 Describe the exempt purpose achievements Section 501(c)(3) and 501(c)(4) organization	s for each of the organization's three largest prog ns and section 4947(a)(1) trusts are required to r d revenue, if any, for each program service repo	eport the amount of grants and	
	190,883 including grants of \$ DRENS FOUNDATION SUPPORT GRASS REHABILIATION CENT NE DOTHAN, AL 36303.		)
4b (Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
4c (Code ) (Expenses \$	including grants of \$	) (Revenue \$	
, (Expelled v		, (	,
4d Other program services (Describe in Sche (Expenses \$	dule O) including grants of \$	) (Revenue \$	)
4e Total program service expenses ▶ \$	190,883 (Must equal Part IX,	ine 25, column (B) )	Form 990 (2009)

Form 990 (2008) DOTHAN ROTARY CHILDRENS FOUNDATION 63-6052442 Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 1 complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete X 4 Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 X 5 notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete X 6 Schedule D. Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 8 complete Schedule D. Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part 9 X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," X complete Schedule D, Part IV X 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, X 11 Parts VI, VII, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return 12 X that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 X 13 is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the U.S.? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X 14b business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III X 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 X Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 18 X Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 X Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20 X Did the organization report more than \$5,000 on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 21 22 X Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 23 X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24a 24b-24d and complete Schedule K If "No," go to question 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c X 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified X 25b person from a prior year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 X

disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or

substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

X

26

27

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			ĺ
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"	1		
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X

Form **990** (2008)

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X 1c gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X 3a this return? 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a 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 X 4a account)? b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity 5c Regarding Prohibited Tax Shelter Transaction? X 6a Did the organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any quid pro quo contribution of more than X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c X required to file Form 8282? 7d d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal X benefit contract? 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7<u>g</u> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as X 7h required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring 8 X organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? 9Ъ b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11a a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) X Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Form 990 (2008) Form 990 (2008) DOTHAN ROTARY CHILDRENS FOUNDATION 63-6052442 Page 6 Governance, Management, and Disclosure (Sections A. B. and C request information about policies not Part VI required by the Internal Revenue Code.) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions Enter the number of voting members of the governing body Enter the number of voting members that are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X 8b b Each committee with authority to act on behalf of the governing body? X Does the organization have local chapters, branches, or affiliates? 9a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9b Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations 10 X must describe in Schedule O the process, if any, the organization uses to review the Form 990 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at 11 X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies No\_ Yes 12a X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 13 Does the organization have a written whistleblower policy? X 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The organization's CEO, Executive Director, or top management official? 15a b Other officers or key employees of the organization? 15b Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard 16b the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 17 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 
WIREGRASS REHAB CENTER 795 ROSS CLARK CIRCLE

AL 36301

334-792-0022

DOTHAN

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- O List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- O List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

  | X | Check this box if the organization did not compensate any officer, director, trustee, or key employees.

X Check this box if the o	rganization did not comp	ensat	e an			direc	tor,						
(A)	(B) Average	Dog.	(C)			(C) Position (check all that apply)					(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations			
BRIAN BICKHA	US												
PRESIDENT		X				<u> </u>		0	0	0			
SHEILA AZAR						İ			_	_			
V-PRESIDENT		X	_		<u> </u>		_	0	<u> </u>	0			
GREG GREGORY									•				
SECRETARY		X	<u> </u>	-				0	0	0			
SHANE SINQUE	CE.TEID	x						0	0	o			
TREASURER		- ^	┢	-				<u> </u>	0				
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Par	t VII Section A	. Officers, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	I Employees (continued)				
-	(A)	(B)				C)			(D)	(E)		(F)		
	Name and title	Average hours per week	or director		Officer	all Key employee	Highest compensated employee		-1	Reportable compensation from related organizations (W-2/1099-MISC)	am comp fro orga and	Estimated amount of other compensation from the organization and related organizations		
			$oxed{oxed}$									_		
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1b	Total		<u></u>	L	l	<u>L</u>	<u> </u>	<b>&gt;</b>		-				
2	Total number of ind organization ▶ 0	ividuals (including those in	1a)	who	rece	eivec	l mor	e th	an \$100,000 in reportable	compensation from the				
3									oyee, or highest compensa	ated		3	Yes	No X
4	For any individual list	a? If "Yes," complete Sche sted on line 1a, is the sum d related organizations gre	of re	port	able	con	npen	satio	on and other compensation es," complete Schedule J fo	from or such		1		
5									ny unrelated organization fo	or		5		x x
	tion B. Independen											<u> </u>		
1	Complete this table compensation from	the organization	ensa	eted	ınde	pend	dent	cont	tractors that received more				(C)	
	<u> </u>	(A) Name and business address		_		-		<del> </del>	Descri	(B) ption of services	-	Cor	(C) npensa	tion
								-		····		-	_	_
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								+					•	_
							_	+						
2			ludin	g the	se II	n 1)	who	rece	eived more than \$100,000 i	n		0		
$\frac{1}{1}$	compensation from	the organization							<del></del>				990	(000

