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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)	OMB No 1545-1150 2009
	<p>► 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.</p> <p>► <i>The organization may have to use a copy of this return to satisfy state reporting requirements.</i></p>	Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ROTARY CLUB OF CASPER		D Employer identification number 83-0143356
		Number and street (or P O box, if mail is not delivered to street address) PO BOX 496		E Telephone number (307) 234-5515
		City or town, state or country, and ZIP + 4 CASPER, WY 82602		F Group Exemption Number 0573

<p>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>	<p>G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶</p>
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I Website: WWW.CASPERROTARY.ORG		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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	\$	237,394
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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	
	2	Program service revenue including government fees and contracts						2	
	3	Membership dues and assessments						3	115,695
	4	Investment income						4	432
	5a	Gross amount from sale of assets other than inventory				5a		5c	
	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						6c	72,405
	a	Gross revenue (not including \$ _of contributions reported on line 1)				6a	121,267		
	b	Less direct expenses other than fundraising expenses				6b	48,862		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						6c			
Expenses	7a	Gross sales of inventory, less returns and allowances				7a		7c	
	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 _____)						8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8						9	188,532
	10	Grants and similar amounts paid (attach schedule)						10	42,283
	11	Benefits paid to or for members						11	53,850
	12	Salaries, other compensation, and employee benefits						12	7,800
Net Assets	13	Professional fees and other payments to independent contractors						13	721
	14	Occupancy, rent, utilities, and maintenance						14	
	15	Printing, publications, postage, and shipping						15	4,708
	16	Other expenses (describe _____)						16	18,398
	17	Total expenses. Add lines 10 through 16						17	127,760
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	60,772
	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	30,603
	20	Other changes in net assets or fund balances (attach explanation)						20	
21	Net assets or fund balances at end of year Combine lines 18 through 20						21	91,375	

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	28,873	22	91,375
23	Land and buildings		23	
24	Other assets (describe  _____)	1,730	24	0
25	Total assets	30,603	25	91,375
26	Total liabilities (describe  _____)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	30,603	27	91,375

Part III Statement of Program Service Accomplishments (See the instructions for 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? COMMUNITY SERVICE / FELLOWSHIP			
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 REGULAR MEETINGS OF THE ROTARY CLUB IN ORDER TO FOSTER AND MAINTAIN FELLOWSHIP AND PROMOTE COMMUNITY SERVICE, MEMBERSHIP IS APPROXIMATELY 200 (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	127,125
29 INTERNATIONAL EXCHANGE STUDENT PROGRAM SPONSORSHIP - ONE STUDENT (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	900
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	128,025

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	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, 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	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	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	0
b	Did the organization file Form 1120-POL for this year?	37b	
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	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 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	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 . . . ▶		0
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ JACK SWANSON Telephone no ▶ (307) 234-5515 335 W 1st st Located at ▶ CASPER, WY ZIP + 4 ▶ 82601		
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	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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	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 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	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

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

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

Please 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.				
	Signature of officer *****		Date 2010-09-02		
Paid Preparer's Use Only	Preparer's signature Rick Reimann		Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 LENHART MASON & ASSOCIATES LLC 135 NORTH ASH STREET CASPER, WY 82601				EIN ▶
					Phone no ▶ (307) 234-7800
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 CASPER

Employer identification number
83-0143356

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 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 activities?

☐ 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 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

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
			DUCK DERBY			(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	121,267			121,267
Direct Expenses	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	121,267			121,267
	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	48,862			48,862
	10	Direct expense summary Add lines 4 through 9 in column (d)				48,862
	11	Net income summary Combine lines 3, column d, and line 10.				72,405

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.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
Direct Expenses	1	Gross revenue				
	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				
	8	Net gaming income summary Combine lines 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	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
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	

		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	
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 ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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	
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 ► \$ _____		

