LARRY L. FIKE, P.C. 4465 KIPLING STREET STE#106 WHEAT RIDGE, CO 80033 (303) 422-7139

February 1, 2014

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

FEDERAL ID: 84-1034471

Dear Client:

Your Federal Return of Organization Exempt from Income Tax was acknowledged as accepted by the Internal Revenue Service on February 1, 2014. No tax is payable with the filing of this return. If you have questions about the return, please call the IRS Tax Help number, 1-800-829-4933.

Please be sure to call if you have any questions.

Sincerely,

Larry L. Fike, CPA

2012	Federal Exempt Organization Tax Summary (EZ)	Page 1
Client 76110	ROTARY CLUB OF GOLDEN, COLORADO	84-1034471
1/25/14		4:20 PM
Membership Investment Net income	evenue ns, gifts, and grants dues and assessments income (loss) - special events ue	12,898 43,443 41 34,416 3,084
Total reven	ue	93,882
Professiona Printing, p	similar amounts paid. l fees/pymt to contractors. ublications, and postage. ses	56,203 1,717 1,145 36,589
Total expen	ses	95,654
Excess or (Net assets/	PERMINISTANCES deficit) for the year fund bal. at beg. of year fund bal. at end of year	-1,772 10,972 9,200

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

В	Check	the 2012 calendar year, or tax year beginning 7/01 , 2012, and ending 6/30 if applicable: C	, 2013
	Addres	s change	
	Name		4-1034471
	Initial r	eturn COLDEN CO 00402 0051	lephone number
	Termin	GOLDEN, CO 80402-0851	303) 422-7139
	Amend	ed return F Gro	oup Exemption
Ш			umber ► 0573
G			if the organization is not
1			attach Schedule B (Form Z, or 990-PF).
J	Tax-ex	Empt status (check only one) — Sol (o) () A	
K	Chec		
		ally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postolictions). But if the organization chooses to file a return, be sure to file a complete return.	card) may be required (see
L	12/14/2019 25/2019	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	1
_	asset	s (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶\$ 180,821
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	
		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 12,898
	2	Program service revenue including government fees and contracts	2
	3	Membership dues and assessments	3 43,443
В	4	Investment income	4 41
		Gross amount from sale of assets other than inventory	
	l	Less: cost or other basis and sales expenses	
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c
	6	Gaming and fundraising events	
REVENU	l	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	
Ě	b	Gross income from fundraising events (not including \$ of contributions	
Ü		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
	С	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).	6d 34,416
	7 a	Gross sales of inventory, less returns and allowances	
		Less: cost of goods sold	
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c
	8	Other revenue (describe in Schedule O). See Schedule O	8 3,084
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 93,882
	10	Grants and similar amounts paid (list in Schedule O)	10 56,203
	11	Benefits paid to or for members	11
E	12	Salaries, other compensation, and employee benefits	12
EXPENSES	13	Professional fees and other payments to independent contractors	13 1,717
N	14	Occupancy, rent, utilities, and maintenance	14
E	15	Printing, publications, postage, and shipping	15 1,145
5	16	Other expenses (describe in Schedule O). See Schedule O	16 36,589
	17	Total expenses. Add lines 10 through 16	17 95,654
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -1,772
A S S E T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	
EE		figure reported on prior year's return)	19 10,972
S	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	
BA	A Fo	Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (201

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

rai	Check if the organization used Sche	tructions for Part II.) edule 0 to respond to any qu	estion in this Part II			X
				(A) Beginning of yea		(B) End of year
22	Cash, savings, and investments			11,967.		10,195.
23 24	Land and buildings Other assets (describe in Schedule O)				23	-
25				11,967.	25	10,195.
26	Total assets	See Schedule	e 0	995.	26	995.
27	Net assets or fund balances (line 27 of			10,972.	-	9,200.
Par	t III Statement of Program Service Ac	complishments (see the inst	rs for Part III.)	ı X	/Dog	Expenses uired for section 501
What Desc mea	Check if the organization used Sc is the organization's primary exempt purpose? See cribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	Schedule O			(c)(3) orgar 4947	nizations and section (a)(1) trusts; optional thers.)
28	0 0 1 1 1 0				۰	
29	See Schedule 0	is amount includes foreign g			28 a	38,878.
	(Grants \$ 8,272.) If th	is amount includes foreign g			29 a	8,272.
30	See Schedule 0					3,2,2.
	(Grants \$ 6,000.) If th	is amount includes foreign g	rants, check here	-	30 a	6,000.
31	Other program services (describe in Sch				31 a	257.
32	(Grants \$ 257.) If th Total program service expenses (add line)	nes 28a through 31a)			32	53,407.
	t IV List of Officers, Directors,	Trustees, and Key Emp	loyees. List each one	even if not compensated. (see th	ie instructions for Part IV.)
	Check if the organization used Sc	hedule O to respond to any o	question in this Part I		0.23500.5 (<u>X</u>
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe compensation	yee	(e) Estimated amount of other compensation
See	Schedule_0					
			0		0.	0.
					,	
_						The state of the s

