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A For the 2012 calendar year, or tax year beginning 07-01-2012

DLN: 93492275005253

OMB No 1545-1150

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

, and ending 06-30-2013

**Open to Public** Inspection

	Address change  C Name of organization  ROTARY CLUB OF ELKO				88-6008760		
_	lame c	-	Number and street (or P O box, if mail is not delivered to street address) Room/suit	e	88-6008 <b>E</b> Telephor		nber
	nitial re	eturn	PO BOX 960				
_	emina		City or town, state or country, and ZIP + 4				777-8497
_		ed return ion pending	ELKO, NV 89801		F Group Ex Number		on <b>▶-</b>
<b>G</b> A	ccoun	ntıng Method	Cash	required	l ✓ If the to attach : 0,990-E.	Sched	
ΙW	ebsite	e: 🕨 WWW ELKOF	ROTARY ORG				
J Ta	x-exen	npt status(check	only one) — 501(c)(3)				
norr inst <b>L</b> A	mally ruction dd line	<b>not</b> more than ons) But if the es 5b, 6c, and	anization is not a section 509(a)(3) supporting organization or a section \$50,000 A Form 990-EZ or Form 990 return is not required though For organization chooses to file a return, be sure to file a complete return 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 \$500,000 or more, file Form 990 instead of Form 990-EZ	m 990-N (e-p	oostcard)	may l	Part II, line 25,
P	art I		e, Expenses, and Changes in Net Assets or Fund Balance e organization used Schedule O to respond to any question in this Part I				
	1	Contributions	s, gifts, grants, and similar amounts received			1	14,449
	2	Program serv	rice revenue including government fees and contracts			2	·
	3	Membership	dues and assessments			3	51,501
	4	Investment II	ncome			4	73
	5a	Gross amoun	t from sale of assets other than inventory	ia			
<u>a</u>	ь	Less cost or	other basis and sales expenses	ib			
Revenue	c	Gain or (loss)		5c			
Ř	6	Gaming and f					
	а	Gross income	e from gaming (attach Schedule G if greater than \$15,000) $\cdot$ . $\mid$ 6	ia			
	ь	Gross income from fundrais	e from fundraising events (not including \$of contributions ing events reported on line 1) (attach Schedule G if the				
		sum of such o	gross income and contributions exceeds \$15,000)	ib	4,989		
	c	Less direct	expenses from gaming and fundraising events $\ldots \ldots$ $\epsilon$	ic	3,380		
	d	Net income o	r (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract line 6 c	)	6d	1,609
	7a	Gross sales o	of inventory, less returns and allowances	'a			
	ь	Less cost of	goods sold	'b			
	c	Gross profit o	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	O ther revenu	e (describe in Schedule O )			8	
	9	Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶	9	67,632
	10	Grants and si	milar amounts paid (list in Schedule O)			10	23,695
	11	Benefits paid	to or for members			11	
	12	Salaries, othe	er compensation, and employee benefits			12	
Š.	13	Professional	fees and other payments to independent contractors			13	4,000
Expenses	14	Occupancy, r	rent, utilities, and maintenance			14	
<u></u>	15	Printing, publ	ıcatıons, postage, and shıppıng			15	
	16	O ther expens	ses (describe in Schedule O )			16	34,329
	17	Total expense	es. Add lines 10 through 16		▶	17	62,024
5	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)			18	5,608
State	19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (must agre	ee with			
NetA		end-of-year f	igure reported on prior year's return)			19	19,381
ž	20	O ther change	es in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets o	r fund balances at end of year Combine lines 18 through 20		. •	21	24,989

