

CLIENT 76110

**LARRY L. FIKE, P.C.**  
**4465 KIPLING STREET STE#106**  
**WHEAT RIDGE, CO 80033**  
**303.422.7139**

May 16, 2016

ROTARY CLUB OF GOLDEN, COLORADO  
P. O. BOX 851  
GOLDEN, CO 80402-0851

FEDERAL ID: 84-1034471

Dear Client:

Your Federal Return of Organization Exempt from Income Tax was acknowledged as accepted by the Internal Revenue Service on May 16, 2016. No tax is payable with the filing of this return. If you have questions about the return, please call the IRS Tax Help number, 1-800-829-4933.

Please be sure to call if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to be "L. Fike", with a long horizontal line extending to the right.

Larry L. Fike, CPA

CLIENT 76110

**LARRY L. FIKE, P.C.**  
**4465 KIPLING STREET STE#106**  
**WHEAT RIDGE, CO 80033**  
**303.422.7139**

May 13, 2016

ROTARY CLUB OF GOLDEN, COLORADO  
P. O. BOX 851  
GOLDEN, CO 80402-0851

Dear Client:

Your 2014 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to be "L. Fike", written over a horizontal line.

Larry L. Fike, CPA

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 private foundations)

OMB No. 1545-1150

**2014**

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Open to Public Inspection**

**A** For the 2014 calendar year, or tax year beginning 7/01, 2014, and ending 6/30, 2015

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C**  
 ROTARY CLUB OF GOLDEN, COLORADO  
 P. O. BOX 851  
 GOLDEN, CO 80402-0851

**D** Employer identification number  
84-1034471

**E** Telephone number  
(303) 422-7139

**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: ▶ [WWW.RotaryClubofGolden.org](http://WWW.RotaryClubofGolden.org)

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

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 188,593.

**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.....

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
R E V E N U E	1	Contributions, gifts, grants, and similar amounts received.....		21,823.																											
	2	Program service revenue including government fees and contracts.....																													
	3	Membership dues and assessments.....		49,713.																											
	4	Investment income.....		12.																											
	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 \$ _____ 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		114,905.																										
c	Less: direct expenses from gaming and fundraising events.....	6c		74,741.																											
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	6d		40,164.																											
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	See Schedule O																												
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... ▶	9		113,852.																											
10	Grants and similar amounts paid (list in Schedule O).....	10	See Schedule O																												
11	Benefits paid to or for members.....	11		66,734.																											
12	Salaries, other compensation, and employee benefits.....	12																													
13	Professional fees and other payments to independent contractors.....	13		1,232.																											
14	Occupancy, rent, utilities, and maintenance.....	14																													
15	Printing, publications, postage, and shipping.....	15		4,430.																											
16	Other expenses (describe in Schedule O).....	16	See Schedule O																												
17	<b>Total expenses.</b> Add lines 10 through 16..... ▶	17		102,800.																											
18	Excess or (deficit) for the year (Subtract line 17 from line 9).....	18		11,052.																											
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		20,894.																											
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		31,946.																											

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

**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	21,889.	32,941.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	21,889.	32,941.
26 Total liabilities (describe in Schedule O) See Schedule O	995.	995.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,894.	31,946.

**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 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.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 See Schedule O		
(Grants \$ 21,450.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28 a	39,863.
29 See Schedule O		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	13,952.
30 See Schedule O		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	6,180.
31 Other program services (describe in Schedule O) See Schedule O		
(Grants \$ ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31 a	6,741.
32 Total program service expenses (add lines 28a through 31a)	32	66,736.

**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 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
Russell Sindt Voc Serv Chair	2	0.	0.	0.
Daniel K. Green Past President	2	0.	0.	0.
Judy Orr Com Svc Chair	2	0.	0.	0.
Patrick Madison Member Chair	2	0.	0.	0.
Larry L. Fike Secretary	2	0.	0.	0.
Tom Niver President	4	0.	0.	0.
Brian Richy Vice President	2	0.	0.	0.
Kevin Nichols Intl Svc Chair	2	0.	0.	0.
Colleen Jorgensen Rot Fdn Chair	2	0.	0.	0.
Paul Veldman President-Elect	2	0.	0.	0.
James E. Halderman Pub Rel Chair	2	0.	0.	0.
Paulette J. Dyon Treasurer	3	0.	0.	0.

