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2011

Open to Public Inspection

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 copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning 07-01-2011 , and ending 06-30-2012

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

Rotary Club of Randolph

Number and street (or P O box, if mail is not delivered to street address)
PO Box 179

PO Box 179

Room/suite

City or town, state or country, and ZIP + 4
Randolph, VT 05060


Randolph, VT 05060

D Employer identification number

03-6007350



E Telephone number

(802) 728-4799

F Group Exemption
Number 


0573

G Accounting method ☒ Cash ☐ Accrual ☐ Other (specify)

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

I Website: <http://www.clubrunner.ca/CPrg/home/homeS.asp?cid=>

J Tax-Exempt status (check 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 ☒ \$ 87,737

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	19,599
	2	Program service revenue including government fees and contracts	2	32,005
	3	Membership dues and assessments	3	25,208
	4	Investment income	4	10,925
	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	
	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	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
Expenses	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)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	87,737
	10	Grants and similar amounts paid (list in Schedule O)	10	23,154
	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	2,638
	15	Printing, publications, postage, and shipping	15	64
	16	Other expenses (describe in Schedule O)	16	57,644
	17	Total expenses. Add lines 10 through 16	17	83,500
	Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18
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	259,243
20		Other changes in net assets or fund balances (explain in Schedule O)	20	3,095
21		Net assets or fund balances at end of year Combine lines 18 through 20	21	266,575

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

(B) End of year

22	Cash, savings, and investments	259,243	22	266,575
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	259,243	25	266,575
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	259,243	27	266,575

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

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

Club, Community and International Service

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.

28 Club and Vocational Service-Membership committee club attendance on a regular basis by its approximately 15 members, Club Website available to all members, fellowship consists of club meetings, annual golf tournament, scholarship dinner dance, and Christmas party as well as fund raising activities such as the Memorial and Labor Day Chicken Barbecues and Holiday fruit sales and raffles, summer meetings at Grant Camp, directors meetings, local newspaper announces Club events, weekly programs consist of guest speaker and club assemblies (Grants \$ 8,500)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	34,503
29 Community Service provided by Club annual Rotarian and Citizen of the Year awards, merry mulch every January, guest speakers address cultural and environmental issues, donate time to Vermont Food Shelf, donate to local organizations, mock hiring interviews at local high school and college and Rotary Youth Leadership Awards (RYLA) (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	26,140
30 International Service provided through World Community service, support of Rotary youth exchange program and interaction with exchange students, support Rotary International Foundation and Polio Plus, youth exchange program and involvement with World projects such as Haiti and Chile as they arise, Awarding Paul Harris Fellowships (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	11,655
31 Other program services (describe in Schedule O)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	72,298

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) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

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	No
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	33	No
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	No
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		
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)?	35a	No
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	35b	
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	35c	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions  37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
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?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
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	40b	No
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	40e	No
41	List the states with which a copy of this return is filed 		
42a	The organization's books are in care of  The Organization Telephone no  (802) 728-4799 PO Box 179 Located at  Randolph, VT ZIP + 4  05060		
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 .	42b	No
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 	42c	No
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		
		Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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)	45b	

		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		No

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.

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		
48	Is the organization a school 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?		
49b	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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f	Total number of other employees paid over \$100,000	
---	---	--

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000	
---	---	--

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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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	<div>Signature of officer</div> <div>Arnold Spahn Treasurer</div>		<div>2013-05-08</div> <div>Date</div>	
Paid Preparer's Use Only	Preparer's signature	Marc Z Aaron	Date	2013-05-08
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's taxpayer identification number (See instructions)
	Randolph, VT 05060			P00006682
EIN				03-0319953
Phone no				(802) 728-3857
May the IRS discuss this return with the preparer shown above? See instructions				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization Rotary Club of Randolph	Employer identification number 03-6007350
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2010 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	46,533	44,131	57,921	43,179	44,807	236,571
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	58,065	43,510	23,920	21,305	32,005	178,805
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	104,598	87,641	81,841	64,484	76,812	415,376
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						415,376

Section B. Total Support

Calendar year	(or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	104,598	87,641	81,841	64,484	76,812	415,376
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,643	14,038	36,154	42,761	4,511	107,107
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	9,643	14,038	36,154	42,761	4,511	107,107
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11 and 12)	114,241	101,679	117,995	107,245	81,323	522,483
14	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	79.500 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	82.000 %

