

Short Form Return of Organization Exempt From Income Tax

2009

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p style="font-size: small;">Please use IRS label or print or type. See Specific Instructions.</p>	<p>C</p> <p>ROTARY CLUB OF GOLDEN, COLORADO</p> <p>P. O. BOX 851</p> <p>GOLDEN, CO 80402-0851</p>	<p>D Employer identification number</p> <p>84-1034471</p> <p>E Telephone number</p> <p>(303) 422-7139</p> <p>F Group Exemption Number</p> <p>..... ▶ 0573</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.RotaryClubofGolden.org

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

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 182,268.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	Description	Line	Amount
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	9,400.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	39,712.
	4 Investment income	4	87.
	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 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	132,202.
	b Less: direct expenses other than fundraising expenses	6b	108,333.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	23,869.	
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 ▶ _____)	8	867.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	73,935.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	51,751.
	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	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ <u>See Statement 2</u>)	16	38,696.
	17 Total expenses. Add lines 10 through 16	17	90,447.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-16,512.	
ASSETS	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	40,070.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	23,558.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	41,065.	24,553.
23	Land and buildings		
24	Other assets (describe ▶ _____)		
25	Total assets.	41,065.	24,553.
26	Total liabilities (describe ▶ <u>See Statement 3</u>)	995.	995.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	40,070.	23,558.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	a 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 period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. N/A		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9. N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities. N/A		
40a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A		
40b	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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. X		
40c	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. 0.		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. X		
41	List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The organization's books are in care of ▶ Patrick A. Madison Telephone no. ▶ 303-279-1021
 Located at ▶ 27602 School House Road Golden CO ZIP + 4 ▶ 80403

		Yes	No
42b	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: .. ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	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: .. ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

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 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization a section 527 organization?	49b	

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 and 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 ▶ _____

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 _____ Date _____

▶ Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature ▶ Larry L. Fike, CPA Date 5-4-11 Check if self-employed Preparer's Identifying Number (See instructions) N/A

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Larry L. Fike, P.C.
4465 Kipling Street Ste#106
Wheat Ridge, CO 80033 EIN ▶ N/A Phone no. ▶ (303) 422-7139

May the IRS discuss this return with the preparer shown above? See instructions ▶ 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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1 Peach Sale (event type)	(b) Event #2 Ethics in Busi (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col. (a) through col. (c))	
	1	Gross receipts	76,614.	29,943.	25,645.
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	76,614.	29,943.	25,645.	132,202.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	65,486.	29,808.	13,039.
10	Direct expense summary. Add lines 4- through 9 in column (d)				108,333.
11	Net income summary. Combine lines 3, column (d) and line 10				23,869.

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 col. (a) through col. (c))
	1	Gross revenue		
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1, column (d) and line 7			

	YES	NO
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?	9a	
b If 'No,' explain: -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' explain: -----		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

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 contact with a third party from whom the organization receives gaming revenue?.....

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?.....

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: ▶ \$ _____

	YES	NO
13		
14		
15a		
16		
17a		

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

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).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	ROTARY CLUB OF GOLDEN, COLORADO		84-1034471
	Number, street, and room or suite number. If a P.O. box, see instructions.		For IRS use only
	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		

Check type of return to be filed (File a separate application for each return):

- | | | | |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

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 care of. Patrick A. Madison
Telephone No. 303-279-1021 FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 5/15, 20 11.
- For calendar year _____, or other tax year beginning 7/01, 20 09, and ending 6/30, 20 10.
- If this tax year 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.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs. ...	8c \$ <u>0</u>

Signature and Verification

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 [Signature] Title CPA Date 2/10/11

