



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



FILED ACCORDING TO IRS NOTICE

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Department 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

06/01/2011, and ending

05/31, 2012

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

ZONTA CLUB OF DENVER II

Number and street (or P O box, if mail is not delivered to street address)

PO BOX 18397

City or town, state or country, and ZIP + 4

DENVER, CO 80218-0397

D Employer identification number

84-1037455

E Telephone number

(303) 831-1265

F Group Exemption
Number ►G Accounting Method Cash Accrual Other (specify) ►I Website: ► WWW.ZONTA-DENVER2.ORG

J Tax-exempt status

(check only one) -

501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527H Check ► if the organization is not

required to attach Schedule B

(Form 990, 990-EZ, or 990-PF)

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 ► \$ 56,550.

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	1 310.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 12,409.
	4 Investment income	4 2.
	5 a 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)	RECEIVED 6a
	b Gross income from fundraising events (not including \$ 15,000) 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 42,912.
	c Less direct expenses from gaming and fundraising events	6c 26,879.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d ATCH. 2 16,033.
	7 a Gross sales of inventory, less returns and allowances	7a 917.
	b Less cost of goods sold	7b ATCH. 3 864.
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 53.
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 28,807.
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 17,142.
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 11,897.
	17 Total expenses. Add lines 10 through 16	17 29,039.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -232.
	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 25,503.
	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 25,271.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011) 18

SCANNED NOV 05 2012

Net Assets

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year	
		25,503.	22	28,239.
22	Cash, savings, and investments	ATTACHMENT 5	0	0
23	Land and buildings	ATTACHMENT 6	0	379.
24	Other assets (describe in Schedule O)	ATTACHMENT 7	25,503.	28,618.
25	Total assets		0	3,347.
26	Total liabilities (describe in Schedule O)		25,503.	25,271.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)			

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? ATTACHMENT 8

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28	COLUMBINE COMMUNITY			
	(Grants \$ 687.) If this amount includes foreign grants, check here ►		28a	
29	SMART GIRLS			
	(Grants \$ 560.) If this amount includes foreign grants, check here ►		29a	
30	EMPOWERMENT			
	(Grants \$ 984.) If this amount includes foreign grants, check here ►		30a	
31	Other program services (describe in Schedule O)	ATTACHMENT 9		
	(Grants \$ 15,412.) If this amount includes foreign grants, check here ►		31a	
32	Total program service expenses (add lines 28a through 31a)		32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SHARON FAIRCLOTH PO BOX 18397 DENVER, CO 80218-0397	PRESIDENT 2.00	0	0	0
LOIS BRITTON PO BOX 18397 DENVER, CO 80218-0397	VICE PRESIDENT 2.00	0	0	0
ELLEN FITZPATRICK PO BOX 18397 DENVER, CO 80218-0397	TREASURER 2.00	0	0	0
KATHY DEAN PO BOX 18397 DENVER, CO 80218-0397	RECORDING SECRETARY 1.00	0	0	0
CAROL JOHNSON PO BOX 18397 DENVER, CO 80218-0397	CORRESPONDING SECRETARY 1.00	0	0	0
JEAN GRISWOLD PO BOX 18397 DENVER, CO 80218-0397	DIRECTOR 1.00	0	0	0
TERRI OTLEY PO BOX 18397 DENVER, CO 80218-0397	DIRECTOR 1.00	0	0	0
SUZANNE FASING PO BOX 18397 DENVER, CO 80218-0397	DIRECTOR 1.00	0	0	0
PAT CONGLETON PO BOX 18397 DENVER, CO 80218-0397	DIRECTOR 1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

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)

35a 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)?

