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Form 990-EZ

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

Open to Public Inspection

		2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 3	
	Check if applicabl	i Please 1	ployer identification number
	Addres	use IRS label or	
	Name Change	print or ROTARY INTERNATIONAL DOTHAN ROTARY CLUB	53-0460949
	Initial return	type See Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Te	elephone number
	Termi		334-692-3469
	Amen	ded tions City or town, state or country, and ZIP + 4	oup Exemption
Ē	Applica pendin	DOTHAN, AL 36302	umber >
			method: X Cash Accrual
		Schedule A (Form 990 or 990-EZ). Other (specif	fy) ▶
ī	Websit	e: ►N/A H Check ►	X if the organization is not
			ch Schedule B (Form 990, 990-EZ, or 990-PF)
	Check		
••		Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.	
ī	Add line	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$ 167,379.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction	ns for Part I.)
_	1	Contributions, gifts, grants, and similar amounts received	1 44,156.
	2	Program service revenue including government fees and contracts	2 41,247.
	3	Membership dues and assessments	3 81,262.
	4	Investment income	4 714.
	1 _		/13.
	5a		-
	b	<u></u>	٦ - ا
d)	, ,	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	1 5c
Ž	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	4
Revenue	a	Gross revenue (not including \$ of contributions	
ď	١.	reported on line 1) 6a	-
	b	Less; direct expenses other than fundraising expenses 6b	┥ 。
	_ C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
	7a	Gross sales of inventory, less returns and allowances 7a	- ,
	D	Less: cost of goods sold 7b	┥_
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8	Other revenue (describe)	8
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 167,379.
	10	Grants and similar amounts paid (attach schedule)	10 66,889.
	11	Benefits paid to or for members	11
es	12	Salaries, other compensation, and employee benefits NOV 0 5 2010	12 4,497.
ens	13	Professional fees and other payments to independent contractors	13
Expenses	14	Occupancy, rent, unities, and maintenance	14 172.
ш	15	O, F. T. Archive and Archive a	15 4,404.
	16	Other expenses (describe SEE STATEMENT 1)	
_	17	Total expenses. Add lines 10 through 16	17 161,786.
G	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 5,593.
UNet Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	
AS		(must agree with end-of-year figure reported on prior year's return)	19 68,184.
ē	20	Other changes in net assets or fund balances (attach explanation)	20
\$	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 73,777.
Œ	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 9	990-EZ.
න		(See the instructions for Part II.) (A) Beginning of year	r (B) End of year
€2	2 Cas	h, savings, and investments 69,02	4. 22 74,689.
≥2	3 Lar	d and buildings	23
\frac{1}{2}	4 Oth	er assets (describe)	24
	5 Tot	69,02	4.25 74,689.
_2 √2	6 Tot		0.26 912.
≥2	7 Net	assets or fund balances (line 27 of column (B) must agree with line 21) 68, 18	
93	2171	LHA For Privacy Act and Panerwork Reduction Act Notice see the senarate instructions	Form 990-F7 (2009)

Part II Statement of Program Service Accomplishme What is the organization's primary exempt purpose? SEE STATEMENT Describe what was achieved in carrying out the organization's exempt put the services provided, the number of persons benefited, and other relevant	ents (See the instructions for I T 3 irposes In a clear and conci	Part III.) se manner, descrit	pe s	Required for nd 501(c)(4)	DERSES Section 501(c)(3) organizations and (a)(1) trusts, optional
28 COMMUNITY SERVICE UNDER THE MOTTO			_		
(Grants \$ 44,156.) If this amount includes foreign	grants, check here	—	2 	8a	66,889.
(Grants \$) If this amount includes foreign	grants, check here	>		9a	
(Grants \$) If this amount includes foreign 31 Other program services (attach schedule)	grants, check here	>		0a	
(Grants \$) If this amount includes foreign	grants, check here			1a	
32 Total program service expenses (add lines 28a through 31a)	Employees			32	66,889.
Part IV List of Officers, Directors, Trustees, and Key	Littpioyees. List each one en	ven if not compensated	$\overline{}$	structions f tributions	or Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	to en benefit def	nployee t plans & erred ensation	(e) Expense account and other allowances
DONNA WADE	PRESIDENT			_	
PO BOX 6356, DOTHAN, AL 36302 WILLIAM GREGORY	1.00 VICE PRESIDEN	0.		0.	0.
PO BOX 6356, DOTHAN, AL 36302	1.00	0.		0.	0.
LES PINCKARD	SECRETARY				
PO BOX 6356, DOTHAN, AL 36302	1.00	0.		0.	0.
CRAIG SCARBROUGH PO BOX 6356, DOTHAN, AL 36302	TREASURER	0.		0.	0.
					
