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## SCANNED DEC 1 2 2012

Department of the Treasury Internal Revenue Service

HURRICANE ISAAC 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 OMB No 1545-1150

2011

Open to Public Inspection

A Fo	r the	2011 ca	alendar year, or tax year beginning $ m JUL~01~$ , 2011, and ending	Jt	JN 30, <b>20</b> 12	
	eck if olicable			D Employe	r identification number	
	dress cl		THIBODAUX ROTARY CLUB, INC.			
Nar	me cha	inge		72-112	26738	
Initi	al retur	m	Number and street (or P O box, if mail is not delivered to street address)  Room/suite	E Telephone number		
H	minate		PO BOX 215	985-44	17-5474	
Am	ended	retum	City or town, state or country, and ZIP + 4	F Group Ex	emption	
App	olication nding	n	THIBODAUX LA 70302	Number	•	
`		ting Metl	hod. X Cash Accrual Other (specify) ▶	d Check▶	If the organization is not	
I We	bsite	e: <b>▶</b>		required	to attach Schedule B	
			tus (check only one) - 501(c)(3) X 501(c)(0 4) ◀ (insert no.) 4947(a)(1) or 527	(Form 99	0, 990-EZ, or 990-PF).	
K Che	eck I	<u> </u>	f the organization is not a section 509(a)(3) supporting organization and its gross receipts are	normally n	ot more than \$50,000.	
ΑF	orm 9		or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instr			
to f	ile a r	eturn, b	e sure to file a complete return			
L Add	lines	s 5b, 6c,	and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if			
			I, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	89,619.	
	t I			e instructio	ns for Part I.)	
			if the organization used Schedule O to respond to any question in this Part I			
	1	Contrib	butions, gifts, grants, and similar amounts received	1	14,630.	
	2		am service revenue including government fees and contracts	2		
	3	Memb	ership dues and assessments	3	13,880.	
	4	Investi	ment income	. 4	319.	
	5 a	a Gross	amount from sale of assets other than inventory .   5a			
	t	b Less	cost or other basis and sales expenses	ā		
		c Gain o	or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .	5c		
e e	6	Gamın	g and fundraising events	5 24/14		
Revenue	a	a Gross	income from gaming (attach Schedule G if greater than \$15,000)   6a			
8	l t	b Gross	income from fundraising events (not including \$ of contribution)	ons		
		from fu	undraising events reported on line 1) (attach Schedule G if the sum			
		of sucl	h gross income and contributions exceed \$15,000) . 6b 58,870			
	(	c Less o	direct expenses from gaming and fundraising events 6c 52,836			
	(	d Net ind	come or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6,034.	
	7 a	a Gross	sales of inventory, less returns and allowances.	2 A 4 3	<del></del>	
	t	b Less: d	cost of goods sold			
	(	c Gross	profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7с		
	8	Other	revenue (describe in Schedule O)	8	1,920.	
	9	Total ı	revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	36,783.	
	10	Grants	and similar amounts paid (list in Schedule O)	. 10	10,099.	
	11	Benefi	ts paid to or for members	11		
es	12	Salarıe	es, other compensation, and employee benefits . $ \mathcal{P} $ NOV 1 9 2012	12	6,641.	
Expenses	13	Profes	sional fees and other payments to independent contractors	. 13		
ă.	14	Occup	anny rent utilities and maintenance	14		
ш	15	Printin	g, publications, postage, and shipping	. 15	153.	
	16	Other	expenses (describe in Schedule O)	16	14,661.	
	17	Total e	expenses. Add lines 10 through 16	.▶ 17	31,554.	
S	18	Exces	s or (deficit) for the year (Subtract line 17 from line 9)	18	5,229.	
set	19	Net as	sets or fund balances at beginning of year (from line 27, column (A)) (must agree with	£		
As		end-of	year figure reported on prior year's return)	19	37,371.	
Net Assets	20	Other	changes in net assets or fund balances (explain in Schedule O)	20		
	21	Net as	sets or fund balances at end of year Combine lines 18 through 20	.▶ 21	42,600.	
For P	aper	work Re	eduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2011)	

