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# Form **990-EZ**

# **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

**Open to Public** Inspection

	lernal Revenue Service Information about Form 990-EZ and its instructions is at www irs gov/form990.												
A			lar year, or tax	year beginning	7/01/14 , and	dending	06/30	/15					
В		applicable	C Name of organ							D En	nploye	er identifi	cation number
X	Address	change								}			
	Name ch	ange	Rotary	Internati	onal Dothan	Rot	ary			6	63-0460949		
	initial retu	urn			t delivered to street address)			Room/si	uite	E Te	lephor	ne numbe	<u> </u>
	Final retu	ırn/terminated	PO Box	277						3	334	-792	-1180
	Amended	d return	City or town, state	or province, country, and	ZIP or foreign postal code					F Gr	oup E	Exemptio	n
$\Box$	Application	on pending	Dothan		AL 3	6302	-0277			Νι	ımbei	•	
G	Accour	nting Method	X Cash	Accrual Other	specify) ▶				H Che	eck 🕨	if t	he orgar	nization is not
ı	Website: ► N/A requ							uired to a	 attach	Schedu	le B		
J	Tax-exe	empt status (ch	eck only one) —	<b>X</b> 501(c)(3) 50	1(c) ( ) <b> </b>	) 49	47(a)(1) or	527	(Fo	rm 990,	990-E	Z, or 99	0-PF)
ĸ	Form o	f organization	X Corpoi	ration Tru	st Association	า โ	Other						
L	Add line	s 5b, 6c, and 7b	to line 9 to detern	nine gross receipts If	gross receipts are \$200,0	00 or mor	e, or if total ass	ets					
(Pai	rt II, colur	mn (B) below) a	re \$500,000 or mo	re, file Form 990 inste	ad of Form 990-EZ						\$		147,977
P	Part I	Reven	ue, Expense	s, and Change	s in Net Assets o	r Fund	Balances	(see the	ınstru	ctions f	or Pa	art I)	
		Check	f the organiza	tion used Schedi	le O to respond to	any que	stion in this	Part I					X
	1	Contributions,	gifts, grants, and si	milar amounts receive	d					1			16,099
	2		-	luding government						2	2		35,322
	3	Membership	dues and asses	sments			See Sta	atemen	t	3	3		96,497
	4	Investment in	ncome							4	L		59
	5a	Gross amou	nt from sale of as	ssets other than inv	entory		5a						
NCKevenue 2015	b	Less cost or	other basis and	sales expenses			5b				-		
	c	Gain or (loss)	rom sale of assets	other than inventory (	Subtract line 5b from line 5	ia)				5	С		
	6	Gaming and	fundraising ever	nts									
	a	Gross incom	e from gaming (a	attach Schedule G i	greater than								
E-9		\$15,000)					6a						
,,Έ	b	Gross incom	e from fundraisir	ng events (not includ	ling \$		of contrib	outions		j			
-æ	1	from fundrais	ing events repor	ted on line 1) (attac	h Schedule G if the								
		sum of such	gross income ar	id contributions exc	eeds \$15,000)		6b						
	С	Less direct e	expenses from g	aming and fundrais	ng events		6c						
L	d	Net income of	or (loss) from gar	ming and fundraisin	g events (add lines 6a	and 6b a	nd subtract			- 1			
<b>Z</b>		line 6c)								6	d		
いいろろととに	7a	Gross sales	of inventory, less	returns and allowa	nces		7a						
٧	b	Less cost of	goods sold				7b						
<b>U</b> U	С	Gross profit	or (loss) from sal	es of inventory (Sul	otract line 7b from line	7a)				70	$\neg$		
	8		ie (describe in S	•						8			4.5 005
	9	Total reven	ue. Add lines 1, 2	2, 3, 4, 5c, 6d, 7c, a	nd 8					<u> </u>	-		147,977
	10		•	oaid (list in Schedule	: O)					10	-		28,673
	11	•	to or for member		_					1			0 07/
es	12		•	, and employee ber						1			8,076
šuš	13		•	ayments to indeper	dent contractors					1			
Expenses	14	• •	rent, utilities, and							14			
ш	15		ications, postage							1		<del></del>	111 766
	16	•	ses (describe in	•						11			111,766
	17		ses. Add lines 1							1			148,515
Š	18	-		r (Subtract line 17 f	•					1	8		538
Net Assets	19				(from line 27, column	(A)) (mus	st agree with						70 405
t As		-	= :	prior year's return						1.19			_78,427
Net	20	•		•	(plain in Schedule O)		חרסר	N /ETC		20			77 000
	21				bine lines 18 through 2	20 1	RECE	IVEU	<del>       </del>	▶ 2°	1		77,889
For	Paper	work Reducti	on Act Notice,	see the separate	nstructions.	اس			IOI	(	7	Form	990-EZ (2014
						949	NOV 1	0 2015			1	415	)
						''			) <u>i</u>				
DAA						1 '	OGDE	NIIT					
						1		, .	1				