Pa	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	******		X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes.'		Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule Q	33		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	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 · · · · · ·	35 a		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.	35 b		
i)	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	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant	26		.,,
27	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	b 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?b If 'Yes,' complete Schedule L, Part II and enter the total	38 a		X
	amount involved			
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9	SECTION CONTRACTOR		180
	b Gross receipts, included on line 9, for public use of club facilities	<u>\</u>		
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			
Ĭ	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		20	DH :a
	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			21
	managers or disqualified persons during the year under sections 4912, 4955, and 4958		# 1 ₂	
(d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.			
į	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		1	1 Y
41		40 e		X
41	List the states with which a copy of this return is filed None	40 e	l	
41		40 e	l	
	List the states with which a copy of this return is filed ► None a The organization's		013	
	List the states with which a copy of this return is filed ► None	55.1	013	
42	a The organization's books are in care of ► Paulette Dyon Located at ► 1990 Applewood Drive Lakewood CO None Telephone no. ► 303.9 ZIP + 4 ► 80215	55.1	013_ Yes	No
42	a The organization's books are in care of ▶ Paulette Dyon	55.1		
42	a The organization's books are in care of ► Paulette Dyon Located at ► 1990 Applewood Drive Lakewood CO None Telephone no. ► 303.9 ZIP + 4 ► 80215	55.1		No
42	a The organization's books are in care of ▶ Paulette Dyon	55.1		No
42	a The organization's books are in care of ▶ Paulette Dyon	55.1		No
42	a The organization's books are in care of ▶ Paulette Dyon	55.1		No X
42	a The organization's books are in care of ▶ Paulette Dyon Located at ▶ 1990 Applewood Drive Lakewood CO Telephone no. ▶ 303.5 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)? 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.?	55.1		No
42	a The organization's books are in care of ► Paulette Dyon Located at ► 1990 Applewood Drive Lakewood CO 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: See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	955.1 42b		No X
42	a The organization's books are in care of ▶ Paulette Dyon Located at ▶ 1990 Applewood Drive Lakewood CO Telephone no. ▶ 303.5 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)? 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.?	955.1 42b		No X
42	a The organization's books are in care of ▶ Paulette Dyon Located at ▶ 1990 Applewood Drive Lakewood CO Telephone no. ▶ 303.5 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)? 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.?	955.1 42b		No X
42	a The organization's books are in care of ▶ Paulette Dyon	42 b		No X
42	a The organization's books are in care of ▶ Paulette Dyon	42 b	Yes	No X X
42	List the states with which a copy of this return is filed ► None a The organization's books are in care of ► Paulette Dyon	42 b		No X X
42	a The organization's books are in care of ▶ Paulette Dyon	42 b	Yes	No X X
42 43 44	a The organization's books are in care of ▶ Paulette Dyon Located at ▶ 1990 Applewood Drive Lakewood CO Step + 4 ▶ 80215 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)? 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.? If 'Yes,' enter the name of the foreign country:▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	42 b 42 c	Yes	No X X N/A N/A No
42 43 44	a The organization's books are in care of ▶ Paulette Dyon Telephone no. ▶ 303.5 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)? See the instructions for exceptions and filling 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.? If 'Yes,' enter the name of the foreign country.▶ Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year▶ 43 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 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.	42 b 42 c	Yes	No X N/A N/A No X
42 43 44	a The organization's books are in care of Paulette Dyon Located at 1990 Applewood Drive Lakewood CO SIP + 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)? 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.? 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.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 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. c Did the organization receive any payments for indoor tanning services during the year?	42 b 42 c	Yes	No X X N/A N/A No
42 43 44	a The organization's books are in care of ► Paulette Dyon Telephone no. ► 303.5 Superior Located at ► 1990 Applewood Drive Lakewood CO TIP + 4 ► 8021E 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)? See the instructions for exceptions and filling 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.? If 'Yes,' enter the name of the foreign country.★ Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 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. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization in Schedule O.	42 b 42 c 44 a 44 b 44 c	Yes	No X N/A N/A No X X
42 43 44	a The organization's books are in care of Paulette Dyon Located at 1990 Applewood Drive Lakewood CO SIP + 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)? 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.? 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.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 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. c Did the organization receive any payments for indoor tanning services during the year?	42 b 42 c 44 a 44 b	Yes	No X X N/A N/A No X