			_		
		-			
932172 02-08-10		<u> </u>	<u> </u>	Form	990-EZ (2009

га	Other Information (Note the statement requirements in the instructions for Part V)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
•	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
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, attach a statement explaining 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 subject to section 6033(e) notice, reporting,			
-	and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36	ļ	Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37ь		x
	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 period covered by this return?	38a	<i>'</i>	Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1		,
	Initiation fees and capital contributions included on line 9 N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		1
	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40Ь	1	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers		<u> </u>	,
	or disqualified persons during the year under sections 4912, 4955, and 4958		ľ	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		1	
	organization • 0 •			
е	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	Î	X
41	List the states with which a copy of this return is filed. NONE			1
42 a	The organization's books are in care of ▶ CRAIG SCARBROUGH, TREASURER Telephone no. ▶ 334-79	2-2	153	3
	Located at ▶ 101 EXECUTIVE PARK DRIVE, DOTHAN, AL ZIP+4 ▶ 3			
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		Yes	No
	account)?	42b		Х
	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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	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	N/A	1	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			1
	completed instead of Form 990-EZ	45		X
			•	

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Part	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt chantable and 51.	4947(a)(1) nonexempt	charitable tru		ection 50	
46 D	id the organization engage in direct or indirect political campaign activities	s on behalf of or in opposition to c	andidates for public		Yes	No
	ffice? If "Yes," complete Schedule C, Part I				46	
47 D	id the organization engage in lobbying activities? If "Yes," complete So	chedule C, Part II			47	<u> </u>
	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Ye			-	48	ļ
	lid the organization make any transfers to an exempt non-charitable relate	ed organization?		-	49a	┼
	"Yes," was the related organization a section 527 organization?				49b	
	complete this table for the organization's five highest compensated emploinan \$100,000 of compensation from the organization. If there is none, en		s, trustees and key ei	пріоуееs) wno ea	ich received	more
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(e) Exp	t and
51 (otal number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated indeporganization. If there is none, enter "None." N/A	endent contractors who each recei	ived more than \$100	,000 of compens	ation from t	he
	(a) Name and address of each independent contractor paid mo	ore than \$100,000	(b) Type of se	rvice (i	c) Compens	ation
			-			
d 7	Total number of other independent contractors each receiving over \$100,		<u> </u>			
Sign Here	Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of prepare (other than officer) is based on Signature of officer Type or print name and title	g accompanying schedules and statemer all information of which preparer has any	/ knowledge 	ny knowledge and be	lief, it is true,	
Paid Prepa Use O	nly MCDAVIDLE A DCCCTAME	4 11/10 em	ployed	parer's identifying n	umber (See in	str)
	Firm's name (or yours if self-employed), address, and ZIP+4 MCDANIEL & ABSOCIATES P. O. BOX 6356 DOTHAN, ALABAMA 3630)2-6356	Phoi no.	ne▶ (334)	792-2	<u>153</u>
May th	ne IRS discuss this return with the preparer shown above? See instruction	ns			X Yes	N

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
MEALS DISTRICT & INTERNATIONAL DUES PROGRAM EXPENSES		62,27 16,94 6,60	9.
TOTAL TO FORM 990-EZ, LINE 16		85,82	4.

FORM 990-EZ		INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS			STATEMENT		
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[1	YES	[X]	ио
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	. []	YES	[X]	NO

ROTARY	INTERNATIONAL	DOTHAN	POTARV	CLITE
TIOTEMIT	THILLIMALIONAL	DOTIVA	VOIVUI	CHOD

63-0460949

990-EZ PG 2 STATEMENT 3

COMMUNITY SERVICE UNDER THE MOTTO "SERVICE ABOVE SELF"