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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)

OMB No 1545-1150

**2010**

**Open to Public**

**Inspection**

▶ 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

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 INTERNATIONAL  
LAS CRUCES CLUB**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**P O BOX 2707**

City or town, state or country, and ZIP + 4  
**LAS CRUCES NM 88004**

**D** Employer identification number  
**85-6011489**

**E** Telephone number  
**575-647-0864**

**F** Group Exemption Number ▶ **0573**

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

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

**I** Website: ▶ **NONE**

**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)

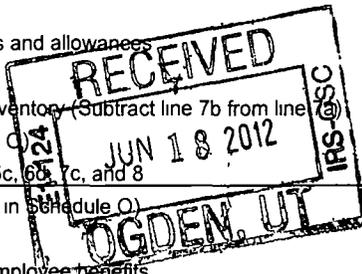
**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a 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. ▶ \$ **79,557**

**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	24,111
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	1,684
	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		See Stmt
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _____ 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	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	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	53,762
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	79,557
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	27,663
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	5,915
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	57
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	48,734
	17	<b>Total expenses.</b> Add lines 10 through 16	17	82,369
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,812
	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	124,326
	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	121,514



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P11

**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	126,899	22	126,108
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	12,036	24	8,913
25 Total assets	138,935	25	135,021
26 Total liabilities (describe in Schedule O)	14,609	26	13,507
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	124,326	27	121,514

**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 ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE.

(Grants \$ 18,752 ) If this amount includes foreign grants, check here

28a 80,076

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 80,076

**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
RICHELLE PONDER	PRESIDENT 2.00	0	0	0
ROSS RAMSEY	PRESIDENT-EL 2.00	0	0	0
EDDIE GROTH	SECRETARY 2.00	0	0	0
PAULINA SALOPEK	TREASURER 2.00	0	0	0
ANA MANGINA	ASST SEC/TRE 2.00	0	0	0
KEITH HOUSER	DIRECTOR 2.00	0	0	0
MARK SANTIAGO	DIRECTOR 2.00	0	0	0
MEL PARISH	DIRECTOR 2.00	0	0	0
BILL HARTY	DIRECTOR 2.00	0	0	0
WANDA MATTIACE	DIRECTOR 2.00	0	0	0
BARBARA LAW	DIRECTOR 2.00	0	0	0
BARBARA NELSON	DIRECTOR 2.00	0	0	0

**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		X
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)		X
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?		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ 37a</span>		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">39a</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> _____ ; section 4912 <span style="float:right">▶</span> _____ , section 4955 <span style="float:right">▶</span> _____		
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		X
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 <span style="float:right">▶</span> _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> _____		
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		X
41	List the states with which a copy of this return is filed <span style="float:right">▶</span> <u>None</u>		
42a	The organization's books are in care of <span style="float:right">▶</span> <u>JORDAN CONSULTANTS, INC.</u> Telephone no. <span style="float:right">▶</span> <u>505-647-0864</u> 8650 TALAVERA		
	Located at <span style="float:right">▶</span> <u>LAS CRUCES</u> NM ZIP + 4 <span style="float:right">▶</span> <u>88011</u>		
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: <span style="float:right">▶</span> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
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: <span style="float:right">▶</span> _____		X
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 <span style="float:right">▶</span> <span style="border: 1px solid black; padding: 2px;">43</span>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
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		

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		<b>X</b>
<b>a</b> 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)		<b>X</b>
<b>46</b> 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		<b>X</b>

**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

	Yes	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>b</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: *Eddie Groth* Date: *June 8, 2012*  
 Type or print name and title: **DAULINA BALOPER** *Eddie Groth* **TREASURER** *Sec. TREASURER*

**Paid Preparer Use Only**  
 Pnnt/Type preparer's name: **ARLYN A. KRIEGEL, CPA** Preparer's signature: *Arlyn Kriegel* Date: **06/05/12** Check  if self-employed PTIN: **P01407810**  
 Firm's name: **KRIEGEL / GRAY SHAW & CO., P.C.** Firm's EIN: **85-0257257**  
 Firm's address: **PO BOX 2707 LAS CRUCES, NM 88004** Phone no: **575-523-7444**

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **ROTARY INTERNATIONAL**  
**LAS CRUCES CLUB**

Employer identification number  
**85-6011489**

Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
MEALS	\$ 48,522
GUEST MEALS	\$ 2,777
TASTE OF LAS CRUCES	\$ 2,463
Total	\$ 53,762

Form 990-EZ, Part I, Line 10 - Payments to Affiliates

Name and Address	Purpose	Amount
DUES - DISTRICT	DUES	\$ 2,722
DUES - RI	DUES	\$ 4,977
DUES - MAGAZINE	DUES	\$ 1,212

Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Individuals

Relationship to Org	Class of Activity	Date of Gift	Desc. of Property	
Cash Contrib.	Noncash Contrib.	Book Value	BV Expl.	FMV Expl.
\$ 6,314	\$ 0	\$ 0		

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

Description	Amount
<b>Expenses</b>	
Travel & Conferences	\$ 25
Insurance	\$ 501
Directory	\$ 614

Name of the organization

ROTARY INTERNATIONAL

Employer identification number

85-6011489

Four Way Test Committee	\$	812
Meal Costs	\$	40,660
Postage & Box Rent	\$	60
SPOKES & COGS DUES	\$	1,371
Youth Committee	\$	123
District Govenor Visit	\$	70
Member Supplies	\$	236
Piano Reserve Fund	\$	397
Grant Expenses	\$	1,052
International Service	\$	250
Fellowship	\$	100
Taste of Las Cruces	\$	2,463
Total	\$	48,734