<u>15,734</u>

56,734

C

d All other revenue
e Total. Add lines 11a-11d

9c, 10c, and 11e

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete columns (8) (C)

	All other organizations must be	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		•		
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				<del>                                     </del>
8	Pension plan contributions (include section 401(k)				
o	and section 403(b) employer contributions)				
n.			-		<del>                                     </del>
9	Other employee benefits			<del></del> ·	<del> </del>
10	Payroll taxes			<del> </del>	
11	Fees for services (non-employees)				
_	Management				
b	Legal				
	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				· — · ·
f	Investment management fees				
g	Other				<u></u>
12	Advertising and promotion			<del></del>	
13	Office expenses				
14	Information technology				
15	Royalties			<del></del>	
16	Occupancy				
17	Travel				<del></del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<del> </del>
19	Conferences, conventions, and meetings				<del> </del>
20	Interest				<del> </del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not		1		
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )		100 000		
а	PROGRAM SERVICE EXPENSE	190,883	190,883		
b					
С					<del> </del>
d					<del>                                     </del>
е				· · · · · · · · · · · · · · · · · · ·	<u> </u>
f	All other expenses				<u> </u>
25	Total functional expenses. Add lines 1 through 24	190,883	190,883		
26	Joint Costs. Check here Infollowing				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				<u> </u>

_P	art )	Balance Sheet			<del></del>						
			(A) Beginning of year		(B) End of year						
	4	Cook non interest hearing	67,924	1							
	1	Cash—non-interest bearing	59,133	2	95,871						
	2	Savings and temporary cash investments	33,133	3							
		Thought and grains recorded, not									
	4	Accounts receivable, net		-4-							
	5	Receivables from current and former officers, directors, trustees, key		_							
		employees, or other related parties Complete Part II of Schedule L		5							
	6	Receivables from other disqualified persons (as defined under section									
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete									
		Part II of Schedule L		6							
žŝ	7	Notes and loans receivable, net		7							
Assets	8	Inventories for sale or use		8							
Ä	9	Prepaid expenses and deferred charges		9							
	10a	Land, buildings, and equipment cost basis 10a									
	b	Less accumulated depreciation Complete									
		Part VI of Schedule D		10c							
	11	Investments—publicly traded securities	1,079,929	11	710,008						
	12	Investments—other securities See Part IV, line 11		12							
	13	Investments—program-related See Part IV, line 11		13							
	14	Intangible assets		14							
	15	Other assets See Part IV, line 11	1	15							
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,206,987	16	805,879						
	17	Accounts payable and accrued expenses		17							
	18	Grants payable		18							
	19	Deferred revenue		19							
	20	Tax-exempt bond liabilities		20							
es	21	Escrow account liability Complete Part IV of Schedule D		21							
Œ	22	Payables to current and former officers, directors, trustees, key									
Liabilities		employees, highest compensated employees, and disqualified									
Ë	}	persons Complete Part II of Schedule L	_	22							
	23	Secured mortgages and notes payable to unrelated third parties		23							
	24	Unsecured notes and loans payable		24							
	25	Other liabilities Complete Part X of Schedule D		25							
	26	Total liabilities. Add lines 17 through 25		26							
ces		Organizations that follow SFAS 117, check here X and									
ည		complete lines 27 through 29, and lines 33 and 34.		] [							
a	27	Unrestricted net assets	1,206,987	27	805,879						
Ba	28	Temporarily restricted net assets	•	28							
Ö	29	Permanently restricted net assets		29							
or Fund Bala	-3	Organizations that do not follow SFAS 117, check here ☐									
부		and complete lines 30 through 34.									
0	30	Capital stock or trust principal, or current funds		30							
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31							
SS	32	Retained earnings, endowment, accumulated income, or other funds		32							
<b>t</b>	33	Total net assets or fund balances	1,206,987		805,879						
Net	34	Total liabilities and net assets/fund balances	1,206,987		805,879						
	art		1/200/201	1_07							
	ait.	Al I mandal otatements and reporting			Yes No						
1	۸۰	counting method used to prepare the Form 990 🕱 Cash 🔲 Accrual 📗 C	Other		1.00						
		ere the organization's financial statements compiled or reviewed by an independent accou			2a X						
			mant.		2b X						
		ere the organization's financial statements audited by an independent accountant?	y for oversight of								
		"Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibilit ie audit, review, or compilation of its financial statements and selection of an independent a			2c						
		ie audit, review, or compilation of its financial statements and selection of an independent as a result of a federal award, was the organization required to undergo an audit or audits as			20						
3			, occiorar in		3a X						
		e Single Audit Act and OMB Circular A-133?			3b 22						
	וו ע	"Yes," did the organization undergo the required audit or audits?			Form <b>990</b> (2008						

