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Form 990-EZ Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

JUL For the 2010 calendar year, or tax year beginning 2010 and ending JUN 30, 2011 Check if C Name of organization D Employer identification number Address change 26-0742630 THE DOTHAN ROTARY FOUNDATION INC. Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return Terminated PO BOX 6356 334-792-2153 City or town, state or country, and ZIP + 4 Amended return F Group Exemption DOTHAN, AL36302 Number > Application pending X Cash Accrual Other (specify) H Check Lift the organization is not Accounting Method: Website: ► N/A required to attach Schedule B Tax-exempt status (check only one) - \times 501(c)(3) 501(c) () **◄**(insert no.) ____ 4947(a)(1) or L __ 527 (Form 990, 990-EZ, or 990-PF). K Check \(\sum_{\text{if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 93,360. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I Check if the organization used Schedule O to respond to any question in this Part I 93,356 Contributions, gifts, grants, and similar amounts received 1 1 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 SEE SCHEDULE O 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5<u>c</u> Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sates of inventory (Subtract line 7b TOTA ne 7a) 7c Other revenue (describe in Schedule Of 8 Total revenue. Add lines 1, 2,3,4, 5c,,6t, 7c, and 8 93,360. 9 94,002 Grants and similar amounts pale (1)st in Schedule (1) 10 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 12 Professional fees and other payments to independent contractors 13 13 409. 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 94,411. 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) -1,051. 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 46,383. (must agree with end-of-year figure reported on prior year's return) 19 20 20 Other changes in net assets or fund balances (explain in Schedule O) 45,332. Net assets or fund balances at end of year. Combine lines 18 through 20 21

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LHA For Paperwork Reduction Act Notice, see the separate instructions.



Form **990-EZ** (2010)

1

_	990-E (2010) THE DOTHAN ROTARY FOUNDAT Balance Sheets. (see the instructions for Part II.)	ION INC.		<u> 26 -</u>	07426	30 Pa	ge 2
	Check if the organization used Schedule 0 to respond to any question		<u> </u>		·	<u></u> L	
			A) Beginning of year	Ļ_,	(B) Er	nd of year	
22	Cash, savings, and investments		46,383	22	<u> </u>	45,33	<u>2.</u>
23	Land and buildings			23			
24	Other assets (describe in Schedule 0)			24			
25	Total assets		<u>46,383</u>	25		45,33	<u>2.</u>
26	Total liabilities (describe in Schedule 0)		0				0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		46,383	. 27		45,33	<u>2.</u>
Pa	rt III Statement of Program Service Accomplishmen	its (see the instructions fo	•			penses	
	Check if the organization used Schedule 0 to respond to any question	in this Part III		X	(Required	for section and 501(c)(4)	
Wha	t is the organization's primary exempt purpose? ${f SEE}$ ${f SCHEDULE}$ ${f C}$	<u> </u>			organizatio	ins and sectio	ກ
	cribe what was achieved in carrying out the organization's exempt pur			е		trusts; optio	nai
the	services provided, the number of persons benefited, and other relevan	t information for each pr	ogram title.		for others.) 	
28	THE DOTHAN ROTARY FOUNDATION SPONSO	RS SEVERAL C	OMMUNITY		1 1		
	SERVICE PROJECTS INCLUDING EDUCATION	N AND HUMAN	SERVICE				
	ACTIVITIES.						
	(Grants \$ 93,356.) If this amount includes foreign g	grants, check here	▶		28a	94,00	2.
29							
					1 1		
		<u> </u>			,		
	(Grants \$) If this amount includes foreign (grants, check here			29a		
30			<u>. </u>				
							