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

Description	Beg. of Year	End of Year
Accounts Receivable	\$ 11,907	\$ 8,842
Equipment	\$ 1,928	\$ 1,928
Less Accumulated Depreciation	\$ 1,799	\$ 1,857
Total	\$ 12,036	\$ 8,913

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

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 13,609	\$ 13,507
Grants Payable	\$ 1,000	\$ 0

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

Name of the organization

**ROTARY INTERNATIONAL**

Employer identification number

**85-6011489**

**SERVICE CLUB TO PROVIDE GRANTS AND SCHOLARSHIPS TO  
ENCOURAGE AND FOSTER HIGH ETHICAL STANDARDS IN BUSINESS AND  
PROFESSIONS AND THE ADVANCEMENT OF INTERNATIONAL  
UNDERSTANDING.**

Form **4562**

Department of the Treasury  
Internal Revenue Service

(99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2010**

Attachment  
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return **ROTARY INTERNATIONAL  
LAS CRUCES CLUB**

Identifying number  
**85-6011489**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	57
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	57
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2010)

DAA

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>								
5	PRINTER & OTHER EQUIP	1/13/99	534		534	5 HY 200DB	534	0
7	DELL COMPUTER	3/12/05	510		510	5 HY 200DB	510	0
8	SOFTWARE - QB	6/30/08	186	X	93	3 MQ200DB	176	10
9	HAND MIKES & CASE	6/30/08	698	X	349	5 MQ200DB	579	47
			<u>1,928</u>		<u>1,486</u>		<u>1,799</u>	<u>57</u>
	<b>Grand Totals</b>		1,928		1,486		1,799	57
	<b>Less: Dispositions and Transfers</b>		0		0		0	0
	<b>Less: Start-up/Org Expense</b>		0		0		0	0
	<b>Net Grand Totals</b>		<u>1,928</u>		<u>1,486</u>		<u>1,799</u>	<u>57</u>

85-6011489

**AMT Asset Report**

FYE: 6/30/2011

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>								
5	PRINTER & OTHER EQUIP	1/13/99	534		534	5 HY 150DB	534	0
8	SOFTWARE - QB	6/30/08	186	X	93	3 MQ200DB	176	10
9	HAND MIKES & CASE	6/30/08	698	X	349	5 MQ200DB	579	47
			<u>1,418</u>		<u>976</u>		<u>1,289</u>	<u>57</u>
<b>Other Depreciation:</b>								
7	DELL COMPUTER	3/12/05	0		0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		1,418		976		1,289	57
	<b>Less: Dispositions and Transfers</b>		0		0		0	0
	<b>Net Grand Totals</b>		<u>1,418</u>		<u>976</u>		<u>1,289</u>	<u>57</u>

85-6011489

**Bonus Depreciation Report**

FYE: 6/30/2011

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
8	SOFTWARE - QB	6/30/08	186		0	0	93	93
9	HAND MIKES & CASE	6/30/08	698		0	0	349	349
	<b>Form 990, Page 1</b>		<u>884</u>		<u>0</u>	<u>0</u>	<u>442</u>	<u>442</u>
	<b>Grand Total</b>		<u>884</u>		<u>0</u>	<u>0</u>	<u>442</u>	<u>442</u>

85-6011489

**Depreciation Adjustment Report**

FYE: 6/30/2011

**All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b>MACRS Adjustments:</b>						
Page 1	1	5	PRINTER & OTHER EQUIP	0	0	0
Page 1	1	8	SOFTWARE - QB	10	10	0
Page 1	1	9	HAND MIKES & CASE	47	47	0
				<u>57</u>	<u>57</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Prior MACRS:</b>					
5	PRINTER & OTHER EQUIP	1/13/99	534	0	0
7	DELL COMPUTER	3/12/05	510	0	0
8	SOFTWARE - QB	6/30/08	186	0	0
9	HAND MIKES & CASE	6/30/08	698	39	39
			<u>1,928</u>	<u>39</u>	<u>39</u>
<b>Grand Totals</b>			<u>1,928</u>	<u>39</u>	<u>39</u>

# Federal Statements

Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description	How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
HOOD TRUST					\$ 0	\$ 0	0	\$ 0
Total					\$ 0	\$ 0	0	\$ 0

Form **8868**  
(Rev. January 2011)

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete

**Part I only**   
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

<b>Type or print</b>	Name of exempt organization <b>ROTARY INTERNATIONAL LAS CRUCES CLUB</b>	Employer identification number <b>85-6011489</b>
File by the due date for filing your return. See Instructions	Number, street, and room or suite no. If a P O box, see instructions <b>P O BOX 2707</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>LAS CRUCES NM 88004</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-T (corporation)	07
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

**JORDAN CONSULTANTS, INC.**

**8650 TALAVERA**

- The books are in the care of ▶ **LAS CRUCES** NM 88011  
Telephone No ▶ **505-647-0864** FAX No ▶
- 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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶  calendar year \_\_\_\_\_ or \_\_\_\_\_
- ▶  tax year beginning **07/01/10**, and ending **06/30/11**

**2** If this tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> 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.	<b>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.