DAA

Part II Balance Sheets (see the instructions for Part II	•		.,		$[\overline{\mathbf{x}}]$
Check if the organization used Schedule O to	o respond to any				
22. Cook sources, and must made		(A) Be(	78,850	22	(B) End of year 81,725
22 Cash, savings, and investments			78,830	23	61,123
23 Land and buildings 24 Other assets (describe in Schedule O)			0	24	
25 Total assets			7.8,850	25	81,725
26 Total liabilities (describe in Schedule O)			423	26	3,836
27 Net assets or fund balances (line 27 of column (B) must agree	a with line 21)		78,427	27	77,889
Part III Statement of Program Service Accomp		e the instructions for F			,003
Check if the organization used Schedule O to	•				Expenses
What is the organization's primary exempt purpose?	s reopena to airy	quodion in and i die	<u></u>	(Red	quired for section
Community service under the motto "Service Above	Self"			,	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for ear		est program services.			inizations, optional for
as measured by expenses In a clear and concise manner, describe t				othe	•
persons benefited, and other relevant information for each program ti					,
28 Community service under the motto "Service Abo	-				
- Community Deliving and and another Delving inc	7.0 5011				
(Grants \$ 28,673) If this amount includes for	oreign grants, chec	k here	▶ □	28a	66,753
29			<u> </u>		
			;		
(Grants \$ ) If this amount includes for	oreign grants, chec	k here	▶ □	29a	
30	<u> </u>				
•					
•					
(Grants \$ ) If this amount includes for	oreign grants, checi	k here	▶ □	30a	
31 Other program services (describe in Schedule O)	oroigir granto, onco	K HOIO		550	
(Grants \$ ) If this amount includes for	oreign grants, chec	k here	▶ □	31a	
32 Total program service expenses (add lines 28a through 31a)	oreign grante, ence	KTICIC		32	66,753
Part IV List of Officers, Directors, Trustees, and Key Er	mployees(list each	one even if not compens	ated — see the II		
Check if the organization used Schedule O to respon	1	in this Part IV (c) Reportable	(d) Heath has	-61-	
(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	(d) Heath ben contributions to e	mployee	(e) Estimated amount of
(2)	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, deferred comper		other compensation
Ben Slingluff		,			
Vice President	2.00	О		0	l
Les Pinckard					
Secretary	1.00	О		0	l o
Robert Ferguson					
Treasurer	1.00	o		0	l o
Walter Hill					-
President	2.00	0		0	l
	1				
				-	
				-	
				•	
-					
	-				
·	1		l		Ī

Form 990-EZ (2014)

Form 990-EZ (see instructions)

