

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2011Department of the Treasury
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public
Inspection****A** For the 2011 calendar year, or tax year beginning 7/01, 2011, and ending 6/30, 2012**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial 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) ►

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 (ck only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 161,355.

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1		
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3	45,119.	
	4	Investment income	4	30.	
	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	1,910.	
	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	113,089.	
c	Less: direct expenses from gaming and fundraising events	6c	83,025.		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	31,974.		
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)	See Schedule O	8	1,207.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	►	9	78,330.	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	See Schedule O	10	50,737.
	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	1,372.	
	14	Occupancy, rent, utilities, and maintenance	14		
	15	Printing, publications, postage, and shipping	15		
	16	Other expenses (describe in Schedule O)	See Schedule O	16	32,176.
	17	Total expenses. Add lines 10 through 16.	►	17	84,285.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,955.		
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	16,927.	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	►	21	10,972.

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

Form 990-EZ (2011)

Check if the organization used Schedule O to respond to any question in this Part II.

☒Check if the organization used Schedule O to respond to any question in this Part III ☒ X

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

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.

Check if the organization used Schedule O to respond to any question in this Part IV.

✓

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. ☒ **X**

	Yes	No
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.		<input checked="" type="checkbox"/> 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).		<input checked="" type="checkbox"/> X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? See Schedule O.		<input checked="" type="checkbox"/> X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.		<input checked="" type="checkbox"/> X
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.		<input checked="" type="checkbox"/> X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0.		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/> X
38 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?		<input checked="" type="checkbox"/> X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38 b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39 a N/A		
b Gross receipts, included on line 9, for public use of club facilities. 39 b N/A		
40 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		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		<input checked="" type="checkbox"/> X
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.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
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.		<input checked="" type="checkbox"/> X
41 List the states with which a copy of this return is filed ▶ <u>None</u>		

42 a The organization's books are in care of ▶ Paulette Dyon Telephone no. ▶ 303.955.1013
Located at ▶ 1990 Applewood Drive Lakewood CO ZIP + 4 ▶ 80215

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)?

	Yes	No
42 b		<input checked="" type="checkbox"/> 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 Foreign Bank and Financial Accounts.

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

	Yes	No
42 c		<input checked="" type="checkbox"/> X

If 'Yes,' enter the name of the foreign country: . ▶ _____

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 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		<input checked="" type="checkbox"/> X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		<input checked="" type="checkbox"/> X
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/> X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/> X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).		<input checked="" type="checkbox"/> X

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.....

	Yes	No
46		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 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.....

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....

49a Did the organization make any transfers to an exempt non-charitable related organization?.....

b If 'Yes,' was the related organization a section 527 organization?.....

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and 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

e 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

e Total number of other independent contractors each receiving over \$100,000..... ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A..... ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Peggy Halderman Date: President
Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name: Larry L. Fike, CPA Preparer's signature: Larry L. Fike, CPA Date: 1-28-13 Check ☐ if self-employed PTIN: P00282262
Firm's name ▶ Larry L. Fike, P.C. Firm's EIN ▶ 84-1135132
Firm's address ▶ 4465 Kipling Street Ste#106 Phone no. (303) 422-7139
Wheat Ridge, CO 80033

May the IRS discuss this return with the preparer shown above? See instructions..... ▶ ☒ Yes ☐ No

COPY
TEED 02/14/12

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Peach Sale</u> (event type)	<u>Ethics in Busi</u> (event type)	(total number)	(add column (a) through column (c))
REVENUE	1 Gross receipts.....	87,969.	22,163.		110,132.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2).....	87,969.	22,163.		110,132.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	56,707.	20,832.		77,539.
	10 Direct expense summary. Add lines 4 through 9 in column (d).....				77,539.
	11 Net income summary. Combine line 3, column (d), and line 10				32,593.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (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	<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.....					

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?..... ☐ Yes ☐ No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?..... ☐ Yes ☐ No

b If 'Yes,' explain: _____

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

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

Name ▶

Address ▶

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

Name

Address ▶

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor

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.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

ROTARY CLUB OF GOLDEN, COLORADO

Employer identification number

84-1034471

Changes to Governing Documents

The Club Constitution and By-Laws were updated for changes implemented by the Rotary Council on Legislation and to conform to the Rotary International Model Constitution. Such changes related principally to:

Ability of members to transfer to another Rotary Club,

Expansion of the leave of absence policy,

Addition of an additional Avenue of Service (New Generations),

Defining criteria for the nominating committee,

Addition of standing committees,

Committment to Diversity, and

Defining a Quorum for the process of amending the By-Laws.

