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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 $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 2009 calendar year, or tax year beginning JULY 01 , 2009, and ending JUNE 30 , 20 10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
ROTARY CLUB OF SLIDELL

Number & street (or P O box, if mail is not delivered to street addr) | 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

F Group Exemption Number ▶ 0573

- **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: ▶ rotaryclubof slidell.org

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

J Tax-exempt status (check only one) -- ☒ 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 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 . ▶ $ 84,831

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	6,199
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	48,532
	4	Investment income		4	5,640
	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)		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 23,763		
	b	Less. direct expenses other than fundraising expenses	6b 11,194		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	12,569
	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	697
	9	**Total revenue.** All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	73,637
EXPENSES	10	Grants and similar amounts paid (attach schedule) #2		10	30,904
	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	
	14	Occupancy, rent, utilities, and maintenance		14	14,012
	15	Printing, publications, postage, and shipping		15	2,704
	16	Other expenses (describe ▶ See attachment #3)		16	9,682
	17	**Total expenses.** Add lines 10 through 16 ▶		17	57,302
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	16,335
	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	36,658
	20	Other changes in net assets or fund balances (attach explanation) #4		20	201
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	53,194

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.

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	37,351	22	54,062
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	37,351	25	54,062
26	**Total liabilities** (describe ▶ See attachment #5)	693	26	868
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	36,658	27	53,194

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

What is the organization's primary exempt purpose? See attachment #6

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, & other relevant information for each program title.

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

28 See attachment #7

(Grants $ 12,253) If this amount includes foreign grants, check here ▶ ☐ — 28a 12,253

29

(Grants $ 8,450) If this amount includes foreign grants, check here ▶ ☐ — 29a 8,750

30

(Grants $ 308) If this amount includes foreign grants, check here ▶ ☐ — 30a 308

31 Other program services (attach schedule)

(Grants $ 9,593) If this amount includes foreign grants, check here ▶ ☒ — 31a 9,593

32 **Total program service expenses** (add lines 28a through 31a) ▶ — 32 30,904

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 #8				

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		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
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			
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 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 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. 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 organization's books are in care of ▶ See attachment #10 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.? If "Yes," enter the name of the foreign country ▶	42c		X

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 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

			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 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 a section 527 organization?	49b		X

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."

(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				

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
NONE		

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

Lawrence J Berger Jr TREASURER 5/9/11

Signature of officer Date

LAWRENCE J. BERGER, JR.

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ X	Preparer's identifying no. (See instr.)
Julian P Brignac	5/3/11		
Firm's name (or yours if self-employed), address, and ZIP + 4	JULIAN P BRIGNAC JR, CPA 1922 C CORPORATE SQUARE Slidell, LA 70460	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

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

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
Form 990-EZ filers are not required to complete this part.

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

a [ ] Mail solicitations
b [ ] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] 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 [X] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(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) fundraiser 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

LA

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 FOURTH OF JU (event type)	(b) Event #2 VALENTINE'S (event type)	(c) Other events (total number)	(d) Total events (Add col (a) through col. (c))
REVENUE	1 Gross receipts	10,000	5,940		15,940
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	10,000	5,940		15,940
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages		4,896		4,896
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(4,896)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				11,044

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 Noncash 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 line 1, column d, and line 7 ▶				

			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	Enter 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 of the third party				
	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 to be 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 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

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

Description of Other Revenue	Amount
MISCELLANEOUS INCOME	697
Total	697

SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

Attachment 4: page 1 - 990-EZ Page 1, Part I, Line 20

Open to Public Inspection

For calendar year 2009 or tax period beginning 07-01-2009, **and ending** 06-30-2010.

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

Description of Changes	Total Amount
RECONCILIATION	201
Total	201

SCHEDULE OF OTHER LIABLILITIES

Attachment 5: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public Inspection

For calendar year 2009 or tax period beginning 07-01-2009, **and ending** 06-30-2010.

Name of Organization
ROTARY CLUB OF SLIDELL

Employer Identification Number
72-6027554

Description of Liability	Beginning of Year	End of Year
ACCOUNTS PAYABLE	693	868
Totals	693	868

SCHEDULE OF OTHER EXPENSES

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

Open to Public Inspection

For calendar year 2009 or tax period beginning 07-01-2009, **and ending** 06-30-2010.