Form	990-EZ (2014)	Rotary	Internationa	al Dothan Ro	otary	63-04	60949			Page 4
46	•	zation engage, dire	ectly or indirectly, in politic f "Yes," complete Schedule	al campaign activities					46	es No
Pa	rt Vi Sec All : 50 a	ction 501(c)(3 section 501(c)(3 and 51,	) organizations only 3) organizations must a ization used Schedule	answer questions 47				r lines		
47		zation engage in lo	obbying activities or have a	a section 501(h) election	n in effect du	ring the tax			47	es No
48 49a	Is the organiza	ation a school as d	lescribed in section 170(b) ransfers to an exempt non		•	ıle E		-	48 49a	X
b 50		•	ation a section 527 organi nization's five highest com		other than offi	cers, directors	s, trustees and key		49b	
	employees) wh	ho each received r	more than \$100,000 of cor	mpensation from the or	ganization If	there is none	, enter "None "			
-	(a)	Name and title of ea	ach employee	(b) Average hours per week devoted to position	compe		(d) Health benefits, contributions to employe benefit plans, and deferred compensation	othe	(e) Estimated amount of other compensation	
No	one									
	<del></del>									
f 51	Complete this	table for the organ	s paid over \$100,000 nization's five highest comp the organization. If there is		contractors w	ho each rece	eived more than			;
27.0		ame and business a	ddress of each independent	contractor		(b) Type	of service	(c) C	ompensa	tion
No										
				· · · · · · · · · · · · · · · · · · ·						
d	Total number of	of other independe	ent contractors each receiv	ving over \$100,000	<u> </u>					
52	Did the organiz completed Sch	•	chedule A? Note. All section	on 501(c)(3) organizati	ons must atta	ich a		<b>▶</b> X	Yes	No
			ave examined this return, incloreparer (other than officer) is					ge and belie	f, it is	
Sign	1 1	mature of officer  Robert D	. Ferguson		Tr	Date Date		-		
Here 	Тур	pe or print name and title		Preparer's signature			Date		PTIN	
Paid	Robert	D. Ferguson		Robert D. Fergus			11/04/15 Chi	f-employed	P00389	
-	Only Firm's add	dress▶ 146	guson, Sizemo 7 Honeysucklo	e Rd	<u> 1ates</u>		Firm's EIN			5155
Morri	Dothan, AL 36305-1912  All 36305-1912  By Yes No									
vidy	uiscuss	una iciuili Willi III	e hisharer shown above,	Gee manuchons						No (2014)

#### **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Rotary International Dothan Rotary

Employer identification number 63-0460949

Pa	art I	Reas	on for Public Charity S	Status (All organizations r	must cor	mplete th	nis part ) See instructions	3	
The o	orgar	nization is not	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box )			
1	$\Box$	A church, cor	nvention of churches, or associate	ciation of churches described in	section 1	70(b)(1)(A	۸)(i).		
2	П	A school desc	cnbed in section 170(b)(1)(A	(ii).(Attach Schedule E)					
3	$\Box$			e organization described in secti	on 170(b)	)(1)(A)(iii)			
4	П	•	· · · · · · · · · · · · · · · · · · ·	in conjunction with a hospital de				ital's name,	
	ш	city, and state						·	
5		•	•	a college or university owned or	operated	by a gove	rnmental unit described in		
•	ن		b)(1)(A)(iv). (Complete Part I		оролакоа	., - g			
6				· , vernmental unit described in <b>sec</b>	tion 170/	<b>Ь</b> )/1)/Δ)/υ	1		
7	H		•						
•		J	inization that normally receives a substantial part of its support from a governmental unit or from the general public ed in section 170(b)(1)(A)(vi).(Complete Part II )						
8	$\Box$			70(b)(1)(A)(vi).(Complete Part II					
9	X	•		more than 33 1/3% of its support	•	atributions	membership fees, and gross		
9	22	•	•	of functions—subject to certain e					
		• •	•	unrelated business taxable inco			r tax) from businesses		
40			•	, 1975 See <b>section 509(a)(2).</b> (	-	-	-V4)		
10	H			clusively to test for public safety				of	
11	Li	•	•	cclusively for the benefit of, to pe ons described in <b>section 509(a)(</b>					
		•	, ,,		•	•		ICCR	
_		the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g							
а	Ш	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving							
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting								
L		organization You must complete Part IV, Sections A and B.							
b	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having								
		control or management of the supporting organization vested in the same persons that control or manage the supported							
			s) You must complete Part						
С				rting organization operated in co					
	$\Box$	• •	• • • • • • • • • • • • • • • • • • • •	ons) You must complete Part					
d				upporting organization operated					
				nization generally must satisfy a					
			•	complete Part IV, Sections A					
е	Ш			a written determination from the			e i, Type ii, Type iii		
		•	•	tionally integrated supporting org	ganization			ſ	
T			of supported organizations	nested ergenization(s)				ι	
<u>g</u>			ring information about the sup						-4
(I		e of supported ganization	(II) EIN	(III) Type of organization (described on lines 1–9	(iv) is the d	- 1	(v) Amount of monetary support (see	(vi) Amount other support	
		,		above or IRC section	1	ment?	instructions)	instruction	
				(see instructions)	<u> </u>	<del></del>			
					Yes	No			
(A)									
				· ·	<del> </del>	<b></b>			
(B)					]				
					<del>                                     </del>			<del></del>	
(C)									
					<del> </del>	<del>  </del>			
(D)									
		<del> </del>			<b> </b>	<del>                                     </del>			
(E)									
	-				<del> </del>	-			
			l		1				

