



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization ROTARY INTERNATIONAL GILLETTE ROTARY CLUB		D Employer identification number 83-6006017
	Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 1354		E Telephone number (307) 682-3836
	City or town, state or country, and ZIP + 4 GILLETTE, WY 82717		F Group Exemption Number 0573

G Accounting method ☒ Cash ☐ Accrual Other (specify) ☐ _____

H Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ☐ GILLETTEROTARY.ORG

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

K Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 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. **\$ 182,520**

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	33,952	
	2	Program service revenue including government fees and contracts		2		
	3	Membership dues and assessments		3	26,818	
	4	Investment income		4	371	
	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)				
	6	Gaming and fundraising events			6d	49,492
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b	Gross income from fundraising events (not including \$ 12,825 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	121,379		
	c	Less direct expenses from gaming and fundraising events	6c	71,887		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)				
	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)					
8	Other revenue (describe in Schedule O)			8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	110,633	
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	51,439	
	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	1,650	
	14	Occupancy, rent, utilities, and maintenance		14		
	15	Printing, publications, postage, and shipping		15		
	16	Other expenses (describe in Schedule O)		16	28,858	
	17	Total expenses. Add lines 10 through 16		17	81,947	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	28,686	
	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	143,823	
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-421	
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	172,088	

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	143,823	22	172,088
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	143,823	25	172,088
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	143,823	27	172,088

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? COMMUNITY SERVICES		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	CONTRIBUTED FUNDS TO ROTARY INTERNATIONAL FOUNDATION AND LOCAL ROTARY DISTRICT TO SUPPORT VARIOUS PROGRAMS (Grants \$) If this amount includes foreign grants, check here	28a	5,200
29	PROVIDED SUPPORT FOR AN INTERNATIONAL EXCHANGE STUDENT AND PROVIDED SUPPORT TO OTHER YOUTH PROGRAMS AND SCHOLARSHIPS (Grants \$ 5,061) If this amount includes foreign grants, check here	29a	5,061
30	PROVIDED SUPPORT TO THE FOLLOWING COMMUNITY PROGRAMS: FESTIVAL OF TREES 2,000; PILOTS FOR CHRIST 2,500; EVEN START 3,000; GILLETTE ENERGY ROTARY 5,000; CAMPBELL COUNTY SCHOOL DISTRICT 500; RED CROSS 1,000; GILLETTE COLLEGE FOUNDATION 1,000; THE ROTARY FOUNDATION 3,730; SPECIAL OLYMPICS 2,000; CLIMB WYOMING 2,000; UNITED WAY OF CAMPBELL COUNTY 1,000; GILLETTE ROTARY FOUNDATION 5,000; MISCELLANEOUS OTHER CONTRIBUTIONS 166; TOTAL 28,896 (Grants \$ 28,896) If this amount includes foreign grants, check here	30a	41,178
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	51,439

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  MICHELLE VETTER Telephone no  (307) 682-3510 PO BOX 1568 Located at  GILLETTE, WY ZIP + 4  827171568		
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		2012-11-15 Date		
	DOUG GERARD, PRESIDENT Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	TAMARA J HERMSTAD, CPA	Date 2012-11-15	Check if self-employed ☐	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	SHUCK BENNETT & WEBER, LLP PO BOX 2256 GILLETTE, WY 827172256			EIN
					Phone no (307) 682-5250
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

Additional Data

Software ID:
Software Version:
EIN: 83-6006017
Name: ROTARY INTERNATIONAL GILLETTE
ROTARY CLUB

Form 990-EZ, Special Condition Description:

Special Condition Description

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
TYLER MILLER 199 OVERBROOK AVE GILLETTE,WY 82718	TREASURER 5 00	0		
NATE KINTZ PO BOX 2062 GILLETTE,WY 82717	DIRECTOR 3 00	0		
JOE MAYCOCK 609 4J COURT GILLETTE,WY 82716	DIRECTOR 3 00	0		
ERIC SCALZO 1603 VIOLET LANE GILLETTE,WY 82716	SECRETARY 5 00	0		
MIKE SMITH 309 S GILLETTE AVE GILLETTE,WY 82716	PAST PRESIDE 3 00	0		
DOUG GERARD 5601 STONE GATE AVE GILLETTE,WY 82718	PRESIDENT 6 00	0		
STEVE LAAKSO 600 4J COURT GILLETTE,WY 82718	DIRECTOR 3 00	0		
DAN CLOUSTON 201 WLAKEWAY GILLETTE,WY 82718	PRESIDENT EL 5 00	0		
MARK COLLINS 702 CARY AVE GILLETTE,WY 82716	DIRECTOR 3 00	0		

OMB No 1545-0047

Open to Public Inspection

83-6006017

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
		ROTARY BALL (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	130,305		130,305
	2	Less Charitable contributions	12,825		12,825
	3	Gross income (line 1 minus line 2)	117,480		117,480
Direct Expenses	4	Cash prizes	37,913		37,913
	5	Non-cash prizes			
	6	Rent/facility costs	2,183		2,183
	7	Food and beverages	12,773		12,773
	8	Entertainment	13,000		13,000
	9	Other direct expenses	6,018		6,018
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(71,887)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			45,593

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

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 INTERNATIONAL GILLETTE
ROTARY CLUB**Employer identification number**

83-6006017

Identifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	RI FOUNDATION CONTRIBUTIONS 5,450 ROTARY FOUNDATION CLUB 5,200 ROTARY INTERNATIONAL DUES 4,208 DISTRICT 5440 DUES 2,624
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES POSTAGE & SUPPLIES 721 AG ASSISTANCE 690 INTEREST EXPENSE & FINANCE CH 13 COST OF MEALS 24,072 NEW MEMBER MATERIALS 151 AWARDS & SPEAKER GIFTS 513 CONFERENCES 2,463 CREDIT CARD FEES 235 TOTAL 28,858
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	MANUEL DAVILA TRUST -421 AN ADJUSTMENT WAS MADE TO THE TAXPAYER'S ASSETS 0 AS THE OWNERS OF THE INVESTMENTS HAVE REQUESTED 0 THE TAXPAYER TO BE THE FUND ADMINISTRATOR 0 THE INCOME AND EXPENSES RELATED TO THE TRUST 0 HAVE BEEN REPORTED ON A SEPARATE RETURN 0
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	PROVIDED SUPPORT TO THE FOLLOWING COMMUNITY PROGRAMS FESTIVAL OF TREES 2,000 PILOTS FOR CHRIST 2,500 EVEN START 3,000 GILLETTE ENERGY ROTARY 5,000 CAMPBELL COUNTY SCHOOL DISTRICT 500 RED CROSS 1,000 GILLETTE COLLEGE FOUNDATION 1,000 THE ROTARY FOUNDATION 3,730 SPECIAL OLY MPICS 2,000 CLIMB WY OMING 2,000 UNITED WAY OF CAMPBELL COUNTY 1,000 GILLETTE ROTARY FOUNDATION 5,000 MISCELLANEOUS OTHER CONTRIBUTIONS 166 TOTAL 28,896

TY 2011 Compensation Explanation

Name: ROTARY INTERNATIONAL GILLETTE
ROTARY CLUB

EIN: 83-6006017

Person Name	Explanation
TYLER MILLER	
NATE KINTZ	
JOE MAYCOCK	
ERIC SCALZO	
MIKE SMITH	
DOUG GERARD	
STEVE LAAKSO	
DAN CLOUSTON	
MARK COLLINS	