TY 2009 Grants and Similar Amounts Paid Schedule

Name: ROTARY CLUB OF CASPER

EIN: 83-0143356

Item No.	1
Class of Activity	FOUNDATION GIFT
Donee's Name	ROTARY INTERNATIONAL - PAUL HARRIS
Donee's Address	1560 SHERMAN AVENUE L11 EVANSTON, IL 60201
Amount (FMV)	3,067
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	2
Class of Activity	COMMUNITY
Donee's Name	JORGENSEN WY BOOK PROGRAM
Donee's Address	1560 S WALNUT CASPER, WY 82601
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	3
Class of Activity	COMMUNITY
Donee's Name	FOUR WAY TEST
Donee's Address	VARIOUS CASPER, WY 82601
Amount (FMV)	1,750
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	4
Class of Activity	COMMUNITY
Donee's Name	ROTARY CARES
Donee's Address	VARIOUS CASPER, WY 82601
Amount (FMV)	3,194
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	5
Class of Activity	COMMUNITY
Donee's Name	ROTARY PARK PROJECT
Donee's Address	VARIOUS CASPER, WY 82601
Amount (FMV)	1,076
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	6
Class of Activity	COMMUNITY
Donee's Name	SHELTERBOX USA
Donee's Address	8374 MARKET ST 203 LAKEWOOD RANCH, FL 34202
Amount (FMV)	1,600
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	7
Class of Activity	COMMUNITY
Donee's Name	CENTRAL WYOMING RESCUE MISSION
Donee's Address	230 NORTH PARK STREET CASPER, WY 82601
Amount (FMV)	3,150
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	8
Class of Activity	
Donee's Name	ROTARY DISTRICT 5440
Donee's Address	1560 SHERMAN AVENUE L11 EVANSTON, IL 60201
Amount (FMV)	8,256
Purpose of Payment to Affiliate	DISTRICT ASSESSMENTS
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	
Donee's Name	ROTARY INTERNATIONAL
Donee's Address	1560 SHERMAN AVENUE L11 EVANSTON, IL 60201
Amount (FMV)	15,190
Purpose of Payment to Affiliate	DUES
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: ROTARY CLUB OF CASPER

EIN: 83-0143356

Description	Beginning of Year Amount	End of Year Amount
CLOTHING INVENTORY	1,730	0

TY 2009 Other Expenses Schedule**Name:** ROTARY CLUB OF CASPER**EIN:** 83-0143356

Description	Amount
CONFERENCES, CONVENTIONS, AND MEETINGS	7,750
EXCHANGE STUDENT	900
PUBLIC RELATIONS	2,750
BANK FEES	1,366
CLUB CLOTHING	2,637
MISCELLANEOUS	2,995

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: ROTARY CLUB OF CASPER

EIN: 83-0143356

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.

Additional Data

Software ID:
Software Version:
EIN: 83-0143356
Name: ROTARY CLUB OF CASPER

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
BILL SCHILLING 454 MILTON CASPER, WY 82601	PRESIDENT 10 00	0	0	0
SANDY WIDMER 770 W COLLINS STE 100 CASPER, WY 82601	PRESIDENT ELECT 10 00	0	0	0
CHAD NELSON 109 Progress Circle PO BOX 35 CASPER, WY 82602	VICE PRESIDENT 2 00	0	0	0
PEACHES LYNCH 130 N ASH CASPER, WY 82601	SECRETARY 5 00	0	0	0
JACK SWANSON 335 W 1ST ST CASPER, WY 82601	TREASURER 5 00	0	0	0
STEVEN HIGGINSON 1314 HEATHROW AVE CASPER, WY 82609	DIRECTOR 2 00	0	0	0
TIMOTHY HAVASI 2240 BELMONT ROAD CASPER, WY 82604	DIRECTOR 2 00	0	0	0
STEVE BURNETT 3410 BROOKVIEW DR CASPER, WY 82604	DIRECTOR 2 00	0	0	0
LIZ BECHER 3500 E 19TH ST CASPER, WY 82609	DIRECTOR 2 00	0	0	0
BRENDA SANDERS 319 THELMA DR CASPER, WY 82609	RIG EDITOR 5 00	0	0	0
BILL SULLIVAN 2508 S POPLAR CASPER, WY 82601	IMMEDIATE PAST PRESIDENT 0 00	0	0	0