	(Grants \$) If this amount includes foreign	grants, check here			30a		
31	Other program services (describe in Schedule O)	raino, oi tour noi o			1		
٠.	(Grants \$) If this amount includes foreign	rants check here		ĖΠ	31a		
32	Total program service expenses (add lines 28a through 31a)				32	94,00	2.
	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one	even if not compensated (s	see the	instructions f	or Part IV)	
	Check if the organization used Schedule O to respond to any question		, and a somponional ([\neg
	and it was a garness of a souperior to any quotien	(b) Title and average hour	s (c) Compensation	(d) c	Contributions	(e) Expen	Se
	(a) Name and address	per week devoted to	(If not paid, enter	to	employee efit plans &	account a	
	(a) name and address	position	-0)	•	deferred	other allowa	nces
WT	LLIAM GREGORY	PRESIDENT		CON	npensation		
_	BOX 6356, DOTHAN, AL 36302	2.00	0.		0.	į	0.
	AVID HANKS	VICE PRESIDE					<u> </u>
	BOX 6356, DOTHAN, AL 36302	1.00	0.		0.		0.
	S PINCKARD	SECRETARY				ļ	<u> </u>
			0.		0.		Λ
		1.00	0.			 	0.
	AIG SCARBROUGH	TREASURER			^		^
PC	BOX 6356, DOTHAN, AL 36302	1.00	0.		0.	 	0.
		4					
_							
		-					
		_					
	172 22-11				Form	990-EZ (2010

	Check if the organization used Schedule 0 to respond to any question in this Part V			X
	g acceptance of the component of any quotient in the component of the comp		Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in		1.55	
	Schedule 0	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		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, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or	-		
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	l	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	,
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36	L	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	^		
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			Γ
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities N/A] , }	٠.	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:] ,	,	
	section 4911 ▶ 0 . ; section 4912 ▶ ; section 4955 ▶ 0 .			İ
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the		* :	,
	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?			1
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	,	۲.) ·
	or disqualified persons during the year under sections 4912, 4955, and 4958			ł
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	+	ž ,	1. `
	organization •	\$; s''	, »	1
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		1	_
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. NONE			
42 a	The organization's books are in care of ► CRAIG SCARBROUGH, TREASURER Telephone no. ► 334-79			<u> </u>
	Located at ► 101 EXECUTIVE PARK DRIVE, DOTHAN, AL	<u> 3630</u>	<u>3</u>	
D	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)? If You I enter the name of the favour powering.	42b	<u> </u>	X
	If 'Yes,' enter the name of the foreign country:	1	1	1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	- <u>.</u>	-	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	Ь	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
40		/-		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		1	Vac	NI-
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		103	No
	Form 990-EZ	44-	٠- ``	
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44a	 	X
	of Form 990-EZ	;		
•	Did the organization receive any payments for indoor tanning services during the year?	44b	 	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44c		X
u	In Schedule O	444	. `	
		44d	00.55	(0045
		Form 9	an-F7	(2010)

rm 990-E	EZ (20	10) THE	<u>DOTHAN</u>	ROTARY	FOUNDAT	TON INC.		<u> 26-0742</u>	630		age 4
. ~										Yes	
ls any	y relate	ed organization a	a controlled entity	of the organization	ation within the	meaning of section 512(b)(13)?		45		<u>X</u>
	-		•			th a controlled entity within th	ne meaning of section	512(b)(13)?			
If "Yes	s," For	m 990 and Sche	dule R may need	to be completed	d instead of Form 9	990-EZ			45a		<u> X</u>
Did th	he orga	anization engage	e, directly or indire	ectly, in political	campaign activitie	s on behalf of or in oppositio	n to candidates for pu	iblic office?	1		
If "Yes	s," con	nplete Schedule	C, Part I						46		X
art VI	l s	ection 501	(c)(3) organi:	zations and	d section 49	47(a)(1) nonexempt	charitable trus	sts only. Al	sectio	n 501(d)(3)
	or	ganizations and	section 4947(a)(1) nonexempt cl	haritable trusts mu	st answer questions 47-49b	and 52, and complete	the tables for l	ines 50	and 51	
		-		•	nd to any question	•	,				
										Yes	No
Did th	he ora:	anization engage	e in lobbying activ	uties? If "Yes."	complete Sched	fule C. Part II			47		X
	-				•	complete Schedule E			48		X
	-				haritable related or				49a	 	X
	-		anization a section	-		gameanon			49b	 	
		-				(other than officers, director	e tructone and kny or	malayaaa) wha			L
							S, II USIEES AND KEY EI	iipioyees) wiio	cacii i e	ceiveu	IIIOIE
шан	Φ100,0	ooo or compens	ation nom the org	janization, n the	ere is none, enter "I		(a) Componentian	(4)		- \ F	
		(-) N	44			(b) Title and average hours per week devoted to	(c) Compensation	(d) Contribution to employee	- 1 -	e) Expe	
	•	(a) Name and ad	ddress of each em than \$100,000		re	position		benefit plans & deferred		er allov	
		·	πιαπ ψ 100,000	NONE		poo	 	compensation			
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orga			ne, enter "None." address of each inc	NONE dependent contr	ractor paid more th	nan \$100,000	(b) Type of ser	vice	(c) Co	npensa	tion
											
