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 conv of this return to satisfy state recorting requirements.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2010

Open to Public Inspection

| А | | the 2010 calendar year, or tax year beginning $//UL$, 2010, and ending | 6/30 | | , 201 | _1_ | |
|------------|------------------|---|---------------|---------------|---------------------------------------|------------------------|--|
| B | Check | if applicable: C | | D Empl | loyer identific | ation number | |
| | ₹ | ss change ROTARY CLUB OF GOLDEN, COLORADO | 84 | 84-1034471 | | | |
| - | ₹ . | change P. O. BOX 851 | | E Telep | Telephone number | | |
| - | Initial Termi | 100HDHN, 00 00 102 0001 | | (3 | 03) 422 | 2-7139 | |
| - | 1 | ded return | | | | | |
| - | 1 | ation pending | | F Grot Num | up Exempt nber | ion ► 0573 | |
| G | | | H Check | | | nization is not | |
| 1 | | site: ► WWW.RotaryClubofGolden.org | reauir | ed to at | tach Sched | dule B (Form | |
| J | Tax-e | xempt status (ck only one) — 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527 | 990, 9 | 90-EZ, | or 990-PF) |) . | |
| ĸ | Chec | if the organization is not a section 509(a)(3) supporting organization and its gross r | eceipts a | re norm | ally not m | ore than | |
| | \$50, | 000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may | / be requi | ired (see | e instructio | ns). But if the | |
| | | nization 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 ts (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 9 | more, or | if total | ~ A | 170 420 | |
| D | asse art I | | | | | 178,439. | |
| TE C | 11 L.I. | 3 | | | | | |
| | T - | Check if the organization used Schedule O to respond to any question in this Part I | | | · · · · · · · · · · · · · · · · · · · | | |
| | 1 | Contributions, gifts, grants, and similar amounts received | | | 1 | 4,845. | |
| | 2 | Program service revenue including government fees and contracts | | _ | 2 | 45 050 | |
| | 3 | Membership dues and assessments | | | 3 | 47,372. | |
| | 4 | Investment income | | Again | 4 | 35. | |
| | | Gross amount from sale of assets other than inventory | | | | | |
| | t . | Less: cost or other basis and sales expenses | | | | | |
| | C | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | 5 c | • | |
| ь | 6 | Gaming and fundraising events | | | | | |
| Ë | 1 | Gross income from gaming (attach Schedule G if greater than \$15,000) 6a | | | | | |
| Ě | b | Gross income from fundraising events (not including \$ of contribut | tions | | | | |
| REVERUE | | from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 12/ 0 | 21 | | | |
| E | | | 124,8 96,7 | | | | |
| | İ | Less: direct expenses from gaming and fundraising events | | | | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | | 20 006 | |
| | | | | | 6d | 28,096. | |
| | II. | Gross sales of inventory, less returns and allowances | | | | | |
| | | <u> </u> | | | | | |
| | _ | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | 7c | 1,366. | |
| | 8 | | | | 8 | | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 1 - 0 | · | 9 | 81,714. | |
| | 10 | | | | 0 | 57,215. | |
| F | 11 | Benefits paid to or for members | | 1 | | | |
| ž | 12 | Salaries, other compensation, and employee benefits | | | 2 | 1 673 | |
| E | 13 | Professional fees and other payments to independent contractors | | | | 1,673. | |
| EXPENSES | 14 | Occupancy, rent, utilities, and maintenance | | | | | |
| S | 15 | Printing, publications, postage, and shipping | | 1 | | 00 455 | |
| | 16 | Other expenses (describe in Schedule O) | | | | 29,457. | |
| | 17 | Total expenses. Add lines 10 through 16. | | . > 1 | | 88,345. | |
| | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 44516 | ర | -6,631. | |
| A N S | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree wi | th end-of- | -year | 25-517 (17-517) | 02 == 0 | |
| ASSET T | | figure reported on prior year's return) | | _ | | 23,558. | |
| T | į. | Other changes in net assets or fund balances (explain in Schedule O) | | | | 16 555 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | | . ▶ 2 | 1 | 16,927. | |

