



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



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)

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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , and ending 06-30-2013

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

ROTARY INTERNATIONAL GILLETTE
ROTARY CLUB

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

PO BOX 1354

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

GILLETTE, WY 82717

D Employer identification number

83-6006017

E Telephone number

(307) 682-3836

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 \$ 183,221

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	38,537
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	23,636
	4	Investment income	4	304
	5a	Gross amount from sale of assets other than inventory	5c	
	5b	Less cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Gaming and fundraising events	6d	37,293
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	6b	Gross income from fundraising events (not including \$ 11,900 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
Expenses	6c	Less direct expenses from gaming and fundraising events		
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7c	
	7a	Gross sales of inventory, less returns and allowances		
	7b	Less cost of goods sold		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
	8	Other revenue (describe in Schedule O)		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		
	10	Grants and similar amounts paid (list in Schedule O)		
	11	Benefits paid to or for members	12	
	12	Salaries, other compensation, and employee benefits		
Net Assets	13	Professional fees and other payments to independent contractors		
	14	Occupancy, rent, utilities, and maintenance	15	1,800
	15	Printing, publications, postage, and shipping		
	16	Other expenses (describe in Schedule O)		
	17	Total expenses. Add lines 10 through 16	18	27,304
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		
	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)		
	20	Other changes in net assets or fund balances (explain in Schedule O)	19	172,088
	21	Net assets or fund balances at end of year Combine lines 18 through 20		
	22			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (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	172,088	22	122,134
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	172,088	25	122,134
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	172,088	27	122,134

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?
COMMUNITY SERVICES

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	5,500
29 PROVIDED SUPPORT FOR AN INTERNATIONAL EXCHANGE STUDENT AND PROVIDED SUPPORT TO OTHER YOUTH PROGRAMS AND SCHOLARSHIPS (Grants \$ 2,038) If this amount includes foreign grants, check here	29a	2,038
30 PROVIDED SUPPORT TO THE FOLLOWING COMMUNITY PROGRAMS: FESTIVAL OF TREES 2,500 PILOTS FOR CHRIST 4,000 GILLETTE ENERGY ROTARY 5,564 CAMPBELL COUNTY SCHOOL DISTRICT 5,100 RED CROSS 1,000 GILLETTE COLLEGE FOUNDATION 1,000 THE ROTARY FOUNDATION 2,500 SPECIAL OLYMPICS 2,000 CLIMB WYOMING 1,000 UNITED WAY OF CAMPBELL COUNTY 1,000 GILLETTE ROTARY FOUNDATION 10,000 CHURCHLICH RECREATION LLC 15,305 BLESSINGS IN A BACKPACK 2,500 GILLETTE REPRODUCTIVE HEALTH 1,000 CAMPBELL COUNTY HEALTHCARE FOUNDATION 4,000 WOMEN'S RESOURCE CENTER 1,000 RENEW 250 LASTING LEGACY 6,639 SUNFLOWER ELEMENTARY SCHOOL 1,154 MATTIE PROJECT 500 MISCELLANEOUS OTHER CONTRIBUTIONS 1,278 TOTAL 69,290 (Grants \$ 69,290) If this amount includes foreign grants, check here	30a	81,037
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	88,575

Part IV

List of Officers, Directors, Trustees, and Key Employees (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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V

Other Information (Note the Schedule A and personal benefit contract 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
35a	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 Located at PO BOX 1568 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 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	
		Yes	No
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	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	No

		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 only

All section 501(c)(3) organizations 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
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 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?		
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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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	*****		2014-02-19	
	Signature of officer		Date	
Paid Preparer Use Only	MIKE SMITH, PRESIDENT			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature TAMARA J. HERMSTAD, CPA	Date 2014-02-19	Check ☐ if self-employed
Firm's name		BENNETT WEBER & HERMSTAD, LLP		Firm's EIN
Firm's address		PO BOX 2256 GILLETTE, WY 827172256		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 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TYLER MILLER TREASURER	3 00	0		
NATE KINTZ DIRECTOR	1 00	0		
JOE MAYCOCK DIRECTOR	1 00	0		
ERIC SCALZO SECRETARY	0 50	0		
MIKE SMITH PRESIDENT	2 00	0		
JOHN MANSELL DIRECTOR	0 50	0		
STEVE LAAKSO DIRECTOR	0 50	0		
DAN CLOUSTON VICE-PRESIDE	3 00	0		

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
		ROTARY BALL (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	128,754		128,754
	2	Less Contributions . . .	11,900		11,900
	3	Gross income (line 1 minus line 2)	116,854		116,854
Direct Expenses	4	Cash prizes	36,700		36,700
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .	2,606		2,606
	7	Food and beverages .	11,454		11,454
	8	Entertainment	13,000		13,000
	9	Other direct expenses .	19,691		19,691
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(83,451)
	11	Net income summary Combine line 3, column (d), and line 10 ▶			33,403

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			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	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 _____

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 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).

Identifier	Return Reference	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

2012

**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 4,025 ROTARY FOUNDATION CLUB 5,500 ROTARY INTERNATIONAL DUES 4,852 DISTRICT 5440 DUES 2,870
GRANTS AND SIMILAR AMTS PAID TO ORGANIZATIONS	FORM 990-EZ, PART I, LINE 10	CAMPBELL COUNTY SCHOOL DISTRICT 5,100 0 0 CHURCHLICH RECREATION LLC 15,305 0 0 GILLETTE ENERGY ROTARY 5,564 0 0 GILLETTE ROTARY FOUNDATION 10,000 0 0 LASTING LEGACY 6,639 0 0
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES POSTAGE & SUPPLIES 821 AG ASSISTANCE 158 COST OF MEALS 20,270 AWARDS & SPEAKER GIFTS 2,247 CONFERENCES 3,807 CREDIT CARD FEES 1 TOTAL 27,304
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	MANUEL DAVILA TRUST -32,045 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 2,500 PILOTS FOR CHRIST 4,000 GILLETTE ENERGY ROTARY 5,564 CAMPBELL COUNTY SCHOOL DISTRICT 5,100 RED CROSS 1,000 GILLETTE COLLEGE FOUNDATION 1,000 THE ROTARY FOUNDATION 2,500 SPECIAL OLY MPICS 2,000 CLIMB WYOMING 1,000 UNITED WAY OF CAMPBELL COUNTY 1,000 GILLETTE ROTARY FOUNDATION 10,000 CHURCHLICH RECREATION LLC 15,305 BLESSINGS IN A BACKPACK 2,500 GILLETTE REPRODUCTIVE HEALTH 1,000 CAMPBELL COUNTY HEALTHCARE FOUNDATION 4,000 WOMEN'S RESOURCE CENTER 1,000 RENEW 250 LASTING LEGACY 6,639 SUNFLOWER ELEMENTARY SCHOOL 1,154 MATTIE PROJECT 500 MISCELLANEOUS OTHER CONTRIBUTIONS 1,278 TOTAL 69,290

TY 2012 Compensation Explanation

Name: ROTARY INTERNATIONAL GILLETTE
ROTARY CLUB

EIN: 83-6006017

Person Name	Explanation
TYLER MILLER	
NATE KINTZ	
JOE MAYCOCK	
ERIC SCALZO	
MIKE SMITH	
JOHN MANSELL	
STEVE LAAKSO	
DAN CLOUSTON	