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

Check if the organization used	Schedule O to respond to	any question in this P	art II	<u></u>	<u> </u>
		(A	) Beginning of year		(B) End of year
22 Cash, savings, and investments			21,984	22	27,451
23 Land and buildings			,	23	
24 Other assets (describe in Schedule O			1,632	24	2,184
25 Total assets			23,616	25	29,635
26 Total liabilities (describe in Schedule	0)		4,235	26	4,646
27 Net assets or fund balances (line 27 of	column (B) <b>must</b> agree wi	th line 21)	19,381	27	24,989
Part III Statement of Program S Check If the organization used What is the organization's primary exempt TO PROVIDE SERVICE TO OTHERS, PRO	Schedule O to respond to	any question in this P	art III . 🔽	(c)	Expenses quired for section 501 (3) and 501(c)(4) anizations and section
GOODWILL, AND PEACE THROUGH ITS LEADERS	FELLOWSHIP OF BUSINE	SS, PROFESSIONAL,	AND COMMUNITY		47(a)(1) trusts, ional for others)
Describe the organization's program servic measured by expenses. In a clear and cond benefited, and other relevant information fo	ise manner, describe the				
28 TO PROVIDE DUES TO ROTARY INTE	RNATIONAL AND DISTR	ICT FOR VARIOUS R	OTARY PROJECTS		
AND CLUB MEALS EXPENSES (Grants \$ ) If the	s amount includes foreign	grants, check here	▶⊏	28a	31,612
29 TO PROVIDE SCHOLARSHIPS AND TO	<del>-</del>	<u> </u>		200	31,012
(Grants \$ 5,250) If thi	s amount includes foreign	grants, check here .	▶┌	29a	12,283
<b>30</b> TO PROVIDE FUNDS FOR INTERNATI (Grants \$ 2,203)	ONAL AND LOCAL SERV samount includes foreign		▶ ⊏		
31 Other program services (describe in Sci		grants, check here .		30a	10,721
	s amount includes foreign	grants, check here .	▶ ┌	31a	
32 Total program service expenses (add line	es 28a through 31a) .		•	32	54,616
Part IV List of Officers, Directors, True Check if the organization used					
(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 benef contributions t employee benefit p and deferred compensation	o olans,	(e) Estimated amount of other compensation
See Additional Data Table					

	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part	V		<u>Г</u>
			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		Νo
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		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
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		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of F GLENNON SANDOVAL COMPANY Telephone no			8497
	Located at 🕨 346 7TH STREET 346 7TH STREET ELKO, NV ZIP + 4	8 9	9801	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ı	.,	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	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.			
C	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<b>▶</b> Г
			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		Νo
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	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

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

	012)							Page 4
							Yes	No
	ganization engage, directly s for public office? If "Yes,"				or in opposition to			No
All	<b>ction 501(c)(3) orga</b> section 501(c)(3) organ	<del>-</del>	questions 47-49b ar	nd 52, a	and complete the	tables	for lir	nes 50
	d 51 eck if the organization used	Schedule O to respond to	o any question in this P	art V I				Г
							Yes	No
	ganization engage in lobbyir omplete Schedule C, Part I		tion 501(h) election in		uring the tax year?	. 47		
<b>18</b> Is the orga	anızatıon a school as descri	bed in section 170(b)(1)(	A )(11)? If "Yes," comple	ete Sche	dule E .	. 48		
<b>19a</b> Did the org	Did the organization make any transfers to an exempt non-charitable related organization?					. 49a		
<b>b</b> If "Yes," w	as the related organization	a section 527 organization	n?			. 49b		
	this table for the organization) who each received more t							
` '	tle of each employee paid than \$100,000	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	emplo	Health benefits, ontributions to yee benefit plans, and deferred ompensation	, · ·	timated r compe	
<b>f</b> Total nun	nber of other employees pa	ıd over \$100.000		<u> </u>		<u> </u>		
1 Complete to of compens	nber of other employees pa this table for the organization sation from the organization	on's five highest compens n If there is none, enter "I	lone "					•
1 Complete to of compens	this table for the organization	on's five highest compens n If there is none, enter "I	lone "		· · · · · · · · · · · · · · · · · · ·		an \$10	•
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<b>61</b> Complete to of compens	this table for the organization sation from the organization	on's five highest compens n If there is none, enter "I	lone "					
<b>61</b> Complete to of compens	this table for the organization sation from the organization	on's five highest compens n If there is none, enter "I	lone "					
d Total nun	this table for the organization sation from the organization	on's five highest compens If there is none, enter "I ndent contractor paid mor	over \$100,000	(b)	Type of service  ▶  1947(a)(1)		ompen	sation
d Total nun 2 Did the cononexem	this table for the organization from the organization and address of each independent of the organization and address of each independent of other independent corganization complete Sche	on's five highest compens If there is none, enter "I ndent contractor paid more ontractors each receiving dule A? NOTE: All Section ottach a completed Schedu	over \$100,000	(b)	Type of service  ▶  1947(a)(1)	(c) C	Yes	sation
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d Total num  2 Did the cononexem  ander penalties of cowledge and becowledge.	this table for the organization sation from the organization and address of each independent of the organization complete. So the organization complete so the or	on's five highest compens If there is none, enter "I Indent contractor paid more ontractors each receiving idule A? NOTE: All Section ottach a completed Sched omplete. Declaration of prep	over \$100,000	(b)	Type of service	(c) C	Yes	sation
d Total num  2 Did the connexement of the connexe	this table for the organization sation from the organization and address of each independent of the organization complete. Schein the organization complete schein the organization complete in the organization complete in the organization complete. It is true, correct, and contains the organization complete in the organization complete in the organization complete. It is true, correct, and contains the organization complete in the organization complete in the organization complete.	on's five highest compens If there is none, enter "I Indent contractor paid more ontractors each receiving dule A? NOTE: All Section ottach a completed Schede e examined this return, included pomplete. Declaration of prep	over \$100,000	(b)	Type of service  1947(a)(1) 1947(a)(1) 2013-10-01 Date  Check   f   PTIN	(c) C	Yes	sation ss No
d Total num  2 Did the connexement of the connexe	this table for the organization sation from the organization and address of each independent of the organization of the organization complete. Schempt charitable trusts must a figure of the organization complete of the organization complete of the organization complete. The organization complete of the organization complete of the organization complete of the organization complete of the organization complete organ	on's five highest compens If there is none, enter "I Indent contractor paid more ontractors each receiving idule A? NOTE: All Section ottach a completed Sched complete. Declaration of prep	over \$100,000	(b)	Type of service  1947(a)(1)  1947(a)(1)  2013-10-01  Date	(c) C	Yes	sation ss No