| Pai | Balance Sheets. (see the ins Check if the organization used Sch | structions for Part II.) | lection in this Part II | | | X |
|----------------------|---|------------------------------|--------------------------|---|-----------------------|---|
| | Check if the organization used Scri | edule O to respond to any qu | destion in this rait in | A) Beginning of yea | ır | (B) End of year |
| 22 | Cash, savings, and investments | | | 24,553. | | 17,922. |
| 23 | Land and buildings | | | | 23 | |
| 24 | Other assets (describe in Schedule O) | |) | | 24 | |
| 25 | Total assets | | | 24,553. | | 17,922. |
| 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) | 23,558. | 27 | 16,927. |
| Pai | t III Statement of Program Ser | | | | | Expenses |
| What Desc desc | Check if the organization used So is the organization's primary exempt purpose? See stribe what was achieved in carrying out thribe the services provided, the number of ram title. | | | oncise manner, | 501 (orga 4947 | uired for section c)(3) and 501(c)(4) nizations and section (a)(1) trusts; optional thers.) |
| 28 | See_Schedule_O | | | | | |
| | (Grants \$ 40,593.) If th | | | | 28 a | 40,593. |
| 29 | See Schedule 0 | | | | | |
| | (Grants \$ 12,974.) If the See Schedule 0 | is amount includes foreign g | rants, check here | _ | 29 a | 12,974. |
| 30 | See_Schedule_Q | | | | | |
| | (Grants \$ 3,648.) If the | is amount includes foreign g | rants, check here | | 30 a | 3,648. |
| 31 | Other program services (describe in Sch | nedule O)See . Sched | ule.0 | | | |
| | | is amount includes foreign g | | | 31 a | |
| 32 | Total program service expenses (add li | nes 28a through 31a) | | | 32 | 57,215. |
| | t IV List of Officers, Directors, | | | | (see t | he instructions for Part IV.) |
| KRAKATA | Check if the organization used So | chedule O to respond to any | guestion in this Part IV | , | | X |
| | | (b) Title and average hours | (c) Compensation (If | (d) Contributions to | :0 | (e) Expense account |
| | (a) Name and address | per week devoted to position | not paid, enter -0) | employee benefit plans deferred compensation | | and other allowances |
| 500 | Schedule_O | to position | | doi:01.00 companed | <u> </u> | |
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| Pai | Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V | | | |
|------------|---|-----------------------|-----|----------|
| | | • • • • • • | Yes | |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O | 33 | 163 | X |
| 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 | | Х |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. | | | |
| ä | a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35 a | | Х |
| ŀ | olf 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)? | 35 b | | |
| 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 | | Х |
| 37 a | a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0. Did the organization file Form 1120-POL for this year? | 37 b | | Х |
| | • | | | |
| | 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 tax year covered by this return? | 38 a | | X |
| ŀ | olf 'Yes,' complete Schedule L, Part II and enter the total amount involved | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| | a Initiation fees and capital contributions included on line 9 | 152 Earlie 1897 / 150 | | |
| | Gross receipts, included on line 9, for public use of club facilities | | | |
| 40 a | 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 | | | |
| t | 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 | 40 b | | Х |
| 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 | | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| € | All organizations. At any time during the tax year, was the organization a party to a prohibited tax | | | |
| /11 | shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed ► None | 40 e | | X |
| | The organization's books are in care of ► Paulette Dyon Located at ► 1990 Applewood Drive Lakewood CO Telephone no. ► 303.99 ZIP + 4 ► 80215 | 5 <u>5.1</u> | 013 | |
| ŀ | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a | | Yes | No |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42 b | | X |
| | 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 a Foreign Bank and Financial Accounts. | | | |
| C | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42 c | | <u>X</u> |
| | If 'Yes,' enter the name of the foreign country: ► | | | |
| | | | | |
| | | | | |
| 4 3 | 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 | | | N/A |
| 44 a | Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 44 a | Yes | No X |
| E | Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. | 44 b | | Х |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44 c | | X |
| | If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in | | | |
| | Schedule O | 44 d | | |