BAA

LARRY L. FIKE, P.C.
CERTIFIED PUBLIC ACCOUNTANT
 4465 KIPLING ST.
 WHEAT RIDGE, CO 80033

IFZ0502L 03/11/09

Client 76110

ROTARY CLUB OF GOLDEN, COLORADO

84-1034471

5/04/11

05:43PM

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Contribution		
Donee's Name:	Golden Visitors Center		
Donee's Address:	10th & Washington Golden, CO 80401		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.
Class of Activity:	Exchange Program Support		
Donee's Name:	Rotary GSE Exchange Prog.		
Donee's Address:	4704 Harlan St., Suite 20 Denver, CO 80212		
Relationship of Donee:	Program of Affiliated Org		
Cash Amount Given:		\$	1,590.
Class of Activity:	Assistance to Elderly		
Donee's Name:	Canyon Gate Senior Home		
Donee's Address:	1411 8th Street Golden, CO 80401		
Relationship of Donee:	None		
Cash Amount Given:		\$	3,195.
Class of Activity:	Food Baskets for Indigent		
Donee's Name:	Various		
Relationship of Donee:	None		
Description of Property:	Holiday Food Boxes		
Date of Gift:	12/19/2009		
Book Value:	3,295.		
Method Used to Determine BV:	Cost		
Fair Market Value:			3,295.
Method Used to Determine FMV:	Cost		
Class of Activity:	Grant		
Donee's Name:	Jefferson Symphony Orchestra		
Donee's Address:	1801 Jackson Street Golden, CO 80402		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,250.
Class of Activity:	Exchange Student Support		
Donee's Name:	Rotary Student Exchange Prog.		
Donee's Address:	4704 Harlan St, Suite 210 Denver, CO 80212		
Relationship of Donee:	Program of Affiliated Org		
Cash Amount Given:		\$	152.
Class of Activity:	Youth Org. Support		
Donee's Name:	Westernaires		
Donee's Address:	15200 W. 6th Avenue Golden, CO 80401		
Relationship of Donee:	None		
Cash Amount Given:		\$	250.

Client 76110

ROTARY CLUB OF GOLDEN, COLORADO

84-1034471

5/04/11

05:43PM

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Food/Housing for Indigent		
Donee's Name:	Christian Action Guild		
Donee's Address:	14th & Ford Streets Golden, CO 80401		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,650.
Class of Activity:	Contribution		
Donee's Name:	Jeffco Action Center		
Donee's Address:	8755 W 14th Ave Lakewood, CO 80215		
Cash Amount Given:		\$	100.
Class of Activity:	Scholarship Grant		
Donee's Name:	Stefany Bullard		
Donee's Address:	15946 W Ellsworth Lane Golden, CO 80401		
Cash Amount Given:		\$	1,000.
Class of Activity:	Scholarship Grant		
Donee's Name:	Alyssa Senz		
Donee's Address:	412 1st Street Golden, CO 80403		
Cash Amount Given:		\$	1,000.
Class of Activity:	Scholarship Grant		
Donee's Name:	Gerald Miller		
Donee's Address:	18965 W 55th Circle Golden, CO 80403		
Cash Amount Given:		\$	1,000.
Class of Activity:	Student Recognition Award		
Donee's Name:	Golden High School		
Donee's Address:	701 24th Street Golden, CO 80401		
Cash Amount Given:		\$	1,053.
Class of Activity:	Student Rotoract Club		
Donee's Name:	Colorado School of Mines		
Donee's Address:	1500 Illinois St. Golden, CO 80401		
Cash Amount Given:		\$	25.
Class of Activity:	Scholarship Grant		
Donee's Name:	Kelsey Koentges		
Donee's Address:	143 Paradise Rd Golden, CO 80401		
Cash Amount Given:		\$	1,000.
Class of Activity:	Scholarship Grant		
Donee's Name:	Christian Saylor		
Donee's Address:	13519 W Dakota Pl Lakewood, CO 80228		
Cash Amount Given:		\$	1,000.