Form 99	90-EZ (2012) ROTARY CLUB OF GOLI	EN, COLORADO		84-103	4471	Р	age 4
						Yes	No
46 Di	d the organization engage, directly or indire ndidates for public office? If 'Yes,' complete	ctly, in political campa e Schedule C, Part I…	aign activities on behalf	of or in opposition to	46		Х
Part V	Section 501(c)(3) organizations	only					- 22
	All section 501(c)(3) organization for lines 50 and 51.	ons must answer o	questions 47-49b ar	nd 52, and complete	the table	S	
	Check if the organization used Schedul	e O to respond to any	guestion in this Part V	ή			П
47 0:						Yes	No
4/ Di	d the organization engage in lobbying activities mplete Schedule C, Part II	or have a section 501(r	n) election in effect during	g the tax year? If 'Yes,'	47		
48 Is	the organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sch	edule E	48		
	d the organization make any transfers to an 'Yes,' was the related organization a sectior		250				
50 Co	implete this table for the organization's five high	nest compensated empl	oyees (other than officers	s, directors, trustees and ke	V		
em	nployees) who each received more than \$100,0	00 of compensation from	n the organization. If ther	e is none, enter 'None.'			
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		

		A A			- Q45		
51 Co	tal number of other employees paid over \$1 mplete this table for the organization's five high mpensation from the organization. If there is	nest compensated indep	pendent contractors who e	each received more than \$1	00,000 of		
	a) Name and address of each independent contractor paid	The second secon	(b) Type	e of service	(c) Comp	ensation	n
						11 74. V. 2 000	
			-				
			-				
			-				
			-	A			
d To	tal number of other independent contractors	s each receiving over	_ <u> </u> \$100,000				
	d the organization complete Schedule A? N earitable trusts must attach a completed Sch				► Yes		No
Under pena true, correc	alties of perjury, I declare that I have examined this return, ct, and complete. Declaration of preparer fother that office	including accompanying school is based on all information	edules and statements, and to to of which preparer has any known	he best of my knowledge and beliewledge.	ef, it is		
	X Consel			X30 JAN	LARY	201	14
Sign Here	Signature of officer			Date .			
11010	Daniel K. Green Type or print name and title.		•	President			
	Print/Type preparer's name	Preparer's signature	CPA 1-25.	Check if PT		^	
Paid Prepare	Larry L. Fike, CPA Firm's name ► Larry L. Fike,	Larry L. Fike P.C.	, CPA	self-employed P(0028226	۷	
Use Onl	·			Firm's EIN ►	84-1135	132	



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

Wheat Ridge, CO 80033

(303) 422-7139

Phone no.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

ZUIZ

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.

Open to Public Inspection

Name of the organization						Employer identifica		
ROTARY CLUB OF GOLDEN, COLORADO 84-1034471								
Part I 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.								
1 Indicate whether the organization	raised funds th	rough any	of the follo	owing activities. Check	all that a	apply.		
a Mail solicitations			е	Solicitation of non-	-governm	ent grants		
b Internet and email solicitation	S		f	Solicitation of gove	ernment (grants		
c Phone solicitations g Special fundraising events								
d In-person solicitations								
2 a 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 indicompensated at least \$5,000 by t	viduals or entitie he organization	s (fundraise	ers) pursuai		which the	fundraiser is to		
(i) Name and address of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(v) Am	nount paid to	(vi) Amount paid to	
or entity (fundraiser)		have custo of contr	dy or control ributions?	from activity	fundra	etained by) iser listed in olumn (i)	(or retained by) organization	
		Yes	No	а				
1								
2			N.					
3								
4								
5								
6								
7								
8				V				
9								
10								
Total			•				V	
3 List all states in which the organizat or licensing.	ion is registered	or licensed	to solicit c	ontributions or has been	notified i	t is exempt from	registration	

