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Form **990-EZ**

# **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

**2010**

**Open to Public**

**Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

**ROTARY CLUB OF LARAMIE**

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

**PO BOX 12**

Room/suite

City or town, state or country, and ZIP + 4

**LARAMIE**

**WY 82073**

**D** Employer identification number

**83-6006176**

**E** Telephone number

**307-745-7241**

**F** Group Exemption

Number ▶

**G** Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶

**H** Check ☒ if the organization is not required to attach Schedule B

**I** Website: ▶ **WWW.LARAMIEWYROTARY.CLUBWIZARD.COM**

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( **4** ) (insert no) ☐ 4947(a)(1) or ☐ 527

(Form 990, 990-EZ, or 990-PF)

**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 ▶ \$ **80,360**

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

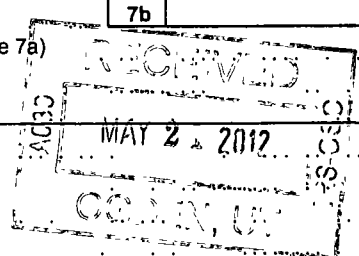
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<b>4,416</b>
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	<b>57,787</b>
	4	Investment income	4	<b>149</b>
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ <b>1,066</b> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	<b>13,006</b>
c	Less: direct expenses from gaming and fundraising events	6c	<b>5,200</b>	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<b>7,806</b>	
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 in Schedule O)	8	<b>5,002</b>	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<b>75,160</b>	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	<b>31,475</b>
	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	
	15	Printing, publications, postage, and shipping	15	<b>1,421</b>
	16	Other expenses (describe in Schedule O)	16	<b>45,827</b>
	17	<b>Total expenses.</b> Add lines 10 through 16	17	<b>78,723</b>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>-3,563</b>
	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	<b>63,606</b>
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	<b>60,043</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

SCANNED JUN 21 2012



**Part II Balance Sheets.** (see the instructions for Part II )

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



	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	80,830	22	78,768
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	15,293	24	15,241
25 <b>Total assets</b>	96,123	25	94,009
26 <b>Total liabilities</b> (describe in Schedule O)	32,517	26	33,966
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	63,606	27	60,043

**Part III**      **Statement of Program Service Accomplishments** (see the instructions for Part III.)

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

☒

**What is the organization's primary exempt purpose?**

See Schedule O

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, or 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	THE ROTARY CLUB OF LARAMIE IS A CIVIC ORGANIZATION PROVIDING CASH AND IN- KIND CONTRIBUTIONS AND SERVICES TO THE SURROUNDING COMMUNITY AS WELL AS TO ROTARY INTERNATIONAL. (Grants \$ <b>31,475</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	<b>72,773</b>
29	  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	<b>2,264</b>
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	32	<b>75,037</b>

**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

[illegible]

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ROTARY CLUB OF LARAMIE

83-6006176

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**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		<b>X</b>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attached 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)		<b>X</b>
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?		<b>X</b>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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		<b>X</b>
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	<b>X</b>
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	<b>X</b>
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 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
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	<b>X</b>
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	<b>X</b>
41 List the states with which a copy of this return is filed. <b>None</b>		
42a The organization's books are in care of <b>CPA GROUP OF LARAMIE, LLC</b> Telephone no <b>307-745-7241</b> 1273 N. 15TH ST, STE 121 Located at <b>LARAMIE</b> WY ZIP + 4 <b>82072</b>		
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: <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	<b>X</b>
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: <input type="checkbox"/>	42c	<b>X</b>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
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	<b>X</b>
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	<b>X</b>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<b>X</b>
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	

Form 990-EZ (2010)

Form 990-EZ (2010)

**ROTARY CLUB OF LARAMIE**

**83-6006176**

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**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
<b>45</b>		<b>X</b>
<b>45a</b>		<b>X</b>
<b>46</b>		<b>X</b>

**a** 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)

**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

**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, and complete the tables for lines 50 and 51.

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

**47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

	Yes	No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**48** Is the organization a school as 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?

**b** 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 Megan Gatz, President Date 5/14/12  
Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name JASON K. ROESLER Preparer's signature [Signature] Date 05/09/12 Check ☐ if self-employed PTIN P00632651  
Firm's name CPA Group Of Laramie, LLC Firm's EIN 27-3854246  
Firm's address 1273 N 15th St Suite 121 Laramie, WY 82072 Phone no 307-745-7241

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

**2010**

Open To Public  
Inspection

Name of the organization

**ROTARY CLUB OF LARAMIE**

Employer identification number

**83-6006176**

**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.

- |   |  |
|---|--|
| <input type="checkbox"/> a Mail solicitations               | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants     |
| <input type="checkbox"/> c Phone solicitations              | <input type="checkbox"/> g Special fundraising events            |
| <input type="checkbox"/> d In-person solicitations          |  |

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.