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	20.500 %
18	Investment income percentage from 2010 Schedule A, Part III, line 17	18	18.000 %
19a	33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

OMB No 1545-0047

2011

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

03-6007350

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | | | | | |
|----------|--------------------------|-----------------------------------|----------|--------------------------|---------------------------------------|
| a | <input type="checkbox"/> | Mail solicitations | e | <input type="checkbox"/> | Solicitation of non-government grants |
| b | <input type="checkbox"/> | Internet and e-mail solicitations | f | <input type="checkbox"/> | Solicitation of government grants |
| c | <input type="checkbox"/> | Phone solicitations | g | <input type="checkbox"/> | Special fundraising events |
| d | <input type="checkbox"/> | 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?

☐ Yes ☐ No

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. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ➡						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Scholarship Dance	Fruit Sale	3	(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
1	Gross receipts				
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			()
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

Part III Gaming.

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					()
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

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 _____

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

b If "Yes," Explain _____

- 11

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 formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

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

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Rotary Club of Randolph

Employer identification number
03-6007350

Identifier	Return Reference	Explanation
Other Investment Income	Form 990-EZ, Part I, Line 4	Interest 54 Dividends 10871 Total Included on Form 990-EZ, line 4 10925
Payments to Affiliates	Form 990-EZ, Part I, Line 10	Affiliate Name Montpelier Rotary Club Affiliate Address PO Box 441 Montpelier, VT 05601 Purpose of Payment Program Support Amount of Payment 795
Payments to Affiliates	Form 990-EZ, Part I, Line 10	Affiliate Name Rotary international Affiliate Address 1560 Sherman AVE LI 1 Evanston, IL 60201 Purpose of Payment Dues Amount of Payment 2802 Total included on Form 990-EZ, line 10 3597
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support Grantee Name Randolph Chamber of Commerce Grantee Address PO Box 9, Route 66 Randolph , VT 05060 Date of Gift 11/08/11 Amount Given 250
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification College Scholarships Grantee Name Randolph Chamber of Commerce Grantee Address Forest St Randolph, VT 05060 Date of Gift 05/16/12 Amount Given 8500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support Grantee Name Randolph Food Shelf Grantee Address PO Box 202 Randolph, VT 05060 Date of Gift 11/18/11 Amount Given 1301
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support Grantee Name Randolph Senior Center Grantee Address 6 Hale Street Randolph, VT 05060 Date of Gift 10/25/11 Amount Given 390
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support Grantee Name David's House Grantee Address PO Box 660 Lebanon, NH 03766 Date of Gift 11/08/11 Amount Given 250
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Veteran's Benefits Grantee Name Project Polar Express Grantee Address 19 Marble Avenue Burlington, VT 05401 Date of Gift 11/18/11 Amount Given 250
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification US Flag replacement Grantee Name American Legion Post Grantee Address c/o Pierce 249 Partridge Hill Randolph, VT 05060 Date of Gift 06/20/12 Amount Given 266
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Handicap Access Grantee Name Pierce Hall Community Center Grantee Address 38 South Main Street Rochester, VT 05767 Date of Gift 06/12/12 Amount Given 500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Summer Program Grantee Name Chandler Center for the Arts Grantee Address Main St Randolph, VT 05060 Date of Gift 04/13/12 Amount Given 1000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support Grantee Name Chandler Center for the Arts Grantee Address Main St Randolph, VT 05060 Date of Gift 05/21/12 Amount Given 200
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Christmas Program Grantee Name Safe Haven Grantee Address 4 Highland Ave Randolph, VT 05060 Date of Gift 12/03/11 Amount Given 350
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support Grantee Name Visiting Nurse Alliance - VT/NH Grantee Address 4 Maple St Randolph, VT 05060 Date of Gift 12/15/11 Amount Given 500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support Grantee Name Central Vermont Basic Education Grantee Address 12 S Main St Randolph, VT 05060 Date of Gift 12/15/11 Amount Given 500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support Grantee Name White River Craft Center Grantee Address 50 Randolph Ave Randolph, VT 05060 Date of Gift 12/15/11 Amount Given 1000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support Grantee Name Central VT Chamber Music Festival Grantee Address Main Street Randolph, VT 05060 Date of Gift 05/21/12 Amount Given 200
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Heating Oil Grantee Name CVCAC Grantee Address 35 Ayers Brook Road Randolph, VT 05060 Date of Gift 12/15/11 Amount Given 500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Arts Bus Grantee Name Chandler Center for the Arts Grantee Address Main St Randolph, VT 05060 Date of Gift 12/15/11 Amount Given 100