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

Description of Other Expenses	Amount
INTERNATIONAL CONVENTION	2,759
CHRISTMAS PARTY	1,838
GETTING TO KNOW SOCIAL	200
NEW MEMBER COSTS	29
ROTARY INSTALLATION BANQUET	4,033
COMPUTER EXPENSES	249
DISTRICT CONFERENCES	74
LIABILITIY INSURANCE	450
MEMORIAL DONATIONS	50
Total	9,682

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 2009, or tax year period beginning 07-01-2009 **and ending** 06-30-2010

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 AND DISTRICT , , ,	12,253	INTERNATIONAL HUMANITARIAN
INTERNATIONAL HUMANITARIAN	ROTARY EXCHANGE STUDENTS , , ,	308	INTERNATIONAL HUMANITARIAN
RYLA (ROTARY YOUTH LEADERSHIP)	ROTARY CLUB , , ,	1,000	LOCAL LEADERSHIP
LOCAL CHARITABLE EVENTS	MISCELLANEOUS CHARITIES		LOCAL CHARITABLE EVENTS
		13,561	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
	CASH		CASH	CASH	
	CASH	12,253	CASH	CASH	2010-06
	CASH	308	CASH	CASH	2010-06
	CASH	1,000	CASH	CASH	2010-06
	Total	13,561			

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 2009, or tax year period beginning 07-01-2009 **and ending** 06-30-2010

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
EDUCATIONAL SCHOLARSHIP	, , , TIFFANY MUNN	1,000	EDUCATIONAL SCHOLARSHIP
EDUCATIONAL SCHOLARSHIP	, , , ASHLEY SALICE	1,500	EDUCATIONAL SCHOLARSHIP
EDUCATIONAL SCHOLARSHIP	, , , IVAN GREENLEE	2,250	EDUCATIONAL SCHOLARSHIP
EDUCATIONAL SCHOLARSHIP	, , , JENNIFER DELUCA	2,250	EDUCATIONAL SCHOLARSHIP
		7,000	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
	CASH	1,000	CASH	CASH	2010-06
	CASH	1,500	CASH	CASH	2010-06
	CASH	2,250	CASH	CASH	2010-06
	CASH	2,250	CASH	CASH	2010-06
	Total	7,000			

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 2009, or tax year period beginning 07-01-2009 **and ending** 06-30-2010

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
EDUCATIONAL SCHOLARSHIP	, , , AMANDA ORANGE	1,500	EDUCATIONAL SCHOLARSHIP
EDUCATIONAL SCHOLARSHIP	, , , MEGAN DOVE	500	EDUCATIONAL SCHOLARSHIP
LOCAL LEADERSHIP DEVELOPMENT	, , , LEADERSHIP NORTHSHORE	750	LOCAL LEADERSHIP DEVELOPMENT
LOCAL EDUCATIONAL	, , , UNITED WAY	900	LITERACY IMAGINATION
		3,650	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
	CASH	1,500	CASH	CASH	2010-06
	CASH	500	CASH	CASH	2010-06
	CASH	750	CASH	CASH	2010-06
	CASH	900	CASH	CASH	2009-09
	Total	3,650			

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 2009, or tax year period beginning 07-01-2009 and ending 06-30-2010

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
DEVELOPMENT			LIBRARY
INTERNATIONAL HUMANITARIAN	, , , UGANDA PROJECT	750	INTERNATIONAL HUMANITARIAN
LOCAL CHARITABLE EVENTS	, , , UNITED WAY GLITZ GLAMOUR AND GIVING	100	LOCAL CHARITABLE EVENT
LOCAL CHARITABLE EVENTS	, , , VARIOUS	300	VARIOUS COMMUNITY COOKOFFS
	, , ,	377	
		1,527	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
	CASH	750	CASH	CASH	2010-02
	CASH	100	CASH	CASH	2009-12
	CASH	300	CASH	CASH	2009-11
		377			2010-06
	Total	1,527			

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 2: page 5 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection

For Calendar year 2009, or tax year period beginning 07-01-2009 **and ending** 06-30-2010

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
LOCAL COMMUNITY EVENT	KANSAS CITY BBQ , , ,	5,166	LOCAL COMMUNITY EVENT
		5,166	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
	CASH	5,166	CASH	CASH	2010-06
	Total	5,166			

PRIMARY EXEMPT PURPOSE

Attachment 6: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01 , and ending 06-30-2010.

