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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number		
		ROTARY CLUB OF ALEXANDRIA		72-6022042		
		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Telephone number	
		P.O. BOX 12306			(318) 443-8685	
		City or town, state or country, and ZIP + 4		F Group Exemption Number		
		ALEXANDRIA, LA 71315-2306				

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: ☒ Cash ☐ Accrual
Other (specify) _____

I Website: N/A

J Tax-exempt status (check only one) — ☒ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 202,027.

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	5,535.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	195,680.
	4	Investment income	4	2,431.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe SEE STATEMENT 2)	8	<1,619.>	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	202,027.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	24,000.
	13	Professional fees and other payments to independent contractors	13	600.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	538.
	16	Other expenses (describe SEE STATEMENT 1)	16	174,108.
	17	Total expenses. Add lines 10 through 16	17	199,246.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,781.
	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	120,591.
	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	123,372.
	22	Cash, savings, and investments	22	120,591.

Part II Balance Sheets (If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.)

		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	120,591.	22	123,372.	
23	Land and buildings		23		
24	Other assets (describe)		24		
25	Total assets	120,591.	25	123,372.	
26	Total liabilities (describe)	0.	26	0.	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	120,591.	27	123,372.	

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02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**What is the organization's primary exempt purpose? SEE STATEMENT 4

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

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, and other relevant information for each program title.

28 CONTRIBUTIONS TO ROTARY INTERNATIONAL FOUNDATION,**CHARITABLE ORGANIZATIONS, YOUTH PROGRAMS, AND COLLEGE SCHOLARSHIPS**(Grants \$ 21,575.) If this amount includes foreign grants, check here ☐**28a** 21,575.**29 ROTARY INTERNATIONAL AND DISTRICT DUES**(Grants \$) If this amount includes foreign grants, check here ☐**29a** 18,146.**30 WEEKLY MEETING AND CLUB COSTS FOR APPROXIMATELY 200 MEMBERS**(Grants \$) If this amount includes foreign grants, check here ☐**30a** 106,905.**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** 146,626.**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions 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
TOM ARMSTRONG	PRESIDENT			
P O BOX 6361, ALEXANDRIA, LA 71307	6.00	0.	0.	0.
LAFE JONES, 4303 WHITEFIELD BLVD, ALEXANDRIA, LA 71303	PRESIDENT-ELECT			
	4.00	0.	0.	0.
CINDY CESPIVA	VICE PRESIDENT			
4460 STILLMEADOW, PINEVILLE, LA 71360	2.00	0.	0.	0.
ED CAPLAN	SECRETARY/TREASURER			
170 KINCAID LANE, BOYCE, LA 71409	16.00	24,000.	0.	0.
HAROLD LAHAYE, 1705 YUPON DRIVE, ALEXANDRIA, LA 71301	SGT-AT-ARMS			
	4.00	0.	0.	0.
BOB GINSBURGH, 5209 RAPHAEL DRIVE, ALEXANDRIA, LA 71303	REGISTRAR			
	2.00	0.	0.	0.
DAVID BRITT, 240 WHITE OAK DRIVE, ALEXANDRIA, LA 71360	PAST PRESIDENT			
	2.00	0.	0.	0.
MICHAEL DAVIS	DIRECTOR			
1920 WHITE ST., ALEXANDRIA, LA 71301	2.00	0.	0.	0.
MICHAEL JOHNSON	DIRECTOR			
4255 STILLMEADOW, PINEVILLE, LA 71360	2.00	0.	0.	0.
ANGELA STEWART, 222 TWIN OAKS RD W, PINEVILLE, LA 71360	DIRECTOR			
	2.00	0.	0.	0.
RICHARD STARLING	DIRECTOR			
6206 COTY DRIVE, ALEXANDRIA, LA 71303	2.00	0.	0.	0.
MAGGIE JARRETT	DIRECTOR			
2029 ELLIOT ST., ALEXANDRIA, LA 71301	2.00	0.	0.	0.
ROBERT TAYLOR	DIRECTOR			
103 PLEASANT DR, ALEXANDRIA, LA 71303	2.00	0.	0.	0.
LISA HARRIS, 915 THIRD STREET, ALEXANDRIA, LA 71301	DIRECTOR			
	2.00	0.	0.	0.
MIKE UPTON, 1216 SOUTHAMPTON, ALEXANDRIA, LA 71303	DIRECTOR			
	2.00	0.	0.	0.
ALICE SCARBOROUGH, 1120 MCKAY CIRCLE, MONTGOMERY, LA 71454	DIRECTOR			
	2.00	0.	0.	0.

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36	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 outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
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.	NONE	
42a The organization's books are in care of	ROTARY CLUB OF ALEXANDRIA Telephone no. (318) 443-8685	
Located at	P. O. BOX 12306 ZIP + 4 71315-2306	
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	N/A
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

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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's 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."

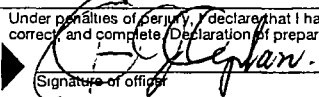
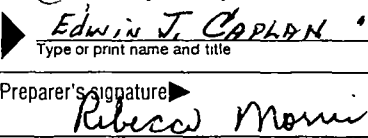
	Yes	No
46		
47		
48		
49a		
49b		

(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
N/A				

- f Total number of other employees paid over \$100,000
- 51 Complete this table for the organization's 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
N/A		

- d 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.			Date
	 Signature of officer			10-10-10
Paid Preparer's Use Only	 Type or print name and title			Date 10-7-10
	Firm's name (or yours if self-employed), address, and ZIP + 4 PAYNE, MOORE & HERRINGTON, LLP P.O. BOX 13200 ALEXANDRIA, LA 71315-3200			Check if self-employed <input type="checkbox"/> Preparer's identifying number (See instr.) P00369520
	EIN 72-0475011			Phone no. (318) 443-1893

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2009)

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION	AMOUNT		
COMPUTER MAINTENANCE	568.		
BAD DEBTS	1,022.		
COMMUNITY PROJECTS	12,071.		
DONATIONS	7,575.		
DUES	18,146.		
GROUP STUDY	674.		
HOLIDAY CELEBRATION	318.		
MEALS	86,548.		
MEETING EXPENSE	1,062.		
ROOM RENTAL	5,000.		
MEMBERSHIP DEVELOPMENT	54.		
MISCELLANEOUS	837.		
OFFICE SUPPLIES	989.		
POSTAGE	1,042.		
ROTARY FOUNDATION	24,310.		
SUPPLIES-RI	1,001.		
SCHOLARSHIP FUND	2,005.		
TRAINING AND SEMINAR	9,266.		
WEBSITE MAINTENANCE	1,176.		
MANAGEMENT FEE	111.		
PRIOR PRESIDENTS GIFT	333.		
TOTAL TO FORM 990-EZ, LINE 16	174,108.		

FORM 990-EZ	OTHER REVENUE	STATEMENT	2
DESCRIPTION	AMOUNT		
MISCELLANEOUS INCOME	125.		
UNREALIZED GAIN/(LOSS)	<1,744.>		
TOTAL TO FORM 990-EZ, LINE 8	<1,619.>		

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

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STATEMENT 4

PROMOTING IDEALS OF ROTARY INTERNATIONAL