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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 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.

OMB No. 1545-1150

2008

Open to Public Inspection

A For 2008 calendar year, or tax year beginning JULY 01 , 2008, and ending JUNE 30 , 20 09

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
ROTARY CLUB OF SLIDELL

No. & street (or P.O box, if mail is not delivered to street address) Room/suite
P O BOX 888

City or town, state or country, and ZIP + 4
Slidell LA 70459-0888

D Employer identification number
72-6027554

E Telephone number
(985)643-8760

F Group Exemption Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method [X] Cash [ ] Accrual
Other (specify) ▶

I **Website:** ▶rotaryclubof slidell.org

H Check▶ [X] if organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

J **Organization type** (check only one) -- [X] 501(c)(4) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 64,556

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	1,150
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	40,275
	4	Investment income		4	-6,675
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here▶ [ ]			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 27,777		
	b	Less direct expenses other than fundraising expenses	6b 11,305		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	16,472
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ See attachment #1)		8	2,029
	9	**Total revenue.** All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	53,251
EXPENSES	10	Grants and similar amounts paid (attach schedule)		10	27,058
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	500
	14	Occupancy, rent, utilities, and maintenance		14	16,016
	15	Printing, publications, postage, and shipping.		15	1,167
	16	Other expenses (describe ▶ See attachment #3)		16	13,612
	17	**Total expenses.** Add lines 10 through 16 ▶		17	58,353
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-5,102
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	41,760
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20. ▶		21	36,658

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	41,760	22	37,351
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	41,760	25	37,351
26	**Total liabilities** (describe ▶ See attachment #4)	0	26	693
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	41,760	27	36,658

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990. Form **990-EZ** (2008)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? See attachment #5

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts, optional for others.)

28 See attachment #6

(Grants $ 37,351) If this amount includes foreign grants, check here . . ▶ X — 28a 37,351

29

(Grants $) If this amount includes foreign grants, check here . ▶ — 29a

30

(Grants $) If this amount includes foreign grants, check here . ▶ — 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here . ▶ — 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ — 32 37,351

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instr for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #7				

Part V Other Information (Note the statement requirements in the instructions for Part VI)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? #8	35b		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	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 unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ LA

42a The books are in care of ▶ See attachment #9 Telephone no. ▶

Located at ▶ ZIP + 4 ▶

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C Part I	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		X

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Signature of officer — Date: 4/14/10

▶ Julian P. Brignac JR

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date 5/14/10	Check if self-employed ▶ X	Preparer's Identifying No (See instr.)	
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	JULIAN P BRIGNAC JR, CPA 1922 C CORPORATE SQUARE SLIDELL, LA 70458-		EIN ▶ Phone no ▶ 985- 781-1167	

May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization
ROTARY CLUB OF SLIDELL

Employer identification number
72-6027554

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . ☐ Yes ☒ No

b If "Yes," list the ten highest paid individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fund-raiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				( )
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) thru col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☒ No	☐ Yes ____% ☒ No	☐ Yes ____% ☒ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		X
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		X
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		X

				Yes	No
13	Indicate the percentage of gaming activity operated in:				
a	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records				
	Name ▶				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____				
c	If "Yes," enter name and address				
	Name ▶				
	Address ▶				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶ $ _____				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE OF OTHER REVENUE

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection

For calendar year 2008 or tax period beginning 07-01-2008, **and ending** 06-30-2009.

Name of Organization	**Employer Identification Number**
ROTARY CLUB OF SLIDELL	72-6027554

Description of Other Revenue	Amount
MISCELLANEOUS	2,029
Total	2,029

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection

For Calendar year 2008, or tax year period beginning 07-01-2008 and ending 06-30-2009.

Name of Organization
ROTARY CLUB OF SLIDELL

Employer Identification Number
72-6027554

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
INTERNATIONAL HUMANITARIAN	ROTARY FOUNDATION , , ,	6,200	PROMOTE MISSION STATEMENT OF ROTARY INTERNATIONAL
INTERNATIONAL HUMANITARIAN	ROTARY FOUNDATION , , ,	2,546	ERADICATE POLIO
EDUCATION COLLEGE SCHOLARSHIPS	SAMANTHA DE FLANDERS , , ,	750	COLLEGE SCHOLARSHIP
EDUCATION COLLEGE SCHOLARSHIPS	TIFFANY MUNN	9,496	COLLEGE SCHOLARSHIP