Identifier	Return Reference	Explanation
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support Grantee Name Safeline Grantee Address PO Box 368 Chelsea, VT 05038 Date of Gift 12/15/11 Amount Given 500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support Grantee Name White River Valley Ambulance Grantee Address 3190 Pleasant Street Bethel, VT 05032 Date of Gift 01/12/12 Amount Given 250
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support Grantee Name RACDC Grantee Address Main St Randolph, VT 05060 Date of Gift 03/17/12 Amount Given 500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support Grantee Name Angel Flight Grantee Address 492 Sutton ST North Andover, MA 01845 Date of Gift 04/13/12 Amount Given 300
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Ballfield Sign Grantee Name Randolph Youth Baseball Grantee Address PO Box 372 Randolph, VT 05060 Date of Gift 04/13/12 Amount Given 175
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Girls State Sponsorship Grantee Name American Legion Auxiliary Grantee Address c/o Pierce 249 Partridge Hill Rd Randolph, VT 05060 Date of Gift 04/12/12 Amount Given 175
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Arts Bus Grantee Name Chandler Center for the Arts Grantee Address Main St Randolph, VT 05060 Date of Gift 05/21/12 Amount Given 150
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Fresh Air Fund Grantee Name Fresh Air Fund Grantee Address c/o The Herald, 30 Pleasant St Randolph, VT 05060 Date of Gift 05/21/12 Amount Given 200
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support Grantee Name Visiting Nurse Alliance - VT/NH Grantee Address 4 Maple St Randolph, VT 05060 Date of Gift 05/21/12 Amount Given 250
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support Grantee Name Joslyn House Grantee Address 16 Maple Street Randolph, VT 05060 Date of Gift 05/21/12 Amount Given 500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support Grantee Name Boys & Girls Club of Randolph Grantee Address Main St Randolph, VT 05060 Date of Gift 05/21/12 Amount Given 500 Total included on Form 990-EZ, line 10 19557
Other Expenses	Form 990-EZ, Part I, Line 16	Description Advertising Amount 940 Description Membership Dues and Assessments Amount 1863 Description Treasurer Expense Amount 231 Description Meetings, Conferences and conventions Amount 19128 Description Flowers and Condolences Amount 159 Description District Speech Contest Amount 150 Description Supplies Amount 200 Description Club service expenses Amount 2745 Description Rotary Youth Leadership Awards Amount 2100 Description Rotary Foundation International Service Amount 8800 Description Youth Exchange Program Expense Amount 2855 Description Community service expenses Amount 13062 Description Vocational Service Project Expense Amount 5411 Total to Form 990-EZ, line 16 57644
Other Changes in Net Assets	Form 990-EZ, Part I, Line 20	Description Unrealized Gains on investments Amount 3095

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: Rotary Club of Randolph

EIN: 03-6007350

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.

Additional Data

Software ID:

Software Version:

EIN: 03-6007350

Name: Rotary Club of Randolph

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Linda Runnion PO Box 415 Brookfield, VT 05036	President 4 00	0	0	0
Michael Ross 3 Highland Avenue Randolph, VT 05060	President Elect 2 00	0	0	0
Randy Garner 1052 Vermont Rte 12 Randolph, VT 05060	Vice President 2 00	0	0	0
Sheila Jacobs 114 Partridge Hill Rd Randolph, VT 05060	Secretary 2 00	0	0	0
Arnold Spahn 1626 Hebard Hill Rd Randolph, VT 05060	Treasurer 10 00	0	0	0
Joe Boyd PO Box 179 Randolph, VT 05060	Public Relations Director 2 00	0	0	0
Leo Connolly PO Box 179 Randolph, VT 05060	Service Projects Director 2 00	0	0	0
Mona Colton PO Box 179 Randolph, VT 05060	Club Admin Director 2 00	0	0	0
Larry Richburg PO Box 179 Randolph, VT 05060	Rotary Foundation Director 2 00	0	0	0
Steve Dimick PO Box 179 Randolph, VT 05060	Funds Dev Director 2 00	0	0	0
Frank Reed PO Box 179 Randolph, VT 05060	Membership Director 2 00	0	0	0