| Form 990- | EZ (2010) ROTARY CLUB OF GOLI | EN, COLORADO | | | 84-10344 | 71 | Р | age 4 |
|----------------------|--|---|---|---------------------------------------|--|-----------------|---------------|-------|
| | | | | | | | Yes | No |
| | y related organization a controlled entity | | - | - | | 27911032100000 | | X |
| a Did ti of se | he organization receive any payment fror ction 512(b)(13)? If 'Yes,' Form 990 and | n or engage in any trar Schedule R may need | isaction with a c to be completed | controlled entity d instead of Foi | y within the meaning m 990-EZ (see inst. |) 45 a | HIGHWINGSTACE | X |
| 46 Did ti candi | he organization engage, directly or indire idates for public office? If 'Yes,' complete | ctly, in political campai Schedule C, Part I | gn activities on | behalf of or in | opposition to | . 46 | | X |
| Part VI | Section 501(c)(3) organizations 501(c)(3) organizations and sec | and section 4947 | (a)(1) nonex | empt charita | able trusts only. | All sed | ction | |
| | 47-49b and 52, and complete the | ne tables for lines 5 | 50 and 51. | ווונמטוכ נועטני | s must answer q | uestioi | 13 | |
| | Check if the organization used Schedu | le O to respond to any | question in this | Part VI | | | | |
| | | | | | | | Yes | No |
| | he organization engage in lobbying activi | · | · | | | | | |
| | e organization a school as described in so he organization make any transfers to an | | | | | | | |
| | es,' was the related organization a section | | | | | | | |
| | plete this table for the organization's five oyees) who each received more than \$10 | | | | | | | |
| empl | oyees) who each received more than \$10 | 0,000 of compensation (b) Title and average | from the organ | | e is none, enter 'Nor ributions to employee | ne.' (e) Ex | nence | |
| (a) | Name and address of each employee paid more than \$100,000 | hours per week devoted to position | (c) Compense | be defer | red compensation | | nt and | 5 |
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| | | | | | | | | |
| f Total | number of other employees paid over \$ | 100,000▶ | | | | | | |
| 51 Comp | plete this table for the organization's five | highest compensated i | ndependent cor | ntractors who e | ach received more t | han \$10 | 0,000 | of |
| Comp | pensation from the organization. If there is | |) | (b) Type | of service | (c) Comp | ensation | n |
| | | | | | | | | |
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| d Total | number of other independent contractors | s each receiving over \$ | 100,000 | , <u> </u> | | | | |
| 52 Did the | he organization complete Schedule A? Natable trusts must attach a completed Sch | ote: All section 501(c)(| WATER S | and 4947(a)(1 |) nonexempt | Yes | | No |
| Under penalti | es of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office | , including accompanying tche | gues and statements which preparer has | s, and to the best of | my knowledge and belief, | | | |
| true, correct, | | 37 13 56356 511 | , and property | | | | | |
| Sign | Signature of officer | | | Date | | | | |
| Here | Kevin Nichols Type or print name and title. | • | | Pres | ident | | | |
| | Print/Type preparer's name | Preparer's signature | Date | e 1/ 14 | Check if PTIN | | | |
| Paid | Larry L. Fike, CPA | Larry L. Fike, | CPA J | 5-11-12 | self-employed N/A | - 00-0 | | |
| Preparer Use Only | | P.C. | | | NT / | 7\ | | |
| USC UIIIY | Firm's address > 4465 Kipling St Wheat Ridge, CO | reet Ste#106 80033 | | | Firm's EIN ► N/ Phone no. (303) | A 422- | 7139 | |
| May the IR | S discuss this return with the preparer sh | | uctions | | | X Yes | | No |
| BAA | P Automatical Control of the Control | | | | F | orm 99 0 | -EZ (| 2010 |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number ROTARY CLUB OF GOLDEN, COLORADO 84-1034471 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations а Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?...... b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (or retained by) (i) Name and address of individual (ii) Activity (iii) Did fundraiser (iv) Gross receipts or entity (fundraiser) have custody or control (or retained by) from activity of contributions? fundraiser listed in organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

