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Form

Department of the Treasury Internal Revenue Service

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.

2009 Open to Public Inspection

A	For the 2009 c	alendar year, or tax year beginning $07/01/09$, and ending $06/30$)/10		
В	Check if applicable	Please C Name of organization		D Employer identification no	umber
	Address change	use IRS DOTHAN ROTARY CHILDRENS FOUNDA	TION		
	Name change	print or Doing Business As	· · · · · · · · · · · · · · · · · · ·	63-6052442	
\Box	Initial return	type Number and street (or PO box if mail is not delivered to street address)	Room/suite	E Telephone number	
Ħ	Termination	See P.O. BOX 338		334-792-0022	
片		Instruc- City or town, state or country, and ZIP + 4		G Gross receipts \$ 55	<u>,584</u>
닏	Amended return	tions DOTHAN AL 36302			
	Application pending	F Name and address of principal officer		H(a) Is this a group return for	X No
				H(b) Are all affiliates	No No
				included? Yes If "No," attach a list. (see instruction	
$\overline{}$	Tax-exempt stat	us X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		in ito, diabora interpretation	<i>316)</i>
J		N/A		H(c) Group exemption number	
K	Type of organization	X Corporation Trust Association Other ▶	L Year of formation	M State of legal domicile	
F	Part I S	ummary			
	1 Bnefly o	describe the organization's mission or most significant activities:			
œ.	PRO	VIDES SUPPORT TO WIREGRASS REHABILITATION CENTER	, INC.		
Activities & Governance	AN	ORGANIZATION THAT SUPPORTS MENTALLY AND PHYSICAL	LY		
er.	CHA	LLENGED INDIVIDUALS.			
8	2 Check t	his box if the organization discontinued its operations or disposed of more the	nan 25% of its net ass	sets	
∞ 5	3 Number	of voting members of the governing body (Part VI, line 1a)		3	
ties	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	
	5 Total nu	umber of employees (Part V, line 2a)		5	
	79 Total or	umber of volunteers (estimate if necessary) coss unrelated business revenue from Part VIII, column (C), line 12		6 7a	
` ea	J	elated business taxable income from Form 990-T, line 34		7b	0
®	D IVOL CITE	orded basiness waasio mosme nom rom soo 1, line or	Prior Yea		
	8 Contribi	utions and grants (Part VIII, line 1h)	1,000 40,	800	
SCANNED DE	9 Program	n service revenue (Part VIII, line 2g)			
	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)	1.	5,734 14,	784
₩"	11 Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
Z -	12 Total re	venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,734 55,	584
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1–3)			
Š	14 Benefits	s paid to or for members (Part IX, column (A), line 4)			
ses	16 Salalles	s, other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e)			
Expenses	h Total fu	ndraising expenses (Part IX, column (D), line 25) ▶			
Ä	17 Other e	xpenses (Part IX, column (A), lines 11a-11d, 11f-24f)	19	0,883 119,	548
	18 Total ex	openses Add lines 13–17 (must equal Part X, column 44) Find V5FD		0,883 119,	
	19 Revenu	e less expenses. Subtract line 18 from line 12		4,149 -63,	
5		ssets (Part X, line 16) 75 DEC 0 6 2010	Beginning of Cu	rrent Year End of Year	
Assets or	20 Total as	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	80	5,879 831,	<u>.859</u>
et Set	의 '			5 070 001	
<u> </u>		ets or fund balances Subtract line 21 from line 20060EN, UT	80.	5,879 831,	859
_'		ignature Block nder penaltigs of perjury, I declare that I have examined this return, including accompanying sch			
	a	nd belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on	edules and statements, a all information of which	preparer has any knowledge	
Si	gn	Sheila ana		11-30-16	
	ere	Signature of officer		Date	
		Sheila Azar, Vice-President			
	,	Type or print name and title			
_	Р	reparer's Dal		rf Preparer's identifying	number
	iid si		1/30/10 self-	yed (see instructions) P002937:	10
	eparer's	Parsons Group, LLC		EIN ▶ 63-0952	
US		self-employed), 110 Medical Dr		Phone	
	a	ddress, and ZIP + 4 Dothan, AL 36303		no ▶ 334-793-3	3122
	<u> </u>	uss this return with the preparer shown above? (see instructions)		X Yes	No
Fo DA		and Paperwork Reduction Act Notice, see the separate instructions.		Form 99	0 (2009)