Part II	Balance Sheets. (see the Check if the organization used			this Part II			<u></u>
	Check if the organization used	Scriedule O to res	pond to any question in	(A) Beginn			B) End of year
Cash	savings, and investments .				,907.	22	42,673
•	and buildings				•	23	
	assets (describe in Schedule O)				,004.	24	676
Total				}	,911.	25	43,349
	liabilities (describe in Schedule				540.	26	749
	ssets or fund balances (line 27	=			,371.	27	42,600
	Statement of Program					21	42,000
art III	Check if the organization used		•		· '''.,		Evanana
hat is the	e organization's primary exempt				<u> 1 1 </u>	(Required	Expenses I for section 501(c)(3)
escribe teasured	the organization's primary exempt the organization's program service by expenses in a clear and con and other relevant information to	e accomplishments cise manner, descr	s for each of its three lar	gest program service ed, the number of pers	s, as sons	and 501( section 4	c)(4) organizations and 947(a)(1) trusts, or others)
	LOWSHIP AMONG ME			ERVICE I.E.			<b>,</b>
WEE	KLY LUNCHES FOR	MEMBERS TO	O LEARN MORE	ABOUT INTE	REST		
AND		THER MEMBI					
(Grant			es foreign grants, check	here	<b>→</b> IT	28a	84,390.
<u>(O.G</u>	<u>,</u>	and amount moreov	oo toroigir granta, aroak			20a	04,330.
' <del></del>			<u> </u>				
			<del></del>			1	
(0	h- 0 ) 16	Abia amazontia abiad		h			
(Gran	15.5	uns amount include	es foreign grants, check	nere		29a	
)					<del></del>	1	
		· · · ·					
	<del></del>		<del>-</del>				
(Gran			es foreign grants, check	here	▶	30a	
l Other	program services (describe in Se	•				.	
(Gran			es foreign grants, check			31a	
2 Total	program service expenses (ad	d lines 28a through	1 31a)		Þ	32	84,390.
Part IV		rustees, and Key I	Employees. List each	one even if not compe	ensated. (s	ee the in:	structions for Part IV
	Check if the organization used	Schedule O to res	spond to any question in	this Part IV			. [
	(a) Name and address		(b) Average hours per week	(c) Reportable compensation	(d) Contr		(e) Estimated
			devoted to position	(For, W-2/1099-MISC) (If not paid, enter-0-)	employee b & deferre		amount of other compensation
	DI ASRABADI		PRESIDENT				
OB	BOX 21 THIBODAUX	LA 70302		0			
ENNI	FER LEDET		VP		1		<del></del>
OB	OX 21 THIBODAUX	LA 70302		l 0			
RYCE	LEDET		SEC/TREAS		<u> </u>		<del></del>
	OX 21 THIBODAUX	LA 70302		0			
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			_			<del></del>	
CA						F	Form <b>990-EZ</b> (20

Pai	• Other Information (Note the Schedule A and personal benefit contract statement requirements in the instruc-	tions	or	П
			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 in Schedule O $\dots$ .	33	<u> </u>	X
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			١.,
	(see instructions)	34	├	X
35a	- · · · · · · · · · · · · · · · · · · ·			,
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes", to line 35a, has the organization filed a Form 990-T for the year? If "No", provide an explanation in Schedule Q	35b	├	<del> </del>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	250	ľ	X
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	├─	^
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?	36		X
27.0	If "Yes," complete applicable parts of Schedule N	- 7	<del> </del>	
37a b	Did the organization file Form 1120-POL for this year?	37b		-
38a		-	-	<del> </del>
Jua	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	- 7		-
39	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on line 9			Ĺ
b	Gross receipts, included on line 9, for public use of club facilities 39b	i l		Ľ
40a			t i	ľ
	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			<u> </u>
	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		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization			ļ
	managers or disqualified persons during the year under sections 4912, 4955, and 4958	ľ		1
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by			į.
	the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>[</b>		L
	If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed.		<del></del>	000
42a			7-9	225
	Located at ► P O BOX 215 LA THIBODAUX ZIP+4 ► 703	02		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			I M-
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42h	Yes	No X
	account)?	42b		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		. 1	Ď.
	and Financial Accounts.	[ ]	. ]	<b> </b>  :
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
Ū	If "Yes," enter the name of the foreign country:	-120	L	1 **
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		ı	▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year .   43	•		_
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
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		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d				
	explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ł	X
45b	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 may need to be completed instead of		<u>                                     </u>	
	Form 990-EZ (see instructions)	45b	<u> </u>	X