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

S. Ope

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

DOTHAN ROTARY CHILDRENS FOUNDATION 63-605

Int I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only one organization )

Employer identification number 63-6052442

1	П			ociation of churches described i	n section	170(Ь)(1	)(A)(i).						
2	Н		cribed in section 170(b)(1)(A										
3	Н		•	e organization described in sec									
4	$\Box$		•	I in conjunction with a hospital c	described	ın sectio	n 170(b)	(1)(A)(ii	ii). Ente	er the ho	ospital'	s name,	
		city, and state	9										
5	Ш	An organizati	on operated for the benefit o	f a college or university owned	or operate	ed by a go	overnme	ntal unit	descri	bed in			
			b)(1)(A)(iv). (Complete Part										
6	Ш	A federal, sta	te, or local government or go	overnmental unit described in se	ection 17	0(b)(1)(A	)(v).						
7	$\sqcup$	An organizati	on that normally receives a s	substantial part of its support fro	om a gove	rnmental	unit or f	rom the	genera	il public			
	_	described in	section 170(b)(1)(A)(vi). (Co	omplete Part II )									
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	II)								
9	Ш	An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross											
		receipts from	activities related to its exem	pt functions—subject to certain	exception	ns, and (2	?) no mo	re than	33 1/3 9	% of its			
		support from	gross investment income an	d unrelated business taxable in	come (les	s section	511 tax	) from b	usiness	ses			
		acquired by the	he organization after June 30	), 1975 See section 509(a)(2).	(Comple	te Part III	)						
10		An organizati	on organized and operated e	exclusively to test for public safe	ety Sees	ection 50	)9(a)(4).	(see ins	struction	าร)			
11	X	An organizati	on organized and operated e	exclusively for the benefit of, to p	perform th	ne functio	ns of, or	to carry	out the	•			
		purposes of c	one or more publicly supporte	ed organizations described in se	ection 509	a)(1) or	section (	509(a)(2	) See	section	1		
		509(a)(3). Ch	eck the box that describes th	ne type of supporting organization	on and co	mplete lii	nes 11e	through	11h				
		a X Type	I b Type II	c Type III–Functiona	ally Integr	ated	d [	Тур	e III–Ot	her			
е	X	By checking t	this box, I certify that the orga	anization is not controlled direct	tly or indir	ectly by c	ne or m	ore disq	ualified				
		persons othe	r than foundation managers	and other than one or more pub	olicly supp	orted org	anizatıoı	ns desc	ribed in	section	ì		
		509(a)(1) or s	section 509(a)(2)										
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II, o	or Type I	II suppo	orting				
		organization,	check this box										
g		Since August	t 17, 2006, has the organizat	ion accepted any gift or contrib	ution from	any of th	ne						_
		following per	sons?										
		(ı) A persor	n who directly or indirectly co	introls, either alone or together	with perso	ons descr	ıbed ın (ı	ı)				Yes	s No
		and (III)	below, the governing body of	the supported organization?								11g(i)	X
		(ii) A family	member of a person describ	ed in (i) above?								11g(ii)	X
		(iii) A 35% c	ontrolled entity of a person d	lescribed in (i) or (ii) above?								11g(ni)	X
h		Provide the	following information about th	he organizations the organization	n support	ts							
(i)	Nam	e of supported	(II) EIN	(III) Type of organization	(IV) is the c	organization	(v) Did y	ou notify	(vi)	is the	-	(vii) Amount	of
(-)		janization	(, =	(described on lines 1–9	1 ' '	sted in your		•	organizat			support	
				above or IRC section	governing	document?	∞l (ı)			zed in the			
				(see instructions))	Yes	No	supp Yes	No.	Yes	S?			
W	IRF	GRASS F	EHABILITATION	CENTER, INC.	<del>                                     </del>				<del> </del>		-		
		- 414155	63-0523650	11a		x	x		х				
		<del>-</del>	000000		<u> </u>							·	
					1	1	}						
					<del>                                     </del>								
					<del> </del>	<del> </del>							
						[							
					<del>                                     </del>		<del>                                     </del>	<del></del> -	<del> </del>				
		_				-	<del>                                     </del>		†		<u> </u>		
Tota	al												
		cy Act and Pai	perwork Reduction Act Notice	e, see the Instructions for Form 9	990.		<del></del>		Sc	hedule /	A (Forr	m 990 or 990	-EZ) 2008