quasi-endowments? If "Yes," complete Schedule D, Part V 1s the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, X, or X as applicable • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI • Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X • Did the organization obtain separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X III. • Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XI, All, All XIII. • Did the organization included in consolidated, independent audited financial statements for the tax year? • If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional • If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional • If the organization and obtain a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E • Did the organization and office, employees, or agents outside of the United St		Oneckilst of Nedurea Schedules				
complete Schedule A 3 Did the organization required to complete Schedule B. Schedule of Contributors? 4 Is the organization regige in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If Yes," complete Schedule C, Part II 5 Section 801(c)(3) organizations. Did the organization engage in tobbying activities? If Yes," complete Schedule C, Part II 5 Section 801(c)(4), 801(c)(5), and 501(c)(6) organizations is the organization subject to the section 6033(e) notice and reporting requirement and priory tax? If Yes," complete Schedule C, Part III 6 Did the organization maintain and yoor tax? If Yes," complete Schedule C, Part III 7 Did the organization maintain and yoor advised float or any similar funds or accounts? If Yes," complete Schedule D, Part II 8 Did the organization maintain acidections of works of art, historical treasures, or other similar assets? If Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, decit management, credit repair, or debt negotiations services? If Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, decit management, credit repair, or debt negotiations services? If Yes," complete Schedule D, Part VII 10 Did the organization report an amount for intended organization, hold assets in term, permanent, or quasi-endownests? If Yes," complete Schedule D, Part VII 10 Did the organization report an amount for the state of the segotiation services? If Yes, complete Schedule D, Part VII 11 Bit the organization report an amount for the state of the State State D, Part VIII 12 Did the organization report an amount for the state state of the Part X, line 150 III Yes, complete Schedule D, Part VIII 13 Did the organization report an amount for orther state state of the Part	1	Is the organization described in section 501(c)/3) or 4947(a)/1) (other than a private foundation)? If "Yes "			Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributions? 3 J X 3 Did the organization enage in direct or indirect political campaign and evidence on the candidates for public office? If "Yes," complete Schedule C, Part I 5 Section 671(c)(4), 501(c)(5) organization, but the organizations is the organization subject to the section 603(c) notice and reporting requirement and prioxy tax? If "Yes," complete Schedule C, Part III 5 Section 671(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 603(c) notice and reporting requirement and prioxy tax? If "Yes," complete Schedule C, Part III 5 Section 671(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 603(c) notice and reporting requirement and prioxy tax? If "Yes," complete Schedule C, Part III 6 Did the organization maintain and yonor advised funds or any smiler funds or accounts where divinors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization report or an amount in Part X, line 21, serve as a custodian for amounts not lated in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VII 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not lated in Part X, line 10° If "Yes," complete Schedule D, Part VII 10 Did the organization answer to report the following quiestions "Yes?" It is o, complete Schedule D, Part VII 11 Schedule D, Part VII 12 Did the organization report an amount for interestments—other securities in Part X, line 10° If "Yes," complete Schedule D, Part VII 12 Did the organization report an amount for interestments—other securities in Part X, line 10° If "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for other states of the securities of the solid assets reported in Part	•			4	Y	
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization or proof an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasis-endowments? If "Yes," complete Schedule D, Part V 11 Is the organization of any extra to any of the following questions "Yes"? If so, complete Schedule D, Part SV, VII, VIII, IX, or X as applicable 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 9 Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 9 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 9 Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VII 9 Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VII 9 Did the organization separate or consolidated financial statements for the tax year include a folionted that addresses the organization is ability for uncertain tax yeostomics under filt				6		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V III She organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V III She organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII VIII, XIII, IX, or X as applicable • Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X • Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X • Did the organization separate or consolidated financial statements for the tax year include a foothote that addresses the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X III III III III III III III III III	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
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If "Yes," complete Schedule G, Part III	19			10		
 				19		x
	20					