							 				
d Tota	al numi	her of other inde	pendent contract	ors each receiving	ng over \$100,000		<u> </u>				
			•		•	zations and 4947(a)(1) none	xemnt				
	_	-	ch a completed So		. 55 . (5)(5) 01 guille	ישויטווס מווט דטדי (מ)(ו) ווטווס.	······································	_	y ,	res [
Ulidi		der penalties of ne	rjury, I declare that I !	have examined this	return, including acc	ompanying schedules and statem formation of which preparer has a	ents, and to the best of m	y knowledge and	belief, it	is true,	
	Un	de peraities of pe			ider) is based on all in	formation of which preparer has a	ny knowledge	4			
	Un cor	rrect, and complete	Declaration of prep	arer (owner than onl	1 (T 2 4 4 51 4 54	_		VI 11		
Sign	Un	M. C	- Sc	arer (other trian onl	6	Trasum	<u> </u>		711		
	Unicor	Signature of office	aig Sc	av bro	ugh,	Trasum		9/27	711		
	Uncor	Signature of office M. C. Type or print name	er Sc aig Sc ne and the	arbro	ugh,	A	Chack	Date	711		
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dere ————	Uncor	Signature of office M. C. Type or print nam Print/Type prep M. CRAI	er Sc aig Sc ne and the	arbro	eparer's signature	Date	self- empl	Date PTIN			
lere Paid Prepar	rer	Signature of office M. C. Type or print nam Print/Type pref M. CRAI CPA	Aig Schand the parer's name	av bro	l 😂	Date 09/1	self- empl	Date 9 /27		83	5
Here Paid Prepar	rer	Signature of office Type or print name Print/Type prei M. CRAI CPA Firm's name	Aig Sche and file parer's name G SCARBE	av bron ROUGH, M	SOCIATES	Date	self- empl	Date 9 /27 Date PTIN Dyed PO()321	83	
lere Paid Prepar	rer	Signature of office M. C. Type or print nam Print/Type pref M. CRAI CPA	Aig Sche and file parer's name G SCARBE	av bro	SOCIATES	Date 09/1	self- empl	Date PTIN oyed PO()321		
Here Paid Prepar	rer	Signature of office Type or print name Print/Type prei M. CRAI CPA Firm's name	PACE SCARBE CATE SCARBE MCDANIE P. O.	ROUGH, MEL & ASS	SOCIATES	Date 09/1	self- empli 3/11 Firm's El	Date 9 /27 Date PTIN Dyed PO()321	83	
Sign Here Paid Prepar Use On	rer	Signature of office Type or print name Print/Type prep M. CRAI CPA Firm's name Firm's address	PACE SCARBE CATE SCARBE MCDANIE P. O.	ROUGH, W BOX 635 N, AL 36	SOCIATES 56 6302-6356	Date 09/1	self- empli 3/11 Firm's El	Date 9 /27 Date PTIN Dyed PO()321	93.	
dere Paid Prepar Use Or	rer	Signature of office Type or print name Print/Type prep M. CRAI CPA Firm's name Firm's address	parer's name G SCARBE MCDANIE P. O. DOTHAN	ROUGH, W BOX 635 N, AL 36	SOCIATES 56 6302-6356	Date 09/1	self- empli 3/11 Firm's El	Date 9 /27 Date PTIN Dyed PO()371) 7	93.	215