Schedule G (Form 990 or 990-EZ) 2012 ROTARY CLUB OF GOLDEN, COLORADO 84-1034471 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 (add column (a) Peach Sale Ethics in Busi None through column (c)) MCZMCMN (event type) (event type) (total number) 1 Gross receipts..... 87,979. 30,756. 118,735. 3 Gross income (line 1 minus line 2)..... 87,979. 30,756. 118,735. 4 Cash prizes Noncash prizes..... DIRECT 6 Rent/facility costs..... 7 Food and beverages 8 Entertainment..... 9 Other direct expenses..... 63,934. 19,939. 83,873. 10 Direct expense summary. Add lines 4 through 9 in column (d) 83,873. 11 Net income summary. Combine line 3, column (d), and line 10..... 34,862. 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. (d) Total gaming (add column (a) (a) Bingo (b) Pull tabs/Instant (c) Other gaming REVENUE bingo/progressive through column (c)) bingo 1 Gross revenue..... 2 Cash prizes DIRECT 3 Non-cash prizes 4 Rent/facility costs..... 5 Other direct expenses..... Yes Yes Yes 6 Volunteer labor...... No No 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?..... No **b** If 'No,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....

b If 'Yes,' explain:

Sche	edule G (Form 990 or 990-EZ) 2012 ROTARY CLUB OF GOLDEN, COLORADO	34-1034471	Page 3
11	Does the organization operate gaming activities with nonmembers?		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		□ No
12	Indicate the persentage of marries called an arrandor in	1 1	
	Indicate the percentage of gaming activity operated in:	12.	Q.
	a The organization's facilityb An outside facilityb		
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	160.25 (12)	
14	There the harne and address of the person who prepares the organization's gaming/special events books and record	5.	
	Name ►		
	Address •		
15 a	a Does the organization have a contact with a third party from whom the organization receives gaming revenu	ue? Yes	No
	b If 'Yes,' enter the amount of gaming revenue received by the organization▶ \$ and		
	of gaming revenue retained by the third party > \$		
	c If 'Yes,' enter name and address of the third party:		
	* = *		
	Name •		
	Address •		j
16	Gaming manager information:		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions		
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the	
	organization's own exempt activities during the tax year ► \$		
Par	rt IV 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, line a icable. Also comp	2b, olete
		ACCORD 194190	

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public

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.

Employer identification number 84-1034471 ROTARY CLUB OF GOLDEN, COLORADO 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 \$3,908 to Rotary International and \$2,565 to Rotary District 5450 in per-capita fees. Expenditures in excess of \$5,000 per payee are listed in the schedule for Part I, Line 10. Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments Service to Golden, CO area community; Individuals benefited unknown, but encompasses a community in excess of 19,000 people. Includes grants of \$7,742 to other 501(c)(3), Civic, and Educational organizations that provide scholarships, cultural facilities, and medical services to the community, and \$530 for residents of a low income senior citizen facility. See attached schedule for Part 1, line 10. 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. 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 The organization holds an "Ethics in Business Awards Luncheon" with

Name of the organization	Employer identification number
ROTARY CLUB OF GOLDEN, COLORADO	84-1034471
Form 990-EZ, Part V, Line 35 - Reason for Income Not Reported on Form 990-T (cor	itinued)
several hundred attendees from throughout the business communit	y. 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. These events are not businesses the	nat are regularly
carried on. The proceeds from the events are used to fund requ	ests for donations,
grants, and allocations received by the organization. Such received	quests are reviewed
by the appropriate committee and are approved by the Board of I	Directors prior to
funding.	

2012	Schedule O - Supplemental Information	Page 1
Client 76110	ROTARY CLUB OF GOLDEN, COLORADO	84-1034471
1/25/14		05:14PM
Form 990-EZ, Part I, Line Other Revenue	e 8	
Visitor Meal Reimbu	rsemen	3,084. 3,084.
Form 990-EZ, Part I, Line Grants and Similar Amo	e 10 ounts Paid In Excess of \$5,000	
Payments to Affilia Name: Address:	Golden Rotary Foundation P.O. Box 18024 Golden, CO 80402	
Purpose of payment: Amount:	Contribution-Program Support \$	16,217.
Form 990-EZ, Part I, Line Other Expenses	e 16	
Badges for Members Bank Charges Club Service Expens Dues Education & Trainin General Administrat Gifts and Awards Membership Social E Office Expenses Speaker Gifts	ses	2,967. 98. 697. 398. 90. 745. 1,277. 1,234. 4,035. 119. 183. 24,746. 36,589.
Form 990-EZ, Part II, Lin Total Liabilities		Ending
Designated Funds	Total \$ 995. \$	995. 995.