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Form 990 (2009) **DOTHAN ROTARY CHILDRENS FOUNDATION** 63-6052442

	art IV Checklist of Required Schedules (continued)			aye -
	Oncombit of required continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		163	110
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			_=_
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	 1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		x
24a				 -
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	l l		
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 -
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	_	
·	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24u		
25a		05-		x
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_^_
b	Is the organization 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			v
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			37
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			4,7
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			l
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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 7701-39 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

1 4	Statements Regarding Other IKS Filings and Tax Compliance				
12	Enter the number reported in Poy 2 of Form 1006. Assuel Common and Transport			Yes	No
ıa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	.			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	1b			
	gaming (gambling) winnings to prize winners?	ропаріе			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1	1c		X
	Statements, filed for the calendar year ending with or within the year covered by this return				
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing		┥		
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	'ns /	2b		
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by			
	this return?	и бу			v
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3a		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority	3b		
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin				
	account)?	anciai			x
b	If "Yes," enter the name of the foreign country		4a		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Rank			
	and Financial Accounts	Dalik			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		_		v
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5a		$\frac{x}{x}$
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regi		5b		
	Prohibited Tax Shelter Transaction?	arding	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	۵	30		
	organization solicit any contributions that were not tax deductible?	C	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ins or	- Ua		
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		- 00		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for o	noods			
	and services provided to the payor?	,	7a	İ	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s			
	required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal	7		
	benefit contract?		7e	ĺ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as			
	required?		7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business noidings at any time during the year?		8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	[X
0	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>		
1	Section 501(c)(12) organizations. Enter	1 1			
	Gross income from members or shareholders	11a	」 │		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			l	
•	amounts due or received from them)	11b	 		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a		X
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a				
b	Enter the number of voting members that are independent	1b		╛		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					İ
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following					
а	The governing body?			_8a	X	
b	Each committee with authority to act on behalf of the governing body?			_8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
	tion B. Policies (This Section B requests information about policies not required by the	ntern	al			
Rev	venue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,					ĺ
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		L
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					1
	form?			11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					l
	describe in Schedule O how this is done			12c		
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by					ĺ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					İ
а	The organization's CEO, Executive Director, or top management official			15a		Х
Ь	Other officers or key employees of the organization			15b	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					ĺ
16a	gggg					
	with a taxable entity during the year?			16a	ļ	X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					ĺ
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					ĺ
	the organization's exempt status with respect to such arrangements?	_		16b	<u> </u>	
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3))	only)				
	available for public inspection. Indicate how you make these available. Check all that apply					
40	Own website Another's website X Upon request	_				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of int	erest				
20	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 organization WIREGRASS REHAB CENTER 795 ROSS CLARK CIR					

DOTHAN

334-792-0022

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Form 990 (2009)

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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