	(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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>DUCK RACE</u>		<u>None</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	12,990			12,990
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	12,990			12,990
Direct Expenses	4 Cash prizes	2,700			2,700
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,550			1,550
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Combine line 3, column (d), and line 10					8,740

**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				
Direct Expenses	2 Cash prizes				
	3 Noncash 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 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?

9a ☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a ☐ 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 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? ☐ 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 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? ☐ Yes ☐ No
- 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 ▶ \$ .....

**Part IV 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 O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**Open to Public  
Inspection

Employer identification number

**83-6006176****ROTARY CLUB OF LARAMIE****Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
CHRISTMAS PARTY	\$ 2,395
RYLA REFUND	\$ 800
SCHOLARSHIP RETURNED FUNDS	\$ 700
STEAK FRY / BBQ	\$ 690
GOLF TOURNAMENT	\$ 417
<b>Total</b>	<b>\$ 5,002</b>

**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
<b>Expenses</b>	
Office	\$ 843
DISTRICT CONFERENCE	\$ 954
DISTRICT ASSEMBLY	\$ 1,740
WEB PAGE	\$ 574
CLUB AWARDS	\$ 125
ROTARY MEMBER FUNCTIONS	\$ 3,686
STUDENT CONFERENCE	\$ 100
MEALS EXPENSE / MEMBERS	\$ 30,485
DISTRICT DUES ADJUSTMENT	\$ -243
DISTRICT DUES	\$ 4,121
RI DUES	\$ 3,442
<b>Total</b>	<b>\$ 45,827</b>

Name of the organization

ROTARY CLUB OF LARAMIE

Employer identification number

83-6006176

## Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Accounts Receivable	\$ 15,293	\$ 14,238
Inventories for Sale or Use	\$ 0	\$ 203
RYLA - PRE-PAID	\$ 0	\$ 800
Total	\$ 15,293	\$ 15,241

## Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 7,757	\$ 7,564
Deferred Revenue	\$ 24,144	\$ 26,367
Escrow Account	\$ 616	\$ 35

## Form 990-EZ, Part III - Primary Exempt Purpose

THE ROTARY CLUB OF LARAMIE IS A CIVIC ORGANIZATION THAT PROVIDES CASH AND IN-KIND CONTRIBUTIONS AND SERVICES TO THE SURROUNDING COMMUNITY AS WELL AS TO ROTARY INTERNATIONAL. SIGNIFICANT ACHIEVEMENTS AND PROJECTS INCLUDE PROVIDING FUNDING TO RI TO PURCHASE SHELTER BOXES FOR INTL RELIEF EFFORTS, COMMUNITY CHRISTMAS DONATIONS AND HUMANITARIAN AND CONSERVATION PROJECTS.

## Form 990-EZ, Part III, Line 31 - All Other Achievements

THE ROTARY CLUB OF LARAMIE IS A CIVIC ORGANIZATION PROVIDING CASH AND IN-KIND CONTRIBUTIONS AND SERVICES TO THE SURROUNDING COMMUNITY AS WELL AS TO ROTARY INTERNATIONAL.

## Special Events Schedule

Form **990**

2010

For calendar year 2010, or tax year beginning 07/01/10, and ending 06/30/11

Name

Employer Identification Number

ROTARY CLUB OF LARAMIE

83-6006176

	(A)	(B)	(C)	Others	Total
Gross receipts	16	0	0	0	16
Less contributions	0	0	0	0	0
Gross revenue	16	0	0	0	16
Less direct expenses	0	0	0	0	0
Net income (loss)	16	0	0	0	16

Description: (A) OTHER

(B)

(C)

Others

[illegible]

**Federal Statements****Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
MEAL ASSESSMENT / MEMBERS	\$ 44,933
INITIATION FEE	935
ROTARY LOCAL DUES	5,642
BAD DEBT	-1,286
DISTRICT DUES	4,121
RI DUES	3,442
Total	\$ <u>57,787</u>

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒

**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 your return See instructions	Name of exempt organization  <b>ROTARY CLUB OF LARAMIE</b>	Employer identification number  <b>83-6006176</b>
	Number, street, and room or suite no If a P.O box, see instructions <b>PO BOX 12</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. <b>LARAMIE WY 82073</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**CPA GROUP OF LARAMIE, LLC**  
**1273 N. 15TH ST, STE 121**

• The books are in the care of **LARAMIE**

Telephone No. **307-745-7241**

FAX No **307-745-7292**

**WY 82072**

• 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) \_\_\_\_\_ If this is for the whole group, check this box ☐ 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 **05/15/12**

5 For calendar year \_\_\_\_\_, or other tax year beginning **07/01/10**, and ending **06/30/11**

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return

☐ Change in accounting period

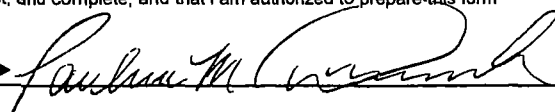
7 State in detail why you need the extension

**Additional time is requested to gather information to prepare a complete and accurate 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	\$
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	\$
c <b>Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$

**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 

Title **C P A**

Date **02/07/12**

Form **8868** (Rev 1-2011)

**Mailed**

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