Form 990-l	EZ (2011) THIBODAUX ROTA	RY CLUB, INC		72-11	L26738	Page 4	
1 01111 330 1		<u> </u>				Yes No	
•							
	the organization engage, directly or indir				46	X	
Part VI	section 501(c)(3) organizat	ions and section A	947(a)(1) noneyen	ont charitable trust			
r art v	Section 50 I(c)(5) organizati	ons and section a	547 (d)(1) 110110X011	ipt onantable a do	C Cy.		
	All section 501(c)(3) organizations a	nd section 4947(a)(1) no	onexempt charitable trus	sts must answer question	is 47–49b		
	and 52, and complete the tables for					П	
	Check if the organization used Sche	dule O to respond to an	y question in this Part V		· · ·	Yes No	
47 Did t	the organization engage in lobbying acti	vities or have a section :	501(h) election in effect	during the tax		103 10	
	? If "Yes," complete Schedule C, Part II				47		
	e organization a school as described in				48	<b> </b>	
	the organization make any transfers to a				49a	<del>                                     </del>	
	es," was the related organization a sectinglete this table for the organization's five			officers directors trustee	. 49b	nolovees) who	
	received more than \$100,000 of comp				o and noy on	.p.o., 000,	
		(b) Title and average	(C) Reportable	(d) Health benefits, contributions to employee	(e) Estimat		
(a) Na	ime and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred compensation	of other con		
NONE	paid more than \$100,000	devoted to position	(i dinis ii 2 idda iiida)	00pc020	+		
NONE							
				1			
		-					
					+		
-		1					
	number of other employees paid over \$1			•	•		
•	lete this table for the organization's five		dependent contractors v	who each received more t	than \$100,00	0 of	
	ensation from the organization. If there is						
(a) Name	e and address of each independent con	tractor paid more than \$	100,000 <b>(b)</b> Typ	e of service	(c) Compen	sation	
NONE							
<del></del>	<del> </del>						
-							
f Total r	number of other independent contractors	s each receiving over \$1	00,000				
	e organization complete Schedule A? No			7(a)(1) nonexempt			
	able trusts must attach a completed Sch		•		Yes	X No	
•	es of perjury, Leeclare than, have examined this return complete. Declaration of preparer (other than officer)		_		ef, it is true,		
Correct, and C	omplete declaration of preparet (other trial office)	Jases Gil all Historia Gil	P 1 -			<del></del>	
Sian	1 Daniel 1 / Ledel 11/13/12						
Sign Here	Signature of officer			Date		<del></del>	
110.0	JENNIFER LEDEN		PRESIDEN	<u>T</u>			
	Type or print name and title	Bronorodo esca	and In	ate Constitution	ıf PTIN		
Paid	Print/Type preparer's name  JOSEPH P KOLWE CPA	Preparer's sign	Sur MA 11	ate Check Self-emplo		219541	
Preparer	Firm's name JOSEPH P KOI	WE CPA APC	1 001 111		▶72-115		
Use Only	Firm's ▶102-B EAST F		JITE TWO	Phone no.		17-5474	
	address THIBODAUX LA		····		, kel		
May the IF	RS discuss this return with the preparer	shown above? See instr		• • • • • • • • • • • • • • • • • • • •	Form 990-	s   No -EZ (2011)	
D1.44		HS990E	/ 4		- ロロロロ カカリ・	*LK (//////	

## **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18,

OMB No. 1545-0047

2011

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Department of the Treasury Internal Revenue Service

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.

Name of the organization THIBODAUX ROTARY CLU	B, INC.						126738
Fundraising Activities C	omplete if the o	rganizatı	on answ	ered "Yes" to Form 990	), Part IV, line		
Form 990-EZ filers are not	required to con	nplete thi	s part.				
1 Indicate whether the organization r a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations		ough any e f g	Solicita Solicita	ollowing activities. Chec ation of non-governmen ation of government gra al fundraising events	t grants		
2 a Did the organization have a writter Form 990, Part VII) or entity in conb If "Yes," list the ten highest paid in at least \$5,000 by the organization	nection with pro dividuals or enti	ofessiona	al fundrai	sing services? .			Yes 🛛 No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo cont	d fund- r have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount pretained by) tisted in co	fundraiser	(vi) Amount paid to (or retained by) organization
1		Yes	No				
					!	1	
2							
3							
4	<del></del>				· <del>-</del>		
5							
6	-						
7							
8							
9							
10							
Total				t contributions or has be	een notified it is	s exempt fr	om registration or licensi
		_					
<del></del>							

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000: (b) Event #2 (c) Other events (d) Total events (a) Event #1 MEMBER MEALS (add col. (a) through (event type) (total number) (event type) col. (c)) Revenue 58,870. 58,870 Gross receipts 2 Less: Charitable contributions Gross income (line 1 58,870. 58,870! minus line 2) Cash pnzes. Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 52,836. 52,836. 52,836. Other direct expenses. Direct expense summary. Add lines 4 through 9 in column (d) 6,034 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ Part III (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (add Revenue bingo/progressive bingo col. (a) through col. (c) Gross revenue Cash prizes. Expenses Noncash prizes Direct | Rent/facility costs Other direct expenses 0.0% 0.0% 0.0%Yes Yes Yes Volunteer labor ... No No No Direct expense summary Add lines 2 through 5 in column (d) . Net gaming income summary. Combine line 1, column d, and line 7 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?..... b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2011 THIBODAUX ROTARY CLUB, INC. 72-1126738 Page
11	Does the organization operate gaming activities with nonmembers?
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?
13`	Indicate the percentage of gaming activity operated in:
а	The organization's facility
	An outside facility
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?
	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:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state
_	gaming license? Yes
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 ▶\$
Par	Supplemental Information.Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v),
	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)
	· · · · · · · · · · · · · · · · · · ·
—–	
	Schedule G (Form 990 or 990-EZ) 2011
	Scriedule G (Form 330 0) 330•EZ) 20   1

Namè: THIBODAUX ROTARY CLUB, INC.