Client 76110

ROTARY CLUB OF GOLDEN, COLORADO

84-1034471

5/04/11

05:43PM

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Scholarship Grant		
Donee's Name:	Kara Huddleston		
Donee's Address:	15479 Ouray Rd Pine, CO 80470		
Cash Amount Given:		\$	1,000.
Class of Activity:	Scholarship Grant		
Donee's Name:	Alexander Martinez		
Donee's Address:	14359 W 1st Place Golden, CO 80401		
Cash Amount Given:		\$	1,000.
Class of Activity:	Civic Organization Suppor		
Donee's Name:	Toys for Kids		
Donee's Address:	Golden, CO 80401		
Cash Amount Given:		\$	500.
Class of Activity:	Disaster Victim Support		
Donee's Name:	ShelterBox USA		
Donee's Address:	8374 Market St. #203 Lakewood, FL 34202		
Relationship of Donee:	None		
Cash Amount Given:		\$	2,000.
Class of Activity:	Educ Organization Support		
Donee's Name:	Centro Educativo La Minga, Inc		
Donee's Address:	PO Box 1877 Granby, CO 80446		
Cash Amount Given:		\$	2,000.
Class of Activity:	Food sustaining program		
Donee's Name:	Casa Unida Foundation		
Donee's Address:	1112 S Eaton St Lakewood, CO 80232		
Cash Amount Given:		\$	750.
Class of Activity:	Educ Organization Support		
Donee's Name:	Belize Education Project		
Donee's Address:	1027 9th St Golden, CO 80401		
Cash Amount Given:		\$	450.
Class of Activity:	Civic Organization Suppor		
Donee's Name:	Miners Alley Playhouse		
Donee's Address:	1224 Washington St Golden, CO 80401		
Cash Amount Given:		\$	250.
Class of Activity:	Contribution		
Donee's Name:	Healing Waters Family Center		
Donee's Address:	6475 W 29th Ave Wheat Ridge, CO 80214		
Cash Amount Given:		\$	25.

Client 76110

ROTARY CLUB OF GOLDEN, COLORADO

84-1034471

5/04/11

05:43PM

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Civic Organization Suppor		
Donee's Name:	BSA - Eagle Scout Project		
Donee's Address:	465 Crawford Street Golden, CO 80401		
Cash Amount Given:		\$	400.
Class of Activity:	Medical Org. Support		
Donee's Name:	Vision International		
Donee's Address:	Golden, CO 80401		
Cash Amount Given:		\$	250.
Class of Activity:	Medical Org. Support		
Donee's Name:	Project CURE		
Donee's Address:	10377 E Geddes Ave Centennial, CO 80112		
Cash Amount Given:		\$	1,000.
<u>Payments to Affiliates</u>			
Name:	Rotary International		
Address:	1560 Sherman Ave Evanston, IL 60201		
Purpose of payment:	Per Capita Fees		
Amount:		\$	3,488.
Name:	Rotary District 5450		
Address:	4704 Harlan St, Suite 210 Denver, CO 80212		
Purpose of payment:	Per Capita Fees		
Amount:		\$	1,715.
Name:	Rotary Int. Foundation		
Address:	1560 Sherman Ave Evanston, IL 60201		
Purpose of payment:	National & Int. Programs		
Amount:		\$	11,081.
Name:	Rotary Youth Leadership Conf.		
Address:	4704 Harlan St., Suite 210 Denver, CO 80212		
Purpose of payment:	Sponsorship of Attendees		
Amount:		\$	3,200.
Name:	Golden Rotary Foundation		
Address:	P.O. Box 851 Golden, CO 80402		
Purpose of payment:	Contribution		
Amount:		\$	1,482.
Name:	Rotary Club of Mead		
Address:	PO Box 66 Mead, CO 80542		
Purpose of payment:	Donation		
Amount:		\$	1,000.
Name:	Rotary Club of Five Points		