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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

b Did the organization file Form 1120-POL for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

b If "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

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____

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

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

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

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

41 List the states with which a copy of this return is filed ► _____

42a The organization's books are in care of ► CLUB TREASURER Telephone no ► 303-831-1265
Located at ► PO BOX 18397 DENVER, CO ZIP + 4 ► 80218-0397

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____
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 the U.S.? 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 ►
and enter the amount of tax-exempt interest received or accrued during the tax year ► **43**

44a 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 filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

	Yes	No
33	X	
34	X	
35a	X	
35b		
35c		
36	X	
37a		
37b		
38a	X	
38b		
39a		
39b		
40a		
40b	X	
40c		
40d		
40e	X	
42b	X	
42c	X	
44a	X	
44b	X	
44c	X	
44d		
45a	X	
45b	X	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►
 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►
 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	<i>Ellen Fitzpatrick</i>		<i>10/13/12</i>
	Signature of officer		Date
	<i>ELLEN FITZPATRICK, TREASURER</i>		
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Teresa A Otley	<i>Teresa A. Otley</i>	10/13/2012
	Firm's name ► TERESA A OTLEY, CPA		Firm's EIN ► 84-1073952
Firm's address ► P O BOX 6739		Phone no 303-831-1265	
DENVER, CO 80206-0739			

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2011

**Open to Public
Inspection**

Name of the organization

ZONTA CLUB OF DENVER II

Employer identification number

84-1037455

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	2.
TOTAL	2.

ATTACHMENT 2

FORM 990EZ, PART I - FUNDRAISING EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
GOLF TOURNAMENT	10,330.	7,306.	3,024.
HOLIDAY GREENERY, NUTS, ETC	30,634.	19,573.	11,061.
KING SOOPERS CARDS	1,948.		1,948.
TOTALS	<u>42,912.</u>	<u>26,879.</u>	<u>16,033.</u>

ATTACHMENT 3

FORM 990EZ, PART I - COST OF GOODS SOLD

INVENTORY AT BEGINNING OF YEAR	
PURCHASES	864.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	864.
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	<u>864.</u>

Name of the organization

ZONTA CLUB OF DENVER II

Employer identification number

84-1037455

FORM 990EZ, PART I - OTHER EXPENSES

ATTACHMENT 4

CONFERENCES, CONVENTIONS	6,766.
BANK CHARGES	14.
ZONTA INTERNATIONAL DISTRICT 12 DUES	877.
FILING & LICENSE FEES	926.
ZONTA INTERNATIONAL DUES	2,246.
DENVER OCCUPATIONAL PRIVILEGE	37.
PUBLIC RELATIONS/WEBSITE	725.
SUPPLIES	306.
 TOTAL	 11,897.

FORM 1000Z - PART II - CASH, SAVINGS AND INVESTMENTS

ATTACHMENT 5

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	3,579.	8,429.
SAVINGS	21,924.	19,810.
TOTALS	25,503.	28,239.

FORM 990EZ, PART II - OTHER ASSETS

ATTACHMENT 6

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE		204.
INVENTORIES FOR SALE OR USE		175.
TOTALS	<hr/>	<hr/> 379.

Name of the organization	Employer identification number
ZONTA CLUB OF DENVER II	84-1037455

FORM 990EZ, PART II - TOTAL LIABILITIESATTACHMENT 7

<u>DESCRIPTION</u>	<u>END</u>	<u>OF YEAR</u>
ACCOUNTS PAYABLE		2,494.
GRANTS PAYABLE		853.
TOTALS		<u>3,347.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSEATTACHMENT 8

TO ADVANCE THE STATUS OF WOMEN, BOTH LOCALLY AND GLOBALLY.

FORM 990EZ, PART III - OTHER PROGRAM SERVICESATTACHMENT 9

<u>DESCRIPTION</u>	<u>GRANTS AND</u>	<u>ALLOCATIONS</u>	<u>EXPENSES</u>
FLORENCE CITTENTON	3,208.		
FREEDOM SERVICE DOGS	404.		
HEALTHY BEGINNINGS CLINIC	500.		
SAFEHOUSE	750.		
SUE BURCH SCHOLARSHIP	500.		
WOMEN'S BEAN PROJECT	400.		
CWEE	950.		
EXCELSIOR	1,624.		
ZONTA INTERNATIONAL FOUNDATION	5,897.		
DENVER PUBLIC SCHOOLS	500.		
CENTRAL VISITATION PROJECT	679.		
TOTALS			<u>15,412.</u>