ID: 72-1126738

Туре	Amount
EMBER DUES	11,718
ONORARY MEMBER DUES	1,012
EW MEMBER FEE	400
EMBER LATE FEE	375
ODITIONAL MEMBER LATE FEE	375
	<del></del>
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— <del>-</del>	
<del></del>	
	<del></del>
Total	13,880

ID: 72-1126738 Namé: THIBODAUX ROTARY CLUB, INC. Description: LINE 6B GROSS REVENUES Amount MEMBER MEALS 52853 MINUS AR 1728 51,125. 240. VISITOR MEALS 1,695. GUEST MEALS 2,275. INSTALLATION BANQUET MEMBER 598. INSTALLATION BANQUET GUEST CHRISTMAS PARTY MEMBER 2**,**175. 775. CHRISTMAS PARTY GUEST (13.)MEAL CREDIT/MAKE-UP 58,870. Total .

Name: THIBODAUX ROTARY CLUB, INC. **ID:** 72-1126738 Description: LINE 6C DIRECT EXPENSES Amount Type 2,414. NIGHT MEETING MEALS 2,974. CHRISTMAS PARTY 2,535. INSTALLATION BANQUET 44,663. MEAL COSTS BANQUET ROOM RENTAL

Total

Namé: THIBODAUX ROTARY CLUB, INC.	ı <b>n</b> : 72–1126738
Description: LINE 8 OTHER REVENUE	
Type REIMBURSEMENT FOR RI CONVENTION EXPENSES	Amount
REIMBURSEMENT FOR RI CONVENTION EXPENSES	1,920.
<del></del>	
<u> </u>	
	<del></del>
Total	1.920.

Description: LINE 10 GRANTS AND DONATIONS

Type Amount
CLUB DONATION 8,785.

NSU SCHOLARSHIP 2,000.
CAMP RYLA CAMPER FEES 400.
LESS AMOUNTS COLLECTED FROM MEMBERS (1,086.)

Total .

Namé: THIBODAUX ROTARY CLUB, INC.	ID: 72-1126738
Description: LINE 12 PAYROLL RELATED EXPENSES	
Туре	Amount
SALARY	5,950.
PAYROLL TAXES	691.
	<del></del>
<del></del>	
	<del></del>
Total	6.641

**ID**: 72-1126738 Namè: THIBODAUX ROTARY CLUB, INC. Description: LINE 15 POSTAGE Amount Type 89. POSTAGE POST OFFICE BOX RENTAL 64. 153.

Name: THIBODAUX ROTARY CLUB, INC.

ID: 72-1126738

Description: LINE 16 OTHER EXPENSES			
Туре	Amount		
AWARDS & ENGRAVING	275.		
BANK FEES	394.		
CONVENTIONS & SEMINARS	250.		
	395.		
CLUB BULLETIN	172.		
DISTRICT CONFERENCE EXPENSE			
DUES PAID TO DISTRICT	3,413.		
DUES PAID TO RI	6,665.		
FOOD FEST EXPENSE	599.		
MISCELLANEOUS EXPENSE	971.		
OFFICE SUPPLIES	297.		
FLOWERS & GIFTS	54.		
NEW COMPUTER SOFTWARE	846.		
DEPRECIATION	328.		
ROUNDING	2.		
· · · · · · · · · · · · · · · · · · ·			
<u> </u>			
	· · · · · · · · · · · · · · · · · · ·		
	1.4 661		

Total

Name: THIBODAUX ROTARY CLUB, INC.	ID: 72-1126738		
Description:			
Туре	Amount 12 630		
LIFE INSURANCE PROCEEDS DECEASED MEMBER GRANT FOR THESAURUS BOOKS TO SCHOOL STUDENTS	12,630. 2,000.		
GRANT FOR THESAURUS BOOKS TO SCHOOL STODENTS	2,000:		
	· · · · · · · · · · · · · · · · · · ·		
	*		
277			
· · · · · · · · · · · · · · · · · · ·			
	1, 1		
Total	14.630		