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
INTERNATIONAL AFFILIATION	CASH	6,200	CASH	CASH	2009-06
NONE	CASH	2,546	CASH	CASH	2009-06
NONE	CASH	750	CASH	CASH	2008-12
	Total	9,496			

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 2: page 2 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection

For Calendar year 2008, or tax year period beginning 07-01-2008 and ending 06-30-2009

Name of Organization
ROTARY CLUB OF SLIDELL

Employer Identification Number
72-6027554

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
EDUCATION COLLEGE SCHOLARSHIPS	, , , ASHLEY SALICE	750	COLLEGE SCHOLARSHIP
EDUCATION COLLEGE SCHOLARSHIPS	, , , IVAN GREENLEE	750	COLLEGE SCHOLARSHIP
EDUCATION COLLEGE SCHOLARSHIPS	, , , JENNIFER DELUCA	750	COLLEGE SCHOLARSHIP
EDUCATION COLLEGE SCHOLARSHIPS	, , , AMANDA ORANGE	750	COLLEGE SCHOLARSHIP
		3,000	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE	CASH	750	CASH	CASH	2008-12
NONE	CASH	750	CASH	CASH	2008-12
NONE	CASH	750	CASH	CASH	2008-12
NONE	CASH	750	CASH	CASH	2009-04
	Total	3,000			

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 2: page 3 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection

For Calendar year 2008, or tax year period beginning 07-01-2008 and ending 06-30-2009

Name of Organization
ROTARY CLUB OF SLIDELL

Employer Identification Number
72-6027554

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
INTERNATIONAL HUMANITARIAN	, , , ROTARY YOUTH LEADERSHIP AWARDS	250	PROMOTE LEADERSHIP AND CIVIC RESPONSIBILITIES TO HIGH SCHOOL STUDENTS
INTERNATIONAL HUMANITARIAN	, , , ROTARY EXCHANGE STUDENTS	1,000	PROMOTE INTERNATIONAL GOODWILL
INTERNATIONAL HUMANITARIAN	, , , ROTARY AMBASSADOR SCOLARS	510	PROMOTE INTERNATIONAL GOODWILL
LOCAL CHARITABLE	, , , VARIOUS	750	PROMOTE LOCAL
		2,510	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE	CASH	250	CASH	CASH	2009-05
NONE	CASH	1,000	CASH	CASH	2009-06
NONE	CASH	510	CASH	CASH	2009-06
NONE	CASH	150	CASH	CASH	2009-06
	Total	1,910			

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 2: page 4 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection	For Calendar year 2008, or tax period beginning 07-01-2008	and ending 06-30-2009

Name of Organization	Employer Identification Number
ROTARY CLUB OF SLIDELL	72-6027554

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
ORGANIZATIONS			CHARITABLE ACTIVITIES
LOCAL LEADERSHIP DEVELOPMENT	, , , LEADERSHIP NORTHSHORE	2,979	PROMOTE LOCAL LEADERSHIP
INTERNATIONAL HUMANITARIAN	, , , UGANDA JIM PROJECT	900	PROMOTE INTERNATIONAL GOODWILL
DISTRICT ROTARY DUES AND ASSESSMENTS	, , , ROTARY DISTRICT 6840	2,000	PROMOTE ROTARY MISSION STATEMENT
	, , ,	6,773	
		12,652	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE	CASH	2,979	CASH	CASH	2009-06
NONE	CASH	900	CASH	CASH	2009-06
NONE	CASH	2,000	CASH	CASH	2009-06
		6,773			2009-06
	Total	12,652			

SCHEDULE OF OTHER EXPENSES

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection

For calendar year 2008 or tax period beginning 07-01-2008, **and ending** 06-30-2009.

Name of Organization	**Employer Identification Number**
ROTARY CLUB OF SLIDELL	72-6027554

Description of Other Expenses	Amount
CHRISTMAS PARTY	3,425
GSE TEAM EXPENSES	2,257
ROTARY INSTALLATION BANQUET	2,137
MISCELLANEOUS ROTARY EXPENSES	1,294
COMPUTER EXPENSES	940
INTERACT CLUB	905
DISTRICT CONFERENCES AND CONVENTIONS	508
OTHER COSTS	479
INSURANCE LIABILITY E AND O	450
CLUB T SHIRTS	411
DUES	150
ROTARY SOCIAL EVENTS	125
MISCELLANEOUS	531
Total	13,612

SCHEDULE OF OTHER LIABLILITIES

Attachment 4: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.