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 \$4,259 to Rotary International and \$2,790 to Rotary District 5450 in per-capita fees. Expenditures in excess of \$5,000 per payee are listed in the schedule for Part 1, Line 10.

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 18,000 people. Includes grants of \$10,802 to other 501(c)(3), Civic, and Educational organizations that provide scholarships, cultural facilities, and emergency services to the community, and \$2,511 for meals

Name of the organization

ROTARY CLUB OF GOLDEN, COLORADO

Employer identification number

84-1034471

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

provided to residents of a low income senior citizen facility.

Form 990-EZ, Part V, Line 35 - Reason for Income Not Reported on Form 990-T

The Organization conducts an annual one day sale of fresh peaches to generate funds to provide grants, donations, aid to the local public schools, the local food bank, Rotary International Humanitarian projects, and other public service projects. The organization holds an "Ethics in Business Awards Luncheon" with several hundred attendees from throughout the business community. The organization conducts an annual "State of the Community" event open to the public in which the Mayor and other local government officials inform the citizenry of projects affecting the area. The organization also held a one night "Texas Holdem" Poker Tournament to increase awareness of the civic projects conducted by Rotary and attempt to attract new members. 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.



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

For assistance, call:
1-877-829-5500

Notice Number: CP211A
Date: November 26, 2012

Taxpayer Identification Number:
84-1034471
Tax Form: 990
Tax Period: June 30, 2012

064295.130201.0249.006 1 AT 0.374 373



ROTARY INTERNATIONAL
GOLDEN ROTARY CLUB
PO BOX 851
GOLDEN CO 80402-0851

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **February 15, 2013**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

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

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- 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 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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	ROTARY CLUB OF GOLDEN, COLORADO	<input checked="" type="checkbox"/> 84-1034471
	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	P. O. BOX 851	<input type="checkbox"/>
	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	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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

- The books are in the care of. ▶ Paulette Dyon

Telephone No. ▶ 303.955.1013 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.

- 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 13, 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 11, and ending 6/30, 20 12.

- 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

3a 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.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

ROTARY CLUB OF GOLDEN, COLORADO

84-1034471

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

Visitor Meal Reimbursemen.....	\$	660.
Miscellaneous Income.....		547.
Total	\$	<u>1,207.</u>

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

Name:	Golden Rotary Foundation
Address:	P.O. Box 18024
	Golden, CO 80402
Purpose of payment:	Contribution
Amount:	\$ 13,280.

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

Advertising.....	\$	3,340.
Badges for Members.....		767.
Bank Charges.....		1,147.
Dues.....		569.
Education & Training.....		385.
Member Service Plaques, etc.....		500.
Membership Social Events.....		1,783.
Office Expenses.....		84.
Other Expenses.....		885.
Weekly Meetings.....		22,716.
Total	\$	<u>32,176.</u>

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>

ROTARY CLUB OF GOLDEN, COLORADO

84-1034471

Form 990-EZ, Part IV

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- ution to EBP & DC	Expense Account & Other Allowances
Peggy Halderman 555 S Nelson Lakewood, CO 80226	Vice President 2	\$ 0.	\$ 0.	\$ 0.
Marilyn Sudbeck 1968 S Van Gordon St Lakewood, CO 80228	Treasurer 3	0.	0.	0.
Russell Sindt 13062 W 29th Ave Golden, CO 80401	Director 2	0.	0.	0.
Robert Neukirchner 14218 W 1st Ave Golden, CO 80401	Director 2	0.	0.	0.
Gary Keyfauver 6150 S Quail Way Littleton, CO 80127	Director 2	0.	0.	0.
Larry L. Fike 4465 Kipling Street Wheat Ridge, CO 80033	Secretary 2	0.	0.	0.
Karl Hawkins 813 Fox Hollow Lane Golden, CO 80401	Director 2	0.	0.	0.
Mari Sutton 85 S Lupine St Golden, CO 80401	Director 2	0.	0.	0.
Kevin Nichols 2014 Washington Circle Golden, CO 80401	President 3	0.	0.	0.
Brian Quarnstrom 1111 12th St, #3 Golden, CO 80401	Director 2	0.	0.	0.
Eileen Schurmann 7958 Nile Ct Arvada, CO 80007	Director 2	0.	0.	0.
Paulette Dyon 1990 Applewood Dr. Lakewood, CO 80215	Treasurer 2	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.