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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

2010

Open to Public Inspection

Name of the organization

Employer identification number

Schedule A (Form 990 or 990-EZ) 2010

		THE DOT	HAN ROTARY F	OUNDA'	TION :	INC.			26	-0742630	
Part I	Reason f	or Public Chari	ty Status (All organiza	ations mus	t complete	this part) See insti	uctions			
he orgar	nization is not a	private foundation b	pecause it is. (For lines 1	through 1	1, check o	nly one bo	ox.)				
1 🔲	A church, cor	vention of churches	, or association of churc	hes descr	ibed in se d	ction 170(b)(1)(A)(i).				
2	A school desc	cribed in section 170	0(b)(1)(A)(ii). (Attach Sch	nedule E)							
з 🗀	A hospital or	a cooperative hospit	al service organization d	lescribed i	n section	170(b)(1)(A)(iii).				
4	A medical res	earch organization o	perated in conjunction v	with a hosi	ortal descri	ibed in sec	ction 170(b)(1)(A)(iii). Enter th	ne hospital's name	e,
	city, and state	e:									
5 🗀	An organizati	on operated for the l	penefit of a college or un	iversity ov	vned or op	erated by	a governn	nental unit	describe	d in	
	section 170	(b)(1)(A)(iv). (Comple	te Part II.)								
6 🖳	A federal, sta	te, or local governme	ent or governmental unit	described	in section	n 170(b)(1)(A)(v).				
7 X	An organizati	on that normally rece	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic described in	3
	section 170(b)(1)(A)(vi). (Comple	te Part II.)								
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi). (Complete	Part II)						
9 📖	An organizati	on that normally rec	eives: (1) more than 33 1	/3% of its	support fr	om contril	outions, m	embership	o fees, an	d gross receipts f	rom
	activities rela	ted to its exempt fur	nctions - subject to certa	ın exceptio	ons, and (2	?) no more	than 33 1	/3% of its	support t	from gross investi	ment
	income and u	inrelated business ta	axable income (less sect	ion 511 ta	x) from bus	sinesses a	cquired by	y the orga	nizatıon a	fter June 30, 197	5
	1	509(a)(2). (Complete	•								
10 🖳	An organizati	on organized and op	perated exclusively to tes	st for publi	c safety. S	ee sectio	n 509(a)(4	·).			
11	=		perated exclusively for the		•			-		• •	or
			itions described in section). See sec	tion 509(a	a)(3). Che	ck the box that	
		· · · · ·	organization and comple		•				. —	1	
_ [a L Type !		• •		e III - Func				d	Type III - Other	
e	-		it the organization is not		=	•	-				л
		-	han one or more publicly		•				n(a)(1) Or s	section 509(a)(2).	
f	_	rganization, check th	ten determination from t	ine ino ina	шизату	pe i, Type	ii, or Type	; !!!			
~		- ·	organization accepted ar	ny aift or co	ontribution	from any	of the follo	Wing per		•	
g	-		rectly controls, either al							Yes	No
			upported organization?	- · · · · · · · · · · · · · · · · · · ·		po.coc c		(.) (,,	11g(i)	
	•	•	n described in (i) above?						•	11g(ii)	
		•	person described in (i) o		e?				•	11g(iii)	
h			about the supported or						•		
(i) Nam	e of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did you	notify the	(vi) ls	the	(vii) Amount o	 if
	ganization		organization (described on lines 1-9		sted in your		ion in col.	organizátic (i) organiz	ed in the	support	
			above or IRC section	<u> </u>	document?	,,,	r support?	U.S	.7		
			(see instructions))	Yes	No	Yes	No	Yes	No		
					 		 		├ ─┤		
				 				 			