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)

Caler	dar year (or fiscal year beginning in)▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, 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					<u> </u>	
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						
Caler	dar year (or fiscal year begınning in)►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4					ļ	
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 VI )						
11	Total support. Add lines 7 through 10					<u> </u>	
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the o	organization's first,	second, third, four	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here				. <u> </u>	<del></del>	<u> </u>
Sec	tion C. Computation of Public Sup	·•	•				
14	Public support percentage for 2014 (line 6,		-	(f))		14	%_
15	Public support percentage from 2013 Scheo					15	%_
16a	33 1/3% support test—2014. If the organiz				1/3% or more, che	ck this	
	box and stop here. The organization qualifi						<b>&gt;</b>
Ь	33 1/3% support test—2013.If the organiz				is 33 1/3% or more	9,	. □
4	check this box and <b>stop here</b> . The organiza			J	401	<b>4</b>	
17a	10%-facts-and-circumstances test—201	•					
	10% or more, and if the organization meets				•		
	Part VI how the organization meets the "fac	ts-and-circumstand	es test The organ	nization qualifies as	a publicly support	ea	▶ □
<b>h</b>	organization  b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line						
b		<del>-</del>				ine	
	15 is 10% or more, and if the organization in				•	olv.	
	Explain in Part VI how the organization mee	is the Tacts-and-C	ircumstances test	rne organization (	quannes as a public	⊸ı y	▶ □
4Ω	supported organization  Private foundation. If the organization did	not chack a how on	line 13 162 16h	17a or 17h chock	this how and see		
18	instructions	HOL CHECK & DUX UI	rime ro, roa, rob,	ira, or irb, check	una pox and see		<b>&gt;</b>

Section A. Public Support

Page 3

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					16,099	16,099
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					131,878	131,878
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					147,977	147,977
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	•					
500	tion B. Total Support	<u> </u>					147,977
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	(a) 2010	(6) 2011	(6) 2012	(4) 2010	147,977	147,977
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		7 - 27				20,,000
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)					147,977	147,977
14	First five years. If the Form 990 is for the	-	second, third, four	h, or fifth tax year	as a section 501(c)(	3)	
<del></del>	organization, check this box and stop here			<del></del>	<del> </del>	<del></del>	
	tion C. Computation of Public Su			······································	-	45	
15 46	Public support percentage for 2014 (line 8,	• • •		(1))		15	100.00 % %
16 Sec	Public support percentage from 2013 Scher tion D. Computation of Investmer					1 10 1	
17	Investment income percentage for 2014 (lir			column (f))	_	17	%
18	Investment income percentage from 2013 5			010.1117 (17)		18	<u> </u>
19a	33 1/3% support tests—2014. If the organ			14, and line 15 is m	ore than 33 1/3%. a		
	17 is not more than 33 1/3%, check this box						► X
b	33 1/3% support tests-2013. If the organ		= :		=		
	line 18 is not more than 33 1/3%, check this						▶ [
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	b, check this box a	and see instructions		▶ □

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

	Sections A, D, and E	ir you checked	Tid of Part I	, complete	Sections A	and D, ar	na complete
Section A.	All Supporting Organi	zations_					
A A	-511						

	ion A. An oupporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		1	
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			,
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			_ /
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		]	
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
3	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	ļ.,	İ	
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	1		
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
3	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		
)a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		ŀ	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		ļ	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
þ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings )	10b		

	ule A (Form 990 or 990-EZ) 2014 Rotary International Dothan Rotary 63-04609	49		Page 5
Par	t IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			, —
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees, at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	ł		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	,		
Secti	supervised, or controlled the supporting organization ion C. Type II Supporting Organizations	2		
Jeck	on o. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			-
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Secti	supported organizations played in this regard ion E. Type III Functionally-Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
1 a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction	ns)		
		,		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explainhow these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	_2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			ĺ
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	_		
	activities but for the organization's involvement	_2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	,		
	trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26	,	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	000	F7\ 004