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 ARE AWARDED TO LOCAL COLLEGE STUDENTS TO ENHANCE THEIR EDUCATION, INTERNATIONAL AND NATIONAL GROUPS AND ORGANIZATIONS TO PROVIDE HUMANITARIAN AID, DISASTER AID, AND PROMOTE LOCAL CHARITABLE EVENTS AND ORGANIZATIONS. IN ADDITION THE ORGANIZATION DONATED FUNDS TO ROTARY INTERNATIONAL WHICH ARE EARMARKED FOR THE ERADICATION OF POLIO.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 7: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

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

Part III - Statement of Program Service Accomplishments

Grants and allocations	12,253	Amount includes foreign grants	Program service expenses	12,253

Exempt Purpose Achievements

PAYMENTS MADE TO ROTARY INTERNATIONAL AND ROTARY DISTRICT FOR THE PURPOSES OF ROTARY INTERNATIONAL AND ROTARY DISTRICT TO CARRY OUT THEIR INTENDED MISSION STATEMENT AS STATED IN ATTACHMENT 6.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 7: page 2 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

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

Part III - Statement of Program Service Accomplishments

Grants and allocations	8,450	Amount includes foreign grants	Program service expenses	8,750

Exempt Purpose Achievements

PARTIAL COLLEGE SCHORLASHIPS WERE AWARDED TO FIVE INDIVUAL LOCAL STUDENTS TO ASSIST THEM WITH THE FURTHERANCE OF THEIR COLLEGE EDUCATION.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 7: page 3 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

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

Part III - Statement of Program Service Accomplishments

Grants and allocations	308	Amount includes foreign grants	Program service expenses	308

Exempt Purpose Achievements

EXPENSES WERE PAID TO HOST FOREIGN EXCHANGE STUDENTS

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 7: page 4 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

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

Part III - Statement of Program Service Accomplishments

Grants and allocations	1,000	Amount includes foreign grants	Program service expenses	1,000

Exempt Purpose Achievements

RYLA - EXPENSES WERE INCURRED TO SPONSER TWO LOCAL HIGH SCHOOL STUDENTS TO ATTEND A YOUTH LEADERSHIP CONVENTION.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 7: page 5 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

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

Part III - Statement of Program Service Accomplishments

Grants and allocations	2,150	Amount includes foreign grants	X	Program service expenses	2,150

Exempt Purpose Achievements

SEVERAL LOCAL CHARITABLE CONTRIBUTIONS WERE MADE TO LOCAL CHARITIES TO ASSIST WITH HUMANITARIAN AID AND TO FOSTER THE MISSION OF THE LOCAL CHARITABLE ORGANIZATIONS. ONE GRANT IN THE AMOUNT OF $ 100. WAS MADE FOR A WATER PROJECT IN UGANDA.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 7: page 6 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

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

Part III - Statement of Program Service Accomplishments

Grants and allocations	900	Amount includes foreign grants		Program service expenses	900

Exempt Purpose Achievements

A CONTRIBUTION WAS MADE TO HAVE A LOCAL MEMBER ATTEND THE LEADERSHIP NORTHSHORE PROGRAM TO ASSIST THE MEMBER IN LEARNING ABOUT LOCAL ISSUES AND CONCERNS OF THE SLIDELL COMMUNITY.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 7: page 7 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

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

Part III - Statement of Program Service Accomplishments

Grants and allocations	5,543	Amount includes foreign grants	Program service expenses	5,543

Exempt Purpose Achievements

EXPENSES WERE INCURRED TO SPONSOR COOKING TEAMS IN FOUR DIFFERENT COOKING CONTESTS. THE CONTESTS WERE SPONSORED BY LOCAL CHARITABLE ORGANIZATIONS TO PROMOTE THEIR CHARITABLE MISSIONS. THE COOKING TEAMS ALSO WERE USED TO HELP ADVERTISE AND PROMOTE THE MISSION OF THE ROTARY ORGANIZATION.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 8: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection | For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

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
TERRY KING 303 S. MILITARY RD STE 2 Slidell, LA 70461	PRESIDENT 20.00	0	0	0
WILLIAM NEWTON 35140 GARDEN DRIVE Slidell, LA 70460	PRESIDENT ELECT 10.00	0	0	0
RON DAVIS 1000 RUE LATOUR Slidell, LA 70458	VICE PRESIDENT 20.00	0	0	0
LARRY BERGER 1338 GAUSE BLVD Slidell, LA 70458	TREASURER 20.00	0	0	0
MIKE DOHM 480 ROBERT BLVD Slidell, LA 70458	SECRETARY 20.00	0	0	0
SHIRLEEN CARTER 420 ELMHURST COURT Slidell, LA 70458	PAST PRESIDENT 10.00	0	0	0
KELLY LE 19 QUEENS COURT Chalmette, LA 70043	DIRECTOR 10.00	0	0	0
STEPHEN FORD 117 PINE OAK DR Slidell, LA 70460	DIRECTOR 10.00	0	0	0
KURT BOZANT 75 E PINEWOOD DR Slidell, LA 70458	DIRECTOR 10.00	0	0	0
DAVID DAMMON 117 N QUEENS DR Slidell, LA 70458	DIRECTOR 10.00	0	0	0
MACHIEL BIRKHOFF 4104 DAUPHINE ST Slidell, LA 70458	DIRECTOR 10.00	0	0	0
JOE ANDERSON 805 ROSEDOWN DR Pearl River, LA 70452	ADVISOR 10.00	0	0	0