#### **Additional Data**

Software ID: Software Version:

**EIN:** 88-6008760

Name: ROTARY CLUB OF ELKO

#### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) A verage 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
BAILEY BILLINGTON-BENSON BPRESIDENT	4 00	0		
RICH PERRY <b>2</b> VICE PRESIDE	2 00	0		
JERRI RICHARDSON 🕏 SECRETARY	2 00	0		
JAMES GLENNON <b>D</b> TREASURER	2 00	0		
KATIE NEDDENRIEP  PAST PRESIDE	1 00	0		
JIM KELLEY <b>©</b> DIRECTOR	1 00	0		
JAN PETERSEN  DIRECTOR	1 00	0		
JENNIFER SPROUT  DIRECTOR	1 00	0		
KATRINKA RUSSELL   DIRECTOR	1 00	0		

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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.

2012
Open to Public Inspection

Name of the organization
ROTARY CLUB OF ELKO

Employer identification number

88-6008760

ldentifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	DUES 5,384 ONE ROTARY CENTER 1560 SHERMAN AVE EVANSTON IL 60201 DUES 2,340 PO BOX 3510 SPARKS NV 89432 FOUNDATION DONATION 8,518 ONE ROTARY CENTER 1560 SHERMAN AVE EVANSTON IL 60201
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES MEAL COSTS 23,888 CAMP RYLA 7,033 CLUB PROGRAMS 2,445 CLUB SUPPLIES 963 TOTAL 34,329
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECIEVABLE 652 1,204 EQUIPMENT 980 980 TOTAL 1,632 2,184
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAY ABLE 3,924 4,553 NECKTIE RAFFLE WINNERS FUND 311 93
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	TO PROVIDE SERVICE TO OTHERS, PROMOTE INTEGRITY, AND ADVANCE WORLD UNDERSTANDING, GOODWILL, AND PEACE THROUGH ITS FELLOWSHIP OF BUSINESS, PROFESSIONAL, AND COMMUNITY LEADERS

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# **TY 2012 Compensation Explanation**

Name: ROTARY CLUB OF ELKO

**EIN:** 88-6008760

Person Name	Explanation
BAILEY BILLINGTONBENSON	
RICH PERRY	
JERRI RICHARDSON	
JAMES GLENNON	
KATIE NEDDENRIEP	
JIM KELLEY	
JAN PETERSEN	
JENNIFER SPROUT	
KATRINKA RUSSELL	