		<u> </u>				<u> </u>		<u> </u>			
		-	 	 	 	 	 	 	 		
	 ·	 									
Total											

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

26-0742630 Page 2

Schedule A (Form 990 or 990-EZ) 2010 THE DOTHAN ROTARY FOUNDATION INC. 26-07426

Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

2 60	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2006_	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	į				į		
	include any "unusual grants ")		25,543.	40,613.	46,567.	49,881.	162,604.	
2	Tax revenues levied for the organ-		į		}			
	ization's benefit and either paid to	}	Ì			}		
	or expended on its behalf							
3	The value of services or facilities	i						
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3		25,543.	40,613.	46,567.	49,881.	162,604.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly		,	ļ				
	supported organization) included	j		}		,		
	on line 1 that exceeds 2% of the			,	•	. *		
	amount shown on line 11,							
	column (f)							
	Public support. Subtract line 5 from line 4		<u>l</u>			\$	162,604.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
-	Amounts from line 4		25,543.	40,613.	46,567.	49,881.	162,604.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties		04.5	4.0.4			204	
	and income from similar sources		216.	104.		4.	324.	
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.)						162,928.	
	Total support. Add lines 7 through 10				<u> </u>	40	104,940.	
12	· · · · · · · · · · · · · · · · · · ·	•	•	-1 6		12		
13	First five years. If the Form 990 is for	-	s first, second, thir	a, tourth, or tilth to	ax year as a section	on 501(c)(3)	▶ X	
Se	organization, check this box and stor ction C. Computation of Publ	lic Support Pe	rcentage					
14	· · · · · · · · · · · · · · · · · ·		-	column (f))		14	%	
15	Public support percentage from 2009			Joidinin (i))	•	15	<u> </u>	
	a 33 1/3% support test - 2010.If the c			line 13, and line 1	14 is 33 1/3% or n			
100	stop here. The organization qualifies	-					▶□	
1	o 33 1/3% support test - 2009. If the o		-		line 15 is 33 1/3%	or more, check the	nis box	
	and stop here. The organization qua	•						
17:	a 10% -facts-and-circumstances tes	•			 e 13. 16a. or 16b. a	and line 14 is 10%	or more,	
•••	and if the organization meets the "fac							
	meets the "facts-and-circumstances"			-			. ▶□	
ı	10% -facts-and-circumstances tes	•	•		-	17a, and line 15 is	10% or	
	more, and if the organization meets t	_						
	organization meets the "facts-and-cir						•	
_18	Private foundation. If the organization						ns ▶	
_	Schedule A (Form 990 or 990-EZ) 2010							

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	ow, piease comp	nete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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						
4 Tax revenues levied for the organ- ization'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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)				`	,94 ₂ .1	
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						·
c 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						
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, and 12)	4ho over	In final passed 45	and formation and fifther	tou waar en a sent	on 501(a)(0)	L
14 First five years. If the Form 990 is for	trie organization	s arst, second, thi	ra, tourth, or titth t	tax year as a secti	on out (c)(3) organiz	auon,
Section C. Computation of Publi	ic Support Po	arcentage			·	
15 Public support percentage for 2010 (I			column (fi)		15	%
16 Public support percentage from 2009			Column (1))	• •	16	%
Section D. Computation of Inves			·	··	110	
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2			10, column (I))	•	18	%
19a 33 1/3% support tests - 2010. If the			on line 14 and lin	ne 15 is more than		
more than 33 1/3%, check this box a	-		-			▶ []
b 33 1/3% support tests - 2009. If the	•	•		.,		and
line 18 is not more than 33 1/3%, che	-			•		. —
20 Private foundation. If the organization		•	•			▶□

SCHÉDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-FZ.

2010 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE DOTHAN ROTARY FOUNDATION INC.

Employer identification number 26-0742630

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	AMOIDIE .
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	4.
EODA OOO EE DADE TIT DETNADY EVENDE DUDDOGE GOOGBUTEN GEDI	
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - COMMUNITY SERV	TICE UNDER
THE MOTTO OF "SERVICE ABOVE SELF"	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CO	ONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS,	DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT	•.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS,	DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	