| 84 | _1 | n | 3 | Λ | Λ | 7 | 1 | |
|----|----|---|-----|---|---|---|---|--|
| 04 | | u | . 3 | 4 | 4 | , | | |

Page 2

| Pa | t II | Fundraising Events. Complete if reported more than \$15,000 of fu | ndraising event co | ntributions and gros | orm 990, Part IV, li | ine 18, or n 990-EZ, lines 1 |
|---|-------|---|--|---|---------------------------------------|--|
| R | | and 6a. List events with gross red | ceipts greater than (a) Event #1 Peach Sale (event type) | \$5,000. (b) Event #2 Ethics in Busi (event type) | (c) Other events | (d) Total events (add column (a) through column (c)) |
| REVENUE | 1 | Gross receipts | , ,,, | 22,536. | (total number) | 113,734. |
| Ĕ | 2 | Less: Charitable contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 91,198. | 22,536. | | 113,734. |
| | 4 | Cash prizes | | - Anna de regional de la companya del companya de la companya del companya de la | | |
| _ | 5 | Noncash prizes | | | | |
| D R E | 6 | Rent/facility costs | | | | |
| R E C T | 7 | Food and beverages | | | | |
| X | 8 | Entertainment | | | · · · · · · · · · · · · · · · · · · · | |
| EXPENSES | 9 | Other direct expenses | 63,299. | 23,061. | | 86,360. |
| S | 10 | Direct expense summary. Add lines 4- th | | | | |
| Pa | t III | Net income summary. Combine line 3, co Gaming. Complete if the organization | | | | |
| *************************************** | | \$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)) |
| E | 1 | Gross revenue | | | | |
| _ E | 2 | Cash prizes | | | | |
| I P R E F N | 3 | Non-cash prizes | | | | |
| D I P E N S E S T | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes% | Yes% No | Yes% No | |
| | 7 | Direct expense summary. Add lines 2 thro | ough 5 in column (d) | | | |
| | 8 | Net gaming income summary. Combine li | nes 1, column (d) and | line 7 | | |
| | ls th | er the state(s) in which the organization op ne organization licensed to operate gaming lo,' explain: | activities in each of th | ese states? | | . Yes No |
| | | e any of the organization's gaming license es,' explain: | s revoked, suspended o | or terminated during the | tax year? | |
| BΔΔ | | | TEF 437021 0 | 1/12/11 | Schedule C (For | m 990 or 990-FZ) 2010 |

| Sche | edule G (Form 990 or 990-EZ) 2010 ROTARY CLUB OF GOLDEN, COLORADO 8 | 4-1034471 | Page 3 |
|--------|--|------------------------------------|-------------------|
| | 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 fo administer charitable gaming? | rmed to Yes | No |
| a b | Indicate the percentage of gaming activity operated in: a The organization's facility | . 13b | 90 90 |
| | Name ► | ∍? ∏ Y € | |
| c | c If 'Yes,' enter name and address of the third party: Name ► | · | |
| 16 | Address ► Gaming manager information: | | |
| | Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer | | |
| | Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to ret state gaming license? | Y€ | es No |
| Par | Supplemental Information. Complete this part to provide the explanations require columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applithis part to provide any additional information (see instructions). | d by Part I, lir cable. Also co | ne 2b, omplete |
| | | | |
| | | | |
| | | | |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