٠., Schedule A (Form 990 or 990-EZ) 2008 DOTHAN ROTARY CHILDRENS FOUNDATION 63-6052442 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and 1 membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (f) Total (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

-	'aq	е	

Part III	Support Schedule for Organizations Described in Section 509(a)(2)	
	(Complete only if you absolved the boy on line 0 of Dort 1)	

Sec	tion A. Public Support	cked the box	Off line 5 of 1 c	210 1.7			
	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				5		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С 8	Add lines 7a and 7b					<del>                                     </del>	
0	Public support (Subtract line 7c from line 6)					<del>                                     </del>	
Sec	tion B. Total Support		<u> </u>	1			
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				3		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,				<u> </u>		
	and 12)	L		I	L	<u> </u>	<del></del>
14	First five years. If the Form 990 is for the	-	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	1(c)(3)	<b>.</b> $\Box$
800	organization, check this box and stop her		-taga				
	Public Support percentage for 2008 (line 8					15	
15	,, ,		•	nn (1))		16	<u>%</u> %
16 Sec	Public support percentage from 2007 School D. Computation of Investme					10	
17	Investment income percentage for 2008 (I			3 column (f))		17	%
18	Investment income percentage from 2007			-,(///		18	%
	33 1/3 % support tests—2008. If the orga			ne 14, and line 15	is more than 33 1/		
	17 is not more than 33 1/3 %, check this t						▶ □
b	33 1/3 % support tests—2007. If the orga	anization did not c	heck a box on line	14 or line 19a, an	d line 16 is more t	han 33 1/3%, and	
	line 18 is not more than 33 1/3 %, check t						▶ _
20	Private foundation. If the organization di	d not check a box	on line 14, 19a or	19b, check this bo	ox and see instruct	ions	▶ _

\* \* \* \* \* ,

Schedule A (Form 990 or 990-EZ) 2008 DOTHAN ROTARY CHILDRENS FOUNDATION 63-6052442

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

# Form **868**(Rev April 2009)

•

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Internal Revenu	e Service			
<ul><li>If you are</li></ul>	filing for an Automatic 3-Month Extension, complete only Part I and check this box	-	1	×
• If you are	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this for	m)		
Do not comp	ete Part II unless you have already been granted an automatic 3-month extension on a previously filed F	orm 8868	3	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed	).		
A corporation Part I only	required to file Form 990-T and requesting an automatic 6-month extension—check this box and comple	te	:	▶ 🗌
•	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exome tax returns	tension o	f	
one of the returns, or a contract of the contr	ing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of urns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 88 omposite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (see details on the electronic filing of this form, visit www.irs.gov/efile.and.click.on.e-file.for Charities & Nonj	8868 70, group Part II) of	o	
Type or	Name of Exempt Organization	Employ	er identification numb	oer .
print				
File by the	DOTHAN ROTARY CHILDRENS FOUNDATION	63-6	052442	
due date for filing your return See	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 338			
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions  AL 36302			
Telephone  If the orga	00-EZ Form 990-T (trust other than above)	If this is	Form 5227 Form 6069 Form 8870	▶ 🗌
for the whole	group, check this box  If it is for part of the group, check this box  and	attach		
	names and EINs of all members the extension will cover			<del></del>
until for the d	It an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time $2/15/10$ , to file the exempt organization return for the organization named above. The extension organization's return for calendar year or tax year beginning $7/01/08$ , and ending $6/30/09$	IS		
2 If this ta	x year is for less than 12 months, check reason Initial return Final return Change	n accoun	ting period	
less any	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, nonrefundable credits. See instructions oplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax.	3a	\$	
	ts made. Include any prior year overpayment allowed as a credit	3b	\$	
	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,			
· ·	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment See instructions	3с	\$	
	u are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 88		<u> </u>	
for payment in				