Check this box if the organization (A) Name and Title	(B) Average			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Mighest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
BRIAN BICKHAUS										
PRESIDENT		X	_	<u> </u>	ļ	<u> </u>	<u> </u>	0	0	
SHEILA AZAR V-PRESIDENT		x						o	o	
GREG GREGORY		^	_	-	-		H			
SECRETARY		x						o	o	
SHANE SINQUEFIELD)	† 		 						
TREASURER		x	L			L		0	0	
		<u> </u>		<u> </u>		ļ	<u> </u>			
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	990-(2009) DOTHAN RO											P	age (
Pai	t VII Section A. Officers (A) Name and Title	(B) Average			(C)	hat a			(E) Reportable	(F Estim		•
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amou oth compen from organiz and re organiz	er sation the sation lated	
						_						·- <u>-</u>	
_		1											<u>. </u>
			-								· · · · ·		
		-			<u></u>								
_		1					_						
 1b	Total		Ш	<u> </u>		<u> </u>	<u></u>	▶					
2	Total number of individuals (in				thos	e lis	ted a	_	e) who received more than	1 \$100,000 in			
	reportable compensation from	the organization	on 🕨	0_								T.v	1
3	Did the organization list any fo	ormer officer, d	ırecto	r or t	ruste	ee, k	ey e	mplo	ovee, or highest compensa	ited		Yes	
4	employee on line 1a? If "Yes, For any individual listed on lin								an and other companyation	from	3	-	X
•	the organization and related of												
5	individual Did any person listed on line	1a receive or a	crue (comi	pens	atio	n fror	n an	ny unrelated organization fo	or	4	 	X
	services rendered to the orga	nization? If "Ye								· 	5_	<u> </u>	<u> </u>
<u>Sec</u> 1	tion B. Independent Contract Complete this table for your fi compensation from the organ	ive highest com	pensa	ted	ınde	pend	ent o	conti	ractors that received more	than \$100,000 of			
		(A) d business address							Descri	(B) ption of services		(C) ompensa	ation
								_					

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 in compensation from the organization ▶

Pa	rt V	III Staten	nent of Reve	nue						· · · · · · · · · · · · · · · · · · ·
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	la Federated campaigns b Membership dues 1b						10101112		012, 010, 01 014
				1b						
ğΨ.		Fundraising ev		1c						
ar a		Related organ		1d						
s, c		Government grants		1e	-					
ion		All other contribution	•	···						
the the	•	and similar amounts		1f		40,800				
a Ei	a	Noncash contribution	ns included in lines 1a-		 \$					
၁ ရ	h				•		40,800			
Program Service Revenue Contributions, gifts, grants		Total: / totalinie	,			Busn. Code	10,000			
en (2a					Busin. Gode				
Re	b									
<u>ic</u>	c								· · · · · · · · · · · · · · · · · · ·	
ē	d									
Ē	e									
gra	f	All other progr	am service reve	nue						
Pro	g					—				
			come (including	dıvıder	ıds. ıntere	st. and				
		other similar a				▶	14,784	14,784		
	4		nvestment of tax	-exem	pt bond p	roceeds ►	·			
	5	Royalties				•				
			(ı) Real		(II) F	ersonal				
	6a	Gross Rents								
	b	Less rental exps								
	c	Rental inc or (loss)								
	_d	Net rental inco	me or (loss)			•				
	7a	Gross amount from sales of assets	(i) Securities	3	(11)	Other				
		other than inventory								
	þ	Less cost or other								
		basıs & sales exps								
	С	Gain or (loss)			<u> </u>					
	d	Net gain or (lo		r		•				
e	8a		om fundraising eve	nts						
		(not including \$								
Ş.			reported on line 1c)	1						
er	_	See Part IV, line		а						
Other Reven		Less direct ex		þĺ	•					
			(loss) from fund		events	<u> </u>				
	уа	See Part IV, line	om gaming activitie	- 1						
				а					'	
		Less direct ex		jd						
			(loss) from gam inventory, less	ing ac	livities	<u> </u>				
	iva	returns and all	-							
	h	Less cost of g		a b						
		_	(loss) from sale	~ (onton:					
			ellaneous Revenue		rentory	Busn. Code	,			
	11a					3000				
	b					 				
	c									
	d	All other reven	ue							
	0	Total. Add line	s 11a–11d						****	
	12	Total Revenue	e. See instructio	ns		•	55,584	14,784	0	0