| 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, r | national and local |
| educational and humanitarian projects. The funds expended unde | er such Grants are |
| listed in the schedule for Part 1, Line 10, payments to Affilia | ites. |
| Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments | |
| Service to Golden, CO area community; Individuals benefitted u | inknown, but |
| encompasses a community in excess of 18,000 people. Includes of | rants of \$10,463 to |
| other 501(c)(3), Civic, and Educational organizations that prov | ride scholarships, |
| cultural facilities, and medical services to the community, and | \$2,511 for |
| residents of a low income senior citizen facility. See attache | d schedule for Part |
| 1,line 10. | |
| Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments | |
| Rotary Foundation, Rotary International, and Rotary District 54 | 50 International |
| Exchange programs. The funds expended under such grants are lis | ted in the schedule |
| for Part 1, line 10. Grants and Similar amounts paid. | |
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Form **8868**

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

File a separate application for each return.

OMB No. 1545-1709

| miemai nevenue | 361VICE 1 TO U 3C | parate appr | iculion for cucit return. | | | |
|--|--|---|--|---|---------------------------|--|
| | e filing for an Automatic 3-Month Extension, cor | | | | ► X | |
| | e filing for an Additional (Not Automatic) 3-Mont o <i>lete Part II unless</i> you have already been grante | | | | | |
| | | | | | | |
| corporation r request an e Associated V | ling (e-file). You can electronically file Form 8868 equired to file Form 990-T), or an additional (not xtension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which mang of this form, visit www.irs.gov/efile and click to the second secon | t automatic) Part I or Paust be sent |) 3-month extension of time. You can ele art II with the exception of Form 8870, Ir to the IRS in paper format (see instruct | ectronically file Form Information Return fo | n 8868 to or Transfers | |
| Part I A | utomatic 3-Month Extension of Time. | Only subm | nit original (no copies needed). | | | |
| | required to file Form 990-T and requesting an | | | complete Part I only | <i>/</i> ▶ | |
| All other corp income tax r | | REMICS, a | nd trusts must use Form 7004 to reques | t an extension of tir | ne to file | |
| _ | Name of exempt organization | | | Employer identification | number | |
| Type or print | | | | | | |
| • | ROTARY CLUB OF GOLDEN, COLORAI | | | 84-1034471 | | |
| File by the due date for | Number, street, and room or suite number. If a P.O. box, see in | istructions. | | | | |
| filing your return. See instructions. | P. O. BOX 851 City, town or post office, state, and ZIP code. For a foreign add | | 1.1 | | | |
| matructions. | | ress, see instru | ctions. | | | |
| | GOLDEN, CO 80402-0851 | | | | | |
| Enter the Re | turn code for the return that this application is fo | r (file a sep | parate application for each return) | | 03 | |
| Application Is For | | Return Code | Application Is For | | Return Code | |
| Form 990 | | 01 | Form 990-T (corporation) | | 07 | |
| Form 990-BL | | 02 | Form 1041-A | | 08 | |
| Form 990-EZ | | 03 | Form 4720 | | 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 | |
| Telephone If the org If this is the exten | ane in the care of. ► Paulette Dyon No. ► 303.955.1013 Anization does not have an office or place of busion a Group Return, enter the organization's four soox. ► . If it is for part of the group, check sion is for. | digit Group this box. | e United States, check this box | this is for the whole | group, | |
| I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 12 _, to file the exempt organization return for the organization named above. The extension is for the organization's return for: Calendar year 20 or X tax year beginning 7/01, 20 10 _, and ending 6/30, 20 11 | | | | | | |
| | x year entered in line 1 is for less than 12 montlinge in accounting period | hs, check re | eason: Initial return Fina | al return | | |
| | pplication is for Form 990-BL, 990-PF, 990-T, 47 indable credits. See instructions | | | 3a \$ | 0. | |
| | pplication is for Form 990-PF, 990-T, 4720, or 60 nts made. Include any prior year overpayment all | | | 3b \$ | 0. | |
| EFTPS | e due. Subtract line 3b from line 3a. Include your (Electronic Federal Tax Payment System). See i | instructions | | 3 c \$ | 0. | |
| Caution. If yo payment inst | ou are going to make an electronic fund withdraw ructions. | val with this | Form 8868, see Form 8453-EO and Form | m 8879-EO for | -11-2-7 | |