Schedule A (Form 990 or 990-EZ) 2014 Rotary International Dothan			949 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			<del></del>
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 2			
other Type III non-functionally integrated supporting organizations must complete Sections	A throug	n E	(B) Current Year
Section A - Adjusted Net Income		(A) Pnor Year	(optional)
1 Net short-term capital gain	1 1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1		
collection of gross income or for management, conservation, or	1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of secunties	1a_		_,
b Average monthly cash balances	1b		<u> </u>
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	<u>.                                    </u>		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount(add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integrated Type	oe III sup	porting organization (see	

Schedu	ule A (Form 990 or 990-EZ) 2014 Rotary Internati	onal Dothan Rot	ary 63-0460	949 Page 7		
Part	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organization	ons (continued)			
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exempt purpo	oses				
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported	-			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)		·			
6	Other distributions (describe in Part VI). See instructions	<del> </del>				
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the organizations	ation is responsive				
	(provide details in Part VI) See instructions	,				
9	Distributable amount for 2014 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount	· <u> </u>				
	Section E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014		
_ 1	Distributable amount for 2014 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2014					
	(reasonable cause required-see instructions)		" · =			
3	Excess distributions carryover, if any, to 2014					
a						
b						
c	· · · · · · · · · · · · · · · · · · ·					
d						
е	From 2013					
f	Total of lines 3a through e					
g	Applied to underdistributions of pnor years					
h	Applied to 2014 distributable amount					
i	Carryover from 2009 not applied (see instructions)					
j	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2014 from Section					
	D, line 7 \$			,		
а	Applied to underdistributions of pnor years					
b	Applied to 2014 distributable amount		<u> </u>			
С	Remainder Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2014, if			,		
	any Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions)					
6	Remaining underdistributions for 2014 Subtract lines 3h					
	and 4b from line 1 (if amount greater than zero, see					
	instructions)					
7	Excess distributions carryover to 2015.Add lines 3j					
	and 4c					
8	Breakdown of line 7					
а						
b						

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

Part III, line 12 Also complete this part for any additional information (See instructions)

## SCHEDULE 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-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspe

2014

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Description

Rotary International Dothan Rotary

63-0460949

Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations							
Name and Address	Class of Acti	ivity Date of Gift					
•	Desc. of Property						
	Cash Contrib	Noncash Contrib.					
	Book Value	BV Expl. FMV Expl.					
Membership Dues International							
PO Box 6356							
Dothan, AL 36304	\$ 12,136	5 \$ 0					
	\$	)					
Rotary Int'l Foundation Dues							
PO Box 6356							
Dothan, AL 36304	\$ 12,709	9 \$ 0					
•	\$	)					

Amount

Form 990-EZ, Part I, Line 16 - Other Expenses

•	
Expenses	
Office expense	\$ 312
Conferences	\$ 4,397
Habitat for Humanity	\$ 11,600
Foster Children gifts	\$ 451
Senior Citizens Lunch	\$ 6,302
Annual Spring Cookout	\$ 3,019
Dictionary Project	\$ 4,020
Camp Ascca Drawing Winner	\$ 2,532

Schedule O (Folifi 990 of 990-EZ) (2014)			rage Z
Name of the organization			Employer identification number
Rotary International Dothan Ro	otary		63-0460949
Student seminar - RYLA	\$	3,000	
Camp ASCA	\$	2,532	
Polio Plus	\$	4,624	
Meals	\$	66,608	
Paul Harris	\$	1,000	
Bulletins - Print & Mail	\$	151	
Gifts & Awards	\$	292	
Miscellaneous	\$	386	
Bank fees	\$	50	
Postage	\$	294	
Supplies - Pins and badge	\$	196	
	Total \$	111,766	

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of	Year	End of	Year
Accounts Payable and Accrued Expenses	\$	0	\$	3,000
Camp Asca Raffle Payoff	\$	0	\$	-1
Federal Withholding	\$	423	\$	56
Social Security	\$	0	\$	633
Medicare	\$	0	\$	148

Form 990-EZ, Part III, Line 31 - All Other Accomplishment Community service under the motto "Service Above Self"