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► 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.*

D Employer identification number	
72-6027554	
E Telephone number	
(985) 641-8000	
F Group Exemption Number	

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

Form **990-EZ** (2010)

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	67,608	22	68,504
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	67,608	25	68,504
26	Total liabilities (describe in Schedule O)	704	26	544
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	66,904	27	67,960

Part III

Statement of Program Service Accomplishments

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

☒

What is the organization's primary exempt 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, INTERNATINAL 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 THAT ARE EARMARKED FOR THE ERADICATION OF POLIO	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title	

28 See Additional Data Table		
(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	32,946

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 significant 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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	
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 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 ▶ TRACY CLANTON Telephone no ▶ (985) 641-8000 P O BOX 888 Located at ▶ SLIDELL, LA ZIP + 4 ▶ 70459		
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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 Form 990-EZ (see instructions)	45b	

		Yes	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 or have a section 501(h) election in effect during the tax year? 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
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

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	2012-10-01 Date			
	WILLIAM NEWTON PRESIDENT Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	JOEL J BRUNO JR CPA	Date 2012-10-01	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 395253200			EIN
					Phone no (228) 255-3883
May the IRS discuss this return with the preparer shown above? See instructions ☐ 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

2011

Open to Public
Inspection

Name of the organization
ROTARY CLUB OF SLIDELL

Employer identification number
72-6027554

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

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
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.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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	(b) Event #2	(c) Other Events	(d) Total Events
		HERITAGE FESTIV (event type)	CHRISTMAS WREAT (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	9,000	6,163	15,163
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	9,000	6,163	15,163
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	5,048		5,048
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(5,048)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			10,115

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
------------	-----------------	-------------

Additional Data

Software ID:
Software Version:
EIN: 72-6027554
Name: ROTARY CLUB OF SLIDELL

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 EXPENSES WERE INCURRED TO SPONSOR VARIOUS FUNDRAISING EVENTS IN THE COMMUNITY HELD BY CHARITABLE ORGANIZATIONS (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	5,143
29 SEVEAL LOCAL CHARITABLE CONTRIBUTIONS WERE MADE TO LOCAL CHARITIES (Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	3,900
30 RYLA - SPONSORSHIP OF FIVE HIGH SCHOOL STUDENTS TO ATTEND LEADERSHIP CONVENTION (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	3,000
EXPENSES PAID TO HOST GROUP STUDY EXCHANGE PARTICIPANTS TUITION FOR AMEMBER TO ATTEND THE PROGRAM THAT TEACHES LOCAL AND REGIONAL ISSUESRELATING TO LEADERSHIP PAYMENTS MADE TO ROTARY INTERNATIONAL AND DISTRICT 6840 SO AS TO ALLOW BOTH TO CARRY OUT THE INTENDED MISSION STATEMENT OF OUR CLUB AND ROTARY AS A WHOLE PARTIAL COLLEGE SCHOLARSHIPS WERE AWARDED TO INDIVIDUAL LOCAL STUDENTS TO ASSIST THEM WITH THE FURTHERANCE OF THEIR COLLEGE EDUCATION (Grants \$ 19,440) If this amount includes foreign grants, check here . . . ☐			20,903

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
WILLIAM NEWTON  PO BOX 888 SLIDELL, LA 70459	PRESIDENT 000 00	0		
JAY ROSE  PO BOX 888 SLIDELL, LA 70459	VICE-PRESIDE 000 00	0		
MICHAEL DOHM  PO BOX 888 SLIDELL, LA 70459	SECRETARY 000 00	0		
AL HUMAUET  PO BOX 888 SLIDELL, LA 70459	TREASURER 000 00	0		
RONALD DAVIS  PO BOX 888 SLIDELL, LA 70459	PRESIDENT EL 000 00	0		

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

2011

Open to Public Inspection

Name of the organization
ROTARY CLUB OF SLIDELL

Employer identification number
72-6027554

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	MISCELLANEOUS 2,481 TOTAL 2,481
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES MISCELLANEOUS OFFICE 216 HABITAT FOR HUMANITY 1,000 LEADERSHIP NORTHSHORE 900 BOY SCOUTS OF AMERICA 1,000 UNITED WAY 1,000 MISC DONATIONS 5,143 ROTARY YOUTH LEADERSHIP 3,000 BANK CHARGES 170 CHRISTMAS PARTY 1,141 FLOWERS/AWARDS GIFTS 95 INSTALLATION BANQUET 3,348 INTERACT CLUB 308 MEMBER MEALS 16,423 CONFERENCES & CONVENTIONS 2,258 DUES & SUBSCRIPTIONS 1,035 ADMINISTRATION EXPENSES 190 CLUB SHIRTS 602 TOTAL 37,829
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	7,720
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 704 544
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	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 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 THAT ARE EARMARKED FOR THE ERADICATION OF POLIO
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	EXPENSES PAID TO HOST GROUP STUDY EXCHANGE PARTICIPANTS TUITION FOR A MEMBER TO ATTEND THE PROGRAM THAT TEACHES LOCAL AND REGIONAL ISSUESRELATING TO LEADERSHIP PAYMENTS MADE TO ROTARY INTERNATIONAL AND DISTRICT 6840 SO AS TO ALLOW BOTH TO CARRY OUT THE INTENDED MISSION STATEMENT OF OUR CLUB AND ROTARY AS A WHOLE PARTIAL COLLEGE SCHOLARSHIPS WERE AWARDED TO INDIVIDUAL LOCAL STUDENTS TO ASSIST THEM WITH THE FURTHERANCE OF THEIR COLLEGE EDUCATION

TY 2011 Compensation Explanation**Name:** ROTARY CLUB OF SLIDELL**EIN:** 72-6027554

Person Name	Explanation
WILLIAM NEWTON	
JAY ROSE	
MICHAEL DOHM	
AL HUMAUET	
RONALD DAVIS	