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2010

Open to Public Inspection

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

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

A For the 2010 calendar year, or tax year beginning 07-01-2010 , and ending 06-30-2011

B Check if applicable

Address change

- └ Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

Slidell Northshore Rotary Club

Number and street (or P O box, if mail is not delivered to street address)
P O Box 4158

Room/suite	
------------	--

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

D Employer identification number

72-1105444

E Telephone number

(985) 643-0049

F Group Exemption
Number 0573

G Accounting method ☒ Cash ☐ Accrual Other (specify) ☐ _____

I Website:  www.slidellnorthshorerotary.org

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

J Tax-Exempt status (check only one) — ☐ 501(c)(3) ☒ 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 85,961

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	11,738
	3	Membership dues and assessments			3	31,334
	4	Investment income			4	239
	5a	Gross amount from sale of assets other than inventory	5a		5c	-980
	b	Less cost or other basis and sales expenses	5b	0		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					
	6	Gaming and fundraising events			6d	26,147
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b	Gross income from fundraising events (not including \$ 43,630 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)				
	c	Less direct expenses from gaming and fundraising events	6c	17,483		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)				
	7a	Gross sales of inventory, less returns and allowances	7a		7c	
b	Less cost of goods sold	7b	0			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
8	Other revenue (describe in Schedule O)			8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	68,478	
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	26,941
	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	
	15	Printing, publications, postage, and shipping			15	65
	16	Other expenses (describe in Schedule O)			16	38,052
	17	Total expenses. Add lines 10 through 16			17	65,558
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	2,920
	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	70,701
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	-4,984
	21	Net assets or fund balances at end of year Combine lines 18 through 20			21	68,637

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II ☒

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	59,804	22	25,939
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	10,897	24	76,198
25 Total assets	70,701	25	102,137
26 Total liabilities (describe in Schedule O)		26	33,500
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	70,701	27	68,637

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III ☐

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

What is the organization's primary exempt purpose?
THE ENCOURAGEMENT AND FOSTERING OF THE IDEA OF SERVICE AS A BASIS OF WORTHY ENTERPRISE DEVELOPING ACQUAINTANCES AS AN OPPORTUNITY FOR SERVICE
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 THE ENCOURAGEMENT AND FOSTERING OF THE IDEA OF SERVICE AS A BASIS OF WORTHY ENTERPRISE DEVELOPING ACQUAINTANCES AS AN OPPORTUNITY FOR SERVICE (Grants \$) If this amount includes foreign grants, check here ☐	28a	
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 (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

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

Check if the organization used Schedule O to respond to any question in this 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 Additional Data Table				

Part V

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

Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	
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	No
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	No
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 tax year covered by this return?	38a	No
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	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
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	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ Steve Kernahan Telephone no ▶ (985) 643-0049 214 Rue Carroll Located at ▶ Slidell, LA ZIP + 4 ▶ 70461		
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)? 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 .	42b	No
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	No
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		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	
48	Is the organization a school 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?	
49b	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 "

(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				

50(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		

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☐ No

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.

Sign Here	***** Signature of officer		2012-05-12 Date		
	ELEANOR CUMBOW President Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	Joel J Bruno Jr CPA	Date	Check if self-employed ☐	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Moore & Powell CPAs PA 4313 Leisure Time Dr Diamondhead, MS 39525			EIN
					Phone no (228) 255-3883

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

☐ Yes ☐ No

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>GOLF TOURNAMENT</u>	<u>SKEET SHOOT</u>	<u>2</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	14,453	10,959	14,300	39,712	
	2	Less Charitable contributions					
3	Gross income (line 1 minus line 2)	14,453	10,959	14,300	39,712		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	6,005	5,598	4,880	16,483	
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					16,483
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					23,229

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) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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) ▶					

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

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?

☐ 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?

☐ Yes ☐ No

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?

☐ Yes ☐ No

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 ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization Slidell Northshore Rotary Club	Employer identification number 72-1105444
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Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	74081 MATCHING GRANT PAYABLE - Beginning \$0 74081 MATCHING GRANT PAYABLE - Ending \$33500

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 5	Other Assets 5	OTHER ASSETS - Beginning \$0 OTHER ASSETS - Ending \$-40

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 4	Other Assets 4	DUE FROM SHF - Beginning \$0 DUE FROM SHF - Ending \$7000

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 3	Other Assets 3	74081 MATCHING GRANT - Beginning \$0 74081 MATCHING GRANT - Ending \$33500

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 2	Other Assets 2	RCSN FOUNDATION FUND - Beginning \$0 RCSN FOUNDATION FUND - Ending \$23954

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1	Other Assets 1	BENEFACTOR LIFE INSURANCE (CSV) - Beginning \$8372 BENEFACTOR LIFE INSURANCE (CSV) - Ending \$6509

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$576 Accounts Receivable - Ending \$5275

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$1949 Machinery and Equipment - Ending \$0

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 20 1004	Other Changes In Net Assets Or Fund Balances 1004	Prior Period Adjustments \$-4984

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 17	Other Expenses 17	BANK CHARGES \$23

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 15	Other Expenses 15	DISTRICT ASSEMBLY \$69

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	BADGES, ENGRAVING & OTHER ITEM \$127

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	SPEAKER BOOK COSTS \$142

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	EAGLE SCOUT FUND \$174

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	PRESIDENT-ELECT TRAINING \$225

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	NEW MEMBER EXPENSE \$297

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	PRESIDENT'S DISCRETIONARY FUND \$442

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	WEB SITE COSTS \$479

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	MISCELLANEOUS \$949

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	DISTRICT CONFERENCE \$1265

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	RCSN FOUNDATION FUND EXPENSE \$2464

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	INTERNATIONAL CONVENTION \$3740

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	MEMBERSHIP ACTIVITIES \$4363

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	DUES \$4570

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	MEALS \$17113

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$720

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$322

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$568

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 10 2	Grants and Similar Amounts Paid In Excess of \$5,000 2	Donee's Name ROTARY FOUNDATION Cash Amount Given \$8000

Additional Data

Software ID: 10000105
Software Version: 2010v3.2
EIN: 72-1105444
Name: Slidell Northshore Rotary Club

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
STEVE KERNAHAN 214 RUE CARROL SLIDELL, LA 70461	Treasurer 10 00	0		
ELEANOR CUMBOW 3022 E GAUSE SLIDELL, LA 70461	President 10 00	0		
SHARON NEWTON P O BOX 4158 SLIDELL, LA 70459	PRESIDENT ELECT 5 00	0		
ANN MANELLA P O BOX 4158 SLIDELL, LA 70459	Secretary 10 00	0		
LARRY LAUGHLIN P O BOX 4158 SLIDELL, LA 70458	Vice President 5 00	0		