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must				u (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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,				
3					
	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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				<u> </u>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
	Legal				
	Accounting		, _		
	Lobbying				
	Professional fundraising services See Part IV, line 17			· ·····	
f	Investment management fees			· · · · · · · · · · · · · · · · · · ·	-
g	Other	-			
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			· · · · · · · · · · · · · · · · · · ·	
20	Interest				
21	Payments to affiliates			 .	
22	Depreciation, depletion, and amortization			<u> </u>	
23	Insurance				<u> </u>
				—— ,-	
24	Other expenses Itemize expenses not				
_~	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	PROGRAM SERVICE EXPENSE	119,548	119,548		
b			220,040		
C					
d					
e					
f	All other expenses		-		
25	Total functional expenses. Add lines 1 through 24f	119,548	119,548		
26	Joint costs. Check here ▶ ☐ If following		= - / - 55		
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation		İ		
		<u> </u>			

<u>Paı</u>		(2009) DOTHAN ROTARY CHILDRENS Balance Sheet	3 FOORDATION	0 63-6052442		Page 11
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			1	
}	2	Savings and temporary cash investments		95,871	2	17,689
ł	3	Pieages and grants receivable, net			3	
ł	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, to	trustees, key			
ŀ		employees, and highest compensated employees Comp	plete Part II of			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined	under section			
İ		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L			6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	
- 1	10a	Land, buildings, and equipment cost or	<u> </u>			
1		other basis Complete Part VI of Schedule D	10a			
ļ	ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		710,008	11	814,170
Į.	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			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34	4)	805,879	16	831,859
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ဖွ	21	Escrow or custodial account liability Complete Part IV of	of Schedule D		21	
Liabilities	22					
三		employees, highest compensated employees, and disqu				
<u>.</u>		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third	d parties		23	
ļ	24	Unsecured notes and loans payable to unrelated third pa			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25			26	
S		Organizations that follow SFAS 117, check here ▶ 🄀	and			
2		complete lines 27 through 29, and lines 33 and 34.	-			
曺	27	Unrestricted net assets		805,879	27	<u>831,859</u>
B	28	Temporarily restricted net assets			28	
밀	29	Permanently restricted net assets		29		
ᆵ		Organizations that do not follow SFAS 117, check he	re ▶ 🗍			
٦		and complete lines 30 through 34.				
S	30	Capital stock or trust principal, or current funds			30	
set	31	Paid-in or capital surplus, or land, building, or equipmen	nt fund		31	
Š	32	Retained earnings, endowment, accumulated income, of			32	
Net Assets or Fund Balances	33	Total net assets or fund balances		805,879		831,859 831,859
ž	34	Total liabilities and net assets/fund balances		805,879	34	831,859

Form **990** (2009)

03093	•			
Form	1 990 (2009) DOTHAN ROTARY CHILDRENS FOUNDATION 63-6052442		Pa	ge 1 2
Pa	art XI Financial Statements and Reporting			-
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in]	
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

.