Client 76110 ROTARY CLUB OF GOLDEN, 1/25/14 Form 990-EZ, Part III, Line 31 Statement of Program Service Accomplishments Description Rotary Foundation, Rotary International, and Rota District 5450 International Exchange programs. Includes Foreign G	iry Grants	G1	257.	84-1034471 05:14PM Program Service Expenses 257.
Form 990-EZ, Part III, Line 31 Statement of Program Service Accomplishments Description Rotary Foundation, Rotary International, and Rota District 5450 International Exchange programs. Includes Foreign G	Frants	: No	257.	Program Service Expenses 257.
Description Rotary Foundation, Rotary International, and Rota District 5450 International Exchange programs. Includes Foreign G	Frants	: No	257.	Service Expenses 257.
District 5450 International Exchange programs. Includes Foreign G	Frants	<u></u>		
Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees	1	Total \$	257. \$	257.
Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees				
Name and Address Peggy Halderman President Average Hours Per Week Devote	ed	Compensation 0.	Benefits & Contrib-bution to EBP & DC	Account & Other Allowances
Name and Address Per Week Devote Peggy Halderman	<u>ed</u>	sation	EBP & DC	Allowances
Russell Sindt Director	2	0.	0.,	0.
Daniel K. Green President	2	0.	0.	0.
Judy Orr Director	2	0.	0.	0.
Patrick Madison Director	2	0.	0.	0.
Larry L. Fike Secretary	2	0.	0.	0.
Mike Bestor Director	2	0.	0.	0.
James E. McGuigan Director	2	0.	0.	0.
Kevin Nichols Past President	2	0.	0.	0.

2

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0.

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Colleen Jorgensen Director

George W. Mitchell, Jr. Director

2012

Schedule O - Supplemental Information

Page 1

Client 76110

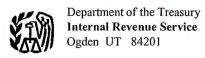
ROTARY CLUB OF GOLDEN, COLORADO

84-1034471

2/07/14

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

Name and Address	Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- bution to EBP & DC	Expense Account & Other Allowances
James E. Halderman Director	2	\$ 0.	\$ 0.	\$ 0.
James Malone Director	2	0.	0.	0.
Paulette J. Dyon Treasurer	3	0.	0.	0 .
Richard Hebert Director	2	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.



1-877-829-5500 FAX 801-620-5670

Notice Number: CP211A Date: December 2, 2013

Taxpayer Identification Number:

84-1034471 Tax Form: 990

Tax Period: June 30, 2013

003021.242671.1387.069 1 AB 0.384 536 լոմ<u>ի Որակիկութինիաի ին</u>իանի իուլիկութիների



ROTARY INTERNATIONAL GOLDEN ROTARY CLUB PO BOX 851 GOLDEN

003021

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, 2014.

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.

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service 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 extention 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. Automatic 3-Month Extension of Time. Only submit original (no copies needed). Part I 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 Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print ROTARY CLUB OF GOLDEN, COLORADO
Number, street, and room or suite number. If a P.O. box, see instructions. 84-1034471 Social security number (SSN) File by the due date for O. BOX 851 filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. GOLDEN, CO 80402-0851 Enter the Return code for the return that this application is for (file a separate application for each return)..... Application Application Is For Return Return Is For Code Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 02 Form 1041-A 08 Form 990-BL 09 Form 4720 (individual) 03 Form 4720 10 Form 990-PF 04 Form 5227 11 05 Form 990-T (section 401(a) or 408(a) trust) Form 6069 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 | request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time , 20 14 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 X tax year beginning $\frac{7}{01}$, 20 $\frac{12}{12}$, and ending $\frac{6}{30}$, 20 $\frac{13}{13}$. 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 3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3 a \$ 0 nonrefundable credits. See instructions..... b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax 3 b \$ payments made. Include any prior year overpayment allowed as a credit..... 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...... 3 c \$ 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.

2012

Federal Supplemental Information

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Client 76110

ROTARY CLUB OF GOLDEN, COLORADO

84-1034471

1/25/14

05:14PM

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

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