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.

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
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?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9.
39b Gross receipts, included on line 9, for public use of club facilities.
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed.

42a The organization's books are in care of James Halderman Telephone no. 303.989.2284
Located at 555 South Nelson Lakewood CO ZIP + 4 80226

42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?

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.

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)?

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. 46 Yes No X

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. [ ]

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. 47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No

b If 'Yes,' was the related organization a section 527 organization? 49b Yes No

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.'

Table with 5 columns: (a) Name and title of each employee, (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.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000. [ ]

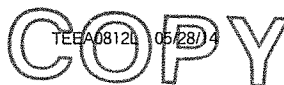
52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A. [ ] Yes [ ] No

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 Paul Veldman, President. Date [ ]

Paid Preparer Use Only: Print/Type preparer's name Larry L. Fike, CPA; Preparer's signature Larry L. Fike, CPA; Date 5.16.16; Firm's name Larry L. Fike, P.C.; Firm's address 4465 Kipling Street Ste#106, Wheat Ridge, CO 80033; Firm's EIN 84-1135132; Phone no. 303.422.7139; PTIN P00282262.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No





**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.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>Peach Sale</u> (event type)	<u>Ethics in Busi</u> (event type)	<u>None</u> (total number)	(add column (a) through column (c))
1	Gross receipts	82,890.	32,015.	114,905.
2	Less: Contributions			
3	Gross income (line 1 minus line 2)	82,890.	32,015.	114,905.
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes		
	6	Rent/facility costs		
	7	Food and beverages		
	8	Entertainment		
	9	Other direct expenses	55,227.	19,514.
10	Direct expense summary. Add lines 4 through 9 in column (d)			74,741.
11	Net income summary. Subtract line 10 from line 3, column (d)			40,164.

**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.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(add column (a) through column (c))
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Noncash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	Yes _____ % No	Yes _____ % No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If 'No,' explain: \_\_\_\_\_

10 a 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 conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

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 contact 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.** 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 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

ROTARY CLUB OF GOLDEN, COLORADO

Employer identification number

84-1034471

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

Visitor Meal Reimbursemen.....	\$ 2,140.
<b>Total</b>	<b>\$ 2,140.</b>

**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid In Excess of \$5,000**

Payments to Affiliates

Name:	Golden Rotary Foundation	
Address:	P.O. Box 18024	
	Golden, CO 80402	
Purpose of payment:	Contribution-Program Support	
Amount:		\$ 9,000.
Name:	Rotary Int. Foundation	
Address:	1560 Sherman Ave	
	Evanston, IL 60201	
Purpose of payment:	Matching Grants	
Amount:		\$ 13,216.
Name:	Rotary District 5450	
Address:	7340 E Caley Ave, #300	
	Centennial, CO 80111	
Purpose of payment:	Matching Grants	
Amount:		\$ 10,000.

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

Advertising and Promotion.....	\$ 2,054.
Badges for Members, Plaques.....	617.
Bank Charges.....	130.
Computer Services.....	4,028.
Dues.....	427.
Education & Training.....	640.
General Administrative Expense.....	818.
Membership Events & Meetings.....	20,575.
Merchant Service Fees.....	588.
Office Expenses.....	527.
<b>Total</b>	<b>\$ 30,404.</b>

**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Designated Funds.....	\$ 995.	\$ 995.
<b>Total</b>	<b>\$ 995.</b>	<b>\$ 995.</b>

Name of the organization

Employer identification number

ROTARY CLUB OF GOLDEN, COLORADO

84-1034471

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

Civic Service to Community

**Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**

The Organization makes Grants to various Rotary International, Rotary District 5450, and other Rotary Clubs in furtherance of international, national and local educational and humanitarian projects. The funds expended included \$4,162 to Rotary International and \$2,565 to Rotary District 5450 in per-capita fees. Expenditures in excess of \$5,000 per payee are listed in the schedule for Part I, Line 10.

**Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**

Educational opportunities for young people-Scholarships provided to exceptional students at Golden area high schools.The funds expended under such scholarship grants are listed in the schedule for Part 1, Line 10, Grants and Similar amounts paid.

**Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments**

Service to Golden, CO area community; Individuals benefited unknown, but encompasses a community in excess of 19,000 people. Includes grants of \$1,604 to other 501(c)(3), Civic, and Educational organizations that provide scholarships, cultural facilities, and medical services to the community, and \$2,534 for residents of a low income senior citizen facility. See attached schedule for Part 1, line 10.

**Form 990-EZ, Part III, Line 31  
Statement of Program Service Accomplishments**

Description	Grants	Program Service Expenses
Rotary Foundation, Rotary International, and Rotary District 5450 International Exchange programs. Includes Foreign Grants: No		3,841.
Support to international programs for disaster relief and		

Name of the organization

Employer identification number

ROTARY CLUB OF GOLDEN, COLORADO

84-1034471

**Form 990-EZ, Part III, Line 31 (continued)  
Statement of Program Service Accomplishments**

Description	Grants	Program Service Expenses
educational assistance.	Includes Foreign Grants: Yes	2,900.
Total	\$ 0.	\$ 6,741.

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

File a separate application for each return.

Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- 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.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	ROTARY CLUB OF GOLDEN, COLORADO	84-1034471
	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	P. O. BOX 851	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	GOLDEN, CO 80402-0851	

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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

The books are in the care of James Halderman

Telephone No. 303.989.2284 Fax No. 303.989.2284

- 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 2/15, 20 16, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- calendar year 20          or
- tax year beginning 7/01, 20 14, and ending 6/30, 20 15.

2 If the 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 Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b> \$	0.
<b>b</b> If this application is for Forms 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> \$	0.
<b>c 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> \$	0.

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

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

Enter filer's identifying number, see instructions

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	ROTARY CLUB OF GOLDEN, COLORADO	84-1034471
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	Larry L. Fike, P.C. 4465 Kipling Street Ste#106	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Wheat Ridge, CO 80033	

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 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 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.**

- The books are in the care of ▶ James Halderman  
Telephone No. ▶ 303.989.2284 Fax No. ▶ 303.989.2284
- 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.

- I request an additional 3-month extension of time until 5/15, 20 16.
- For calendar year \_\_\_\_\_, or other tax year beginning 7/01, 20 14, and ending 6/30, 20 15.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension... All analysis of financial activity has not been sufficiently completed in order to prepare an accurate return as of this date.

<b>8 a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.....	<b>8 a</b> \$
<b>b</b> If this application is for Forms 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.....	<b>8 b</b> \$
<b>c 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.....	<b>8 c</b> \$

**Signature and Verification must be completed for Part II only.**

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 ▶ President Date ▶ \_\_\_\_\_

Client 76110

ROTARY CLUB OF GOLDEN, COLORADO

84-1034471

5/13/16

06:24PM

PART V: Question 35a; STATEMENT REGARDING REASON FOR NOT REPORTING INCOME ON FORM 990-T:

The Organization conducts an annual one day sale of fresh peaches to generate funds to provide grants, donations, and other aid to the local public schools, the local food bank, and other public service projects. Additionally, the organization holds an "Ethics in Business Awards Luncheon" with several hundred attendees from throughout the business community. These events are not businesses that are regularly carried on. The proceeds from the events are used to fund requests for donations, grants, and allocations received by the organization. Such requests are reviewed by the appropriate committee and are approved by the Board of Directors prior to funding.

The organization does not receive audited financial statements. The return is prepared directly from data recorded in the organization's books and records.