| Form 8868 | 3 (Rev 1-2011) | | • | | Page 2 |
|---|--|------------------------------|--|---------------------------------|----------------|
| • If you | are filing for an Additional (Not Automatic) 3-Mont | h Extension | n, complete only Part II and check | this box | |
| Note. Only | complete Part II if you have already been granted | l an automa | itic 3-month extension on a previou | | |
| Dart II | are filing for an Automatic 3-Month Extension, con Additional (Not Automatic) 3-Month Exte | npiete only | Time Only file the original (| no conice needed) | |
| I GILIII | Name of exempt organization | ension of | rime. Only the the original (| | |
| | Name of exempt organization | | | Employer identification number | |
| Type or print | ROTARY CLUB OF GOLDEN, COLORADO |) | | 84-1034471 | |
| File by the | Number, street, and room or suite number. If a P.O. box, see inst | ructions. | | | |
| File by the extended due date for filing the | Larry L. Fike, P.C. 4465 Kipling Street Ste#106 | | | | |
| return, See instructions. | City, town or post office, state, and ZIP code. For a foreign address | ss, see instruction | ons. | | |
| | Wheat Ridge, CO 80033 | | | | |
| | Return code for the return that this application is fo | · . | | | 03 |
| Applicatio Is For | п | Return Code | Application Is For | | Return Code |
| Form 990 | | 01 | | | |
| Form 990- | | 02 | Form 1041-A | | 08 |
| Form 990-l | | 03 | Form 4720 | POR 10 P. JOSE 1 | 09 |
| Form 990-I | | 04 | Form 5227 | | 10 |
| | T (section 401(a) or 408(a) trust) | 05 | Form 6069 | | 11 |
| | ⊺ (trust other than above) not complete Part II if you were not already grante | 06 | Form 8870 | | 12 |
| Teleph If the o If this i whole groumembers t | oks are in care of. Paulette Dyon one No. 303.955.1013 organization does not have an office or place of bus s for a Group Return, enter the organization's four up, check this box If it is for part of the group the extension is for. uest an additional 3-month extension of time until | digit Group oup, check th | e United States, check this box Exemption Number (GEN) nis box ► ☐ and attach a list wit | . If this | is for the |
| 5 For c | alendar year , or other tax year beginning | _ <u> </u> | 20 10 and ending | 6/30 20 1 | 1 |
| 6 If the | tax year entered in line 5 is for less than 12 mont | | | Final return | <u> </u> |
| 7 State | in detail why you need the extension All afficiently completed in oder to p | | | | |
| 8a If this | application is for Form 990-BL, 990-PF, 990-T, 47 | '20, or 6069 | , enter the tentative tax, less any | 8a \$ | |
| paym | application is for Form 990-PF, 990-T, 4720, or 60 ents made. Include any prior year overpayment all Form 8868. | owed as a o | credit and any amount paid previou | slv | |
| c Balar EFTP | nce due. Subtract line 8b from line 8a. Include your S (Electronic Federal Tax Payment System). See | instructions | | 8c \$ | |
| | • | | l Verification | | |
| Under penaltie correct, and co | s of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form. | ompanying sche | dules and statements, and to the best of my kn | owledge and belief, it is true, | |
| Signature > | Title ▶ | Preside | nt | Date ► | |
| BAA | | FIFZ0502L | *************************************** | Form 8868 (F | Rev 1-2011) |

2010

Federal Supplemental Information

Page 1

ROTARY CLUB OF GOLDEN, COLORADO

84-1034471

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 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.