Client 76110

ROTARY CLUB OF GOLDEN, COLORADO

84-1034471

5/04/11

05:43PM

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Payments to Affiliates

Address:	135 Park Ave W Denver, CO 80205		
Purpose of payment:	Donation		
Amount:		\$	100.
Name:	Rotary Club of Pisco, Peru Pisco, Peru		
Purpose of payment:	Earthquake Relief		
Amount:		\$	2,000.
Payments to Affiliates.....		\$	24,066.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising.....	\$	4,814.
Badges for Members.....		481.
Conferences.....		908.
Gifts.....		240.
Grant Writing Training.....		35.
Member Service Plaques, etc.....		842.
Membership Social Events.....		3,018.
Office Expenses.....		1,122.
Rotary Shirts.....		964.
Website Hosting.....		480.
Weekly Meetings.....		25,792.
	Total \$	<u>38,696.</u>

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

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

Statement 4
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 under such Grants are listed in the schedule for Part 1, Line 10, payments to Affiliates.

Client 76110

ROTARY CLUB OF GOLDEN, COLORADO

84-1034471

5/04/11

05:43PM

Statement 5
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments

Service to Golden, CO area community; Individuals benefitted unknown, but encompasses a community in excess of 15,000 people. Includes grants of \$3,295 to a 501(c)(3) organization that operates a food bank for assistance to indigent persons, \$12,453 of grants to other 501(c)(3), Civic, and Educational organizations that provide scholarships, cultural facilities, and medical services to the community, and \$3,195 for residents of a low income senior citizen facility. See attached schedule for Part 1, line 10.

Statement 6
Form 990-EZ, Part III, Line 30
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.

Statement 7
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. The funds expended under such grants are listed in the schedule for Part 1, line 10. Grants and Similar amounts paid.	1,742.	1,742.
Includes Foreign Grants: No		
Includes Foreign Grants: No		
Total	<u>\$ 1,742.</u>	<u>\$ 1,742.</u>

Client 76110

ROTARY CLUB OF GOLDEN, COLORADO

84-1034471

5/04/11

05:43PM

Statement 8
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Peggy Halderman 555 S Nelson Lakewood, CO 80226	Director 2.00	\$ 0.	\$ 0.	\$ 0.
James Sheridan 121 Washington St Golden, CO 80401	Director 2.00	0.	0.	0.
Judy Orr 701 Ballantine Road Golden, CO 80401	Past President 2.00	0.	0.	0.
E. Thomas Hughes 4882 Calle Louisa Golden, CO 80403	President 3.00	0.	0.	0.
Patrick Madison 27602 School House Road Golden, CO 80403	Treasurer 3.00	0.	0.	0.
Larry L. Fike 4465 Kipling Street Wheat Ridge, CO 80033	Secretary 2.00	0.	0.	0.
Robert Neukirchner 14218 W. 1st Avenue Golden, CO 80401	Director 2.00	0.	0.	0.
Kevin Nichols 2014 Washington Circle Golden, CO 80401	Director 2.00	0.	0.	0.
Steve Jensen 3110 Eldridge Street Golden, CO 80401	President Elect 3.00	0.	0.	0.
George W. Mitchell, Jr. 1832 Mt. Zion Drive Golden, CO 80401	Director 2.00	0.	0.	0.
Eileen Schurmann 7958 Nile Ct Arvada, CO 80007	Director 2.00	0.	0.	0.
Sneed Kaker 12396 W 34th Place Wheat Ridge, CO 80033	Director 2.00	0.	0.	0.

Client 76110

ROTARY CLUB OF GOLDEN, COLORADO

84-1034471

5/04/11

05:43PM

Statement 8 (continued)
 Form 990-EZ, Part IV
 List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Lester E. Jones 4383 Tennyson St., #1B Denver, CO 80212	Director 2.00	\$ 0.	\$ 0.	\$ 0.
	Total	\$ 0.	\$ 0.	\$ 0.

5/04/11

05:43PM

SCHEDULE G, PART II; STATEMENT REGARDING REASON FOR NOT REPORTING INCOME ON FORM 990-T:

The Organization conducts an annual one day sale of fresh peaches and holds a spring golf tournament 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.