Name of Organization	Employer Identification Number
ROTARY CLUB OF SLIDELL	72-6027554

Description of Liability	Beginning of Year	End of Year
ACCOUNTS PAYABLE		693
Totals		693

PRIMARY EXEMPT PURPOSE

Attachment 5: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01 , and ending 06-30-2009.

Name of Organization	Employer Identification Number
ROTARY CLUB OF SLIDELL	72-6027554

Primary Purpose

ROTARY IS A WORLDWIDE ORGANIZATION OF BUSINESS AND PROFESSIONAL LEADERS WHO PROVIDE HUMANITARIAN SERVICE, ENCOURAGE HIGH ETHICAL STANDARDS IN ALL VOCATIONS, AND HELP BUILD GOODWILL AND PEACE IN THE WORLD. GRANTS WERE AWARDED TO LOCAL COLLEGE STUDENTS TO ENHANCE THEIR EDUCATION, INTERNATIONAL GROUPS TO PROVIDE HUMANITARIAN AID AND DISASTER RELIEF, NATIONAL HUMANITARIAN GROUPS TO PROVIDE HUMANITAIRIAN AID AND DISASTER RELIEF, AND LOCAL CHARITABLE ORGANIZATIONS TO ASSIST IN PROVIDING THEIR HUMANITARIEAN AID. IN ADDITION, THE ORGANIZATION DONATED FUNDS TO ROTARY INTERNATIONAL EARMARKED FOR THE ERADICATION OF POLIO.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 6: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.

Name of Organization	Employer Identification Number
ROTARY CLUB OF SLIDELL	72-6027554

Part III - Statement of Program Service Accomplishments

Grants and allocations	37,351	Amount includes foreign grants [X]	Program service expenses	37,351

Exempt Purpose Achievements

ROTARY IS A WORLDWIDE ORGANIZATION OF BUSINESS AND PROFESSIONAL LEADERS WHO PROVIDE HUMANITARIAN SERVICE, ENCOURAGE HIGH ETHICAL STANDARDS IN ALL VOCATIONS, AND HELP BUILD GOODWILL AND PEACE IN THE WORLD. GRANTS WERE AWARDED TO LOCAL COLLEGE STUDENTS TO ENHANCE THEIR EDUCATION, INTERNATIONAL GROUPS TO PROVIDE HUMANITARIAN AID AND DISASTER RELIEF, NATIONAL HUMANITARIAN GROUPS TO PROVIDE HUMANITAIRIAN AID AND DISASTER RELIEF, AND LOCAL CHARITABLE ORGANIZATIONS TO ASSIST IN PROVIDING THEIR HUMANITARIEAN AID. IN ADDITION, THE ORGANIZATION DONATED FUNDS TO ROTARY INTERNATIONAL EARMARKED FOR THE ERADICATION OF POLIO.

STATEMENT EXPLAINING PART V, LINE 35

Attachment 8: page 1 - 990-EZ Page 2, Part V, line 35

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.

Name of Organization	Employer Identification Number
ROTARY CLUB OF SLIDELL	72-6027554

Explanation

THE ORGANIZATION SPONSORED TWO FESTIVALS DURING THE TAXABLE YEAR, SOLD CHRISTMAS WREATHS, TICKETS TO THE K BAR B CHRISTMAS PARTY, TICKETS TO THE EASTER SEALS JAZZ ON THE BAYOU, CHRISTMAS MUSIC AND HELD A GARAGE SALE. THE PROCEEDS FROM THE FESTIVAL ARE DONATED TO VARIOUS LOCAL CHARITIES, AND THE SALES OF TICKETS, CHRISTMAS WREATHS, AND MUSIC GENERATE FUNDS TO FURTHER THE MISSION OF THE TAXPAYER.

BOOKS ARE IN CARE OF

Attachment 9 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01 , and ending 06-30-2009.

Name of Organization	Employer Identification Number
ROTARY CLUB OF SLIDELL	72-6027554

Part V - Line 42a

Individual Name . . . . . JULIAN P BRIGNAC JR

or

Business Name

Street Address . . . . . 1922-C CORPORATE SQUARE

U S Address

Zip code 70458 City Slidell State LA

or

Foreign Address

City . . . . . .

Province or State .

Country . . . . . .