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

				I CHILDRENS FOU							2442		
<u> P</u>	art l	Reas	on for Public Charity	Status (All organizations	s must o	complet	e this	part)	See ir	struct	tions.	_	
Γhe	orga	nization is not	t a private foundation becaus	e it is (For lines 1 through 11, o	check onl	y one box	:)					,	
1		A church, co	nvention of churches, or ass	ociation of churches described	ın sectioi	n 170(b)(1	I)(A)(i).						
2			scribed in section 170(b)(1)(
3				ce organization described in se	ction 170	(b)(1)(A)(iii).						
4	П			d in conjunction with a hospital of)(1)(A)(i	ii). Ente	er the ho	ospital's nan	ne	
	_	city, and stat		,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			pro-re-re-re-	,	
5		-		of a college or university owned	or operat	ed by a o	overnme	ental uni	t descri	bed in			
			(b)(1)(A)(iv). (Complete Part		от орогат		0.000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	t deseri	DCG III			
6				, overnmental unit described in s	ection 17	70/5\/1\/A	\/\/\						
7	H			substantial part of its support from				from the	aanar	مناطييماه	•		
·	ш		section 170(b)(1)(A)(vi). (Co		om a gov	cimilenta	unit or	iioiii tiie	yenera	ar public			
8				70(b)(1)(A)(vi). (Complete Part	шх								
9	H			l) more than 33 1/3 % of its sup	•	contribut	ione me	mborob	ın food	and as			
v										_			
				npt functions—subject to certair nd unrelated business taxable ir		-					•		
								() Irom E	usines	ses			
10	\Box			 1975 See section 509(a)(2). exclusively to test for public safe 			•						
11	X			exclusively to test for public said exclusively for the benefit of, to					41-	_			
• •				ed organizations described in s							_		
				he type of supporting organizati						Section	1		
		a X Type		c Type III–Function			ויב פוו						
е	X		··	anization is not controlled direc			a į		e III–Ot				
-	41			and other than one or more put							_		
			section 509(a)(2)	and other than one of more put	oliciy supp	Jones org	jariizaliu	iis desc	noed in	Section	П		
f			, , , ,	rmination from the IRS that it is	a Type I	Tuno II .	or Tumo	محمديم الل					
•			, check this box	miniation from the IRS that it is	a Type I,	, rype II, i	от туре	iii suppe	orung				
~		_		tion accepted any gift or contrib	ution from								Ш
g		following pe		non accepted any gift of contrib	ution non	i ally of th	ie						
				entrols, outhor along or together	with norm		ا سالمما						T
				ontrols, either alone or together	with perso	ons desci	ibea in ('' <i>)</i>			44.	Yes	No.
			member of a person describ	f the supported organization?							11g(X
			controlled entity of a person of	• *							11g(X
			following information about the								[11g	<u> </u>	X
	Name	of supported	(ii) EIN	(iii) Type of organization	(ha) to the		(v) Did		6.00				
(•,		anization	(11) 2.11	(described on lines 1–9		organization sted in your		ou notify lization in	organizat	ls the ion in col		mount of pport	
				above or IRC section	1	document?		of your		zed in the			
				(see instructions))	Yes	No		ort?		S?	1		
W	TRF	GRASS 1	REHABILITATION	CENTED THE	162	140	Yes	No	Yes	No	 		
•••		.0	63-0523650	11a		x	х		х				
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

5693	11/18/2010 11 16 AM						
.Sch	edule A (Form 990 or 990°EZ) 2009 DO	HAN ROTA	RY CHILDR	ENS FOUND	ATTON 63	8-6052442	Dans (
P	art II Support Schedule for O	rganizations	Described in S	ections 170(b	$\frac{111101}{1(1)(\Delta)(iy)}$ and	170(b)(1)(A)(vi	Page :
	(Complete only if you ch	ecked the box	on line 5. 7. o	r 8 of Part I)		170(0)(1)(7)(4)	•
Sec	tion A. Public Support						
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants")						()
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	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)						
6	Public support. Subtract line 5 from line 4	,					
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						•
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	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)			_			
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)						
13	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 her		<u>,</u>				> _
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line 6			n (f))		14	%
15	Public support percentage from 2008 School					15	%
16a	the depth of the deganization and not detect the box of time 15, and time 14 is 55 1/5 % of those, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
b	33 1/3 % support test—2008. 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						
17a	10%-facts-and-circumstances test—2009. 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.						
b	10%-facts-and-circumstances test—2008. 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 "fa						
	organization meets the "facts-and-circums						▶ [
18	Private foundation. If the organization did	not check a box of	on line 13, 16a, 16b	o, 17a, or 17b, che	ck this box and se	e instructions	▶ _

Schedule A (Form 990 or 990-EZ) 2009

18

Investment income percentage from 2008 Schedule A, Part III, line 17

33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990 EZ) 2009 DOTHAN ROTARY CHILDRENS FOUNDATION 63-6052442

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

63-6052442

DOTHAN ROTARY CHILDRENS FOUNDATION

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 FORM 990 IS PREPARED BY CPA FIRM. ORGANIZATION PRESIDENT REVIEWS, SIGNS, AND MAILS RETURN.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
THE GOVERNING DOCUMENTS OF THE ORGANIZATION AR MADE AVAILABLE TO THE PUBLIC
UPON REQUEST.