| 2010 | Schedule O - Supplemental Information | Page 2 |
|---|---|---|
| | ROTARY CLUB OF GOLDEN, COLORADO | 84-103447 |
| Form 990-EZ, Part I, Other Revenue | Line 8 | |
| | mbursemen\$ 1 Events | 688. 678. 1,366. |
| Form 990-EZ, Part I, Grants and Similar A | Line 10 mounts Paid In Excess of \$5,000 | , , , , , , , , , , , , , , , , , , , |
| <u>Payments to Affi</u> Name: | Golden Rotary Foundation | |
| Address: Purpose of payme Amount: | P.O. Box 851 Golden, CO 80402 nt: Contribution \$ | 21,944. |
| Badges for Membe | \$ | 2,064. 237. |
| Bank Charges Conferences Gifts Member Service P Office Expenses Rotary Shirts Website Hosting | laques, etc | 913. 2,858. 185. 588. 196. 96. 480. 21,840. 29,457. |
| Form 990-EZ, Part II, Total Liabilities | Line 26 | |
| Designated Funds | | <u>995.</u> 995. |

Schedule O - Supplemental Information

Page 3

ROTARY CLUB OF GOLDEN, COLORADO

84-1034471

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

> Program Service Grants Expenses

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.

Description

Includes Foreign Grants: No

Total \$ 0. \$ 0.

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

| | Title and | <u></u> | Contri- | Expense |
|--|-----------------------------------|-------------------|-----------------------|---------|
| Name and Address | Average Hours Per Week Devoted | Compen- sation | bution to EBP & DC | |
| Peggy Halderman 555 S Nelson Lakewood, CO 80226 | Vice President 2 | | | |
| James Sheridan 121 Washington St Golden, CO 80401 | Director 2 | 0. | 0. | 0. |
| Dick Sargent 2150 Lookout Mountain Road Golden, CO 80401 | Director 2 | 0. | 0. | 0. |
| E. Thomas Hughes 4882 Calle Louisa Golden, CO 80403 | Past President 2 | 0. | 0. | 0. |
| Patrick Madison 27602 School House Road Golden, CO 80403 | Treasurer 3 | 0. | 0. | 0. |
| Larry L. Fike 4465 Kipling Street Wheat Ridge, CO 80033 | Secretary 2 | 0. | 0. | 0. |
| Robert Neukirchner 14218 W. 1st Avenue Golden, CO 80401 | Director 2 | 0. | 0. | 0. |
| Gary Keyfauver 6150 S. Quail Way Littleton, CO 80127 | Director 2 | 0. | 0. | 0. |

| 20 | 1 | |
|----|---|---|
| ZU | ı | U |

Schedule O - Supplemental Information

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ROTARY CLUB OF GOLDEN, COLORADO

84-1034471

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

| Name and Address | Title and Average Hours Per Week Devoted | | Contri- bution to EBP & DC | Account/ |
|--|--|-------|----------------------------------|----------|
| Kevin Nichols 2014 Washington Circle Golden, CO 80401 | President Elect 3 | \$ 0. | \$ 0. | \$ 0. |
| Steve Jensen 3110 Eldridge Street Golden, CO 80401 | President 3 | 0. | 0. | 0. |
| George W. Mitchell, Jr. 1832 Mt. Zion Drive Golden, CO 80401 | Director 2 | 0. | 0. | 0. |
| Eileen Schurmann 7958 Nile Ct Arvada, CO 80007 | Director 2 | 0. | 0. | 0. |
| Lester E. Jones 4383 Tennyson St., #1B Denver, CO 80212 | Director 2 | 0. | 0. | 0. |
| Richard Herbert 6527 South Benton Court Littleton, CO 80123 | Director 2 | 0. | 0. | 0. |
| Paulette Dyon 1990 Applewood Dr. Lakewood, CO 80215 | Director 2 | 0. | 0. | 0. |
| | Total | \$ 0. | \$ 0. | \$ 0. |