Postal code . . . . . .

Phone Number . . . . . (985)781-1167

Fax Number . . . . . (985)781-7461

STATEMENT #1 - Professional Fees (990-EZ PG 1 Line 13)

ACCOUNTING FEES	500	
TOTAL CARRIED TO 990-EZ PG 1 Line 13		500

STATEMENT #2 - Revenues included (SCH D, PG 1 Ln 1b(i))

HERITAGE FEST PROCEEDS	15,730	
OCTOBER FEST INCOME	5,790	
CHRISTMAS WREATH SALES	4,208	
K BAR B CHRISTMAS PARTY	1,155	
EASTER SEALS JAZZ ON THE BAYOU	750	
CHRISTMAS MUSIC CD	120	
GARAGE SALE	24	
TOTAL CARRIED TO SCH D, PG 1 Ln 1b(i)		27,777

STATEMENT #3 - Assets included (SCH D, PG 1 Ln 1b(ii))

OCTOBER FEST EXPENSES	3,984	
CHRISTMAS WREATH COSTS	3,378	
EASTER SEALS JAZZ ON THE BAYOU	2,000	
K BAR B CHRISTMAS PARTY EXPENSES	1,310	
HERITAGE FESTIVAL COSTS	633	
TOTAL CARRIED TO SCH D, PG 1 Ln 1b(ii)		11,305

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 7: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection | For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.

Name of Organization ROTARY CLUB OF SLIDELL

Employer Identification Number 72-6027554

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def. Comp	(E) Expense Account & Other Allowances
SHIRLEEN CARTER 420 ELMHURST CT Slidell, LA 70458	PRESIDENT 20.00	0	0	0
TERRY KING 104211 BAYOU DRIVE Diamondhead, MS 39525	PRESIDENT ELECT 20.00	0	0	0
BILL NEWTON 35140 GARDEN DRIVE Slidell, LA 70460	VICE PRESIDENT 20.00	0	0	0
DONALD BRYAN 163 CHANTILLY LOOP Pearl River, LA 70452	SECRETARY 10.00	0	0	0
JULIAN BRIGNAC JR 1922-C CORPORATE SQUARE Slidell, LA 70458	TREASURER 10.00	0	0	0
VICTOIRA MAGAS 62261 BLACKWELL DRIVE Lacombe, LA 70445	PAST PRESIDENT 20.00	0	0	0
JOAN ARCHER 101 MAGNOLIA BEND Slidell, LA 70460	DIRECTOR 10.00	0	0	0
MIKE DOHM 480 ROBERT BLVD Slidell, LA 70458	DIRECTOR 10.00	0	0	0
JOHN GIANGROSSO 211 NUNEZ ROAD Slidell, LA 70460	DIRECTOR 10.00	0	0	0
CYNTHIA MILLER 106 WALES COURT Slidell, LA 70461	DIRECTOR 10.00	0	0	0
ANDY PRUDE 309 CLEVELAND AVENUE Slidell, LA 70458	DIRECTOR 10.00	0	0	0
BRENDA CASE 123 MAGNOLIA BEND Slidell, LA 70460	DIRECTOR 10.00	0	0	0
JOE ANDERSON 805 RODEDOWN DRIVE Pearl River, LA 70452	DIRECTOR 10.00	0	0	0
RON DAVIS 1000 RUE LA TOUR Slidell, LA 70458	DIRECTOR 10.00	0	0	0
DICK GRAHAM 568 CLAYTON COURT Slidell, LA 70461	SGT AT ARMS 10.00	0	0	0

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy.

Type or print File by the extended due date for filing the return See instructions.	Name of Exempt Organization		Employer Identification number
	ROTARY CLUB OF SLIDELL		72-6027554
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	P O BOX 888		
	City, town or post office, state, and ZIP code. For a foreign address, see inst.		
	Slidell LA 70459-0888		

Check type of return to be filed (File a separate application for each return):

[ ] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ See attachment #8

  Telephone No. ▶ _____ FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . . . ▶ [ ]. If it is for part of the group, check this box . . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2010.

5 For calendar year _____, or other tax year beginning JUL 01, 2008, and ending JUN 30, 2009.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER FOR THE BOARD OF DIRECTORS AND OFFICERS TO REVIEW AND APPROVE THE FILING OF THIS RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$	0
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.	8c	$	0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ TREASURER Date ▶ 2/13/10