STATEMENT EXPLAINING PART V, LINE 35

Attachment 9: page 1 - 990-EZ Page 2, Part V, line 35

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

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

Explanation

THE INCOME REPORTED ON LINE SIX REPRESENTS INCOME FROM EVENTS THAT DO NOT GENERATE UNRELATED BUSINESS INCOME

BOOKS ARE IN CARE OF

Attachment 10 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01 , and ending 06-30-2010.

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

Part V - Line 42a

Individual Name or Business Name: LARRY BERGER

Street Address: 1338 GAUSE BLVD.

U S Address

Zip code 70458 City Slidell State LA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (985)646-6019

Fax Number

STATEMENT #1 - Printing, publication, postage (990 EZ PG 1 Line 15)

POSTAGE	70	
ROTARY MEMBERSHIP MATERIALS	693	
SUPPLIES	1,941	
TOTAL CARRIED TO 990 EZ PG 1 Line 15		2,704

STATEMENT #2 - Contributions, gifts, grants (EZ1 PF1 Line 1)

CORPORATE CONTRIBUTIONS	6,199	
TOTAL CARRIED TO EZ1 PF1 Line 1		6,199

STATEMENT #3 - Beginning of Year - Cash (990-EZ PG 1 Line 22)

CHECKING ACCOUNT	12,885	
MERRILL LYNCH	24,466	
TOTAL CARRIED TO 990-EZ PG 1 Line 22		37,351

STATEMENT #4 - End of Year - Cash (990-EZ PG 1 Line 22)

CHECKING ACCOUNT	15,456	
MERRILL LYNCH	38,606	
TOTAL CARRIED TO 990-EZ PG 1 Line 22		54,062

STATEMENT #5 - Revenues included (SCH D, PG 1 Ln 1b(i))

CHRISTMAS WREATH SALES	4,896	
HERITAGE FESTIVAL PROCEEDS	10,000	
HONEY BAKED HAM SALES	1,276	
JAZZ ON THE BAYOU TICKET SALES	1,050	
VALENTINE BRUNCH	5,940	
50/50 RAFFLE	541	
CHRISTMAS MUSIC	60	
TOTAL CARRIED TO SCH D, PG 1 Ln 1b(i)		23,763

STATEMENT #6 - Assets included (SCH D, PG 1 Ln 1b(ii))

CHRISTMAS WREATH SALES	3,466	
HONEY BAKED HAMS	1,156	
JAZZ ON THE BAYOU	2,000	
VALENTINES DAY BRUNCH	4,572	
TOTAL CARRIED TO SCH D, PG 1 Ln 1b(ii)		11,194

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits

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

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

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

- The books are in the care of ▶ See attachment #10

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) 573 If this is for the whole group, check this box . . . ▶ [X] 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 will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 20 11, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year 20 ___ or

▶ [X] tax year beginning JULY 01, 20 09, and ending JUNE 30, 20 10.

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

3a	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	**3a**	$ 0
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	**3b**	$ 0
c	**Balance Due.** Subtract line 3b from line 3a 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.	**3c**	$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

FORM 8868 -- APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN

Attachment 11 - 8868 Page 1, Part I Members extension covers

For calendar year 2009 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
[illegible]LUB OF	

Name of all members	EIN

- 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.** Only file the original (no copies needed).

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 #10

  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) 573 If this is for the whole group, check this box . . ▶ [X] . 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 , 2011

5 For calendar year _____, or other tax year beginning JUL 01 , 2009 , and ending JUN 30 , 2010

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 TO ALLOW THE OFFICERS AND DIRECTORS TIME TO REVIEW 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 ▶ Laurence J Berg Jr Title ▶ TREASURER Date ▶ 5/9/11

FORM 8868 -- APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN

Attachment 11 - 8868 Page 1, Part I Members extension covers

For calendar year 2009 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
[illegible]LUB OF	

Name of all members	EIN