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Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 Open to Public

Form **990** (2011

Inspection and ending JUN 30, 2012 For the 2011 calendar year, or tax year beginning JUL 1, 2011 D Employer identification number C Name of organization Rotary Club of Denver SE Foundation Address change c/o Mihoda & Company PC Name change 84-1267180 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 303-789-1933 Termin-ated 770 W Hampden Avenue #325 Amended return 374,984 City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-Englewood, CO 80110 H(a) Is this a group return pending F Name and address of principal officer: Debra Fine Yes X No for affiliates? H(b) Are all affiliates included? Yes No same as C above Tax-exempt status: X 501(c)(3) 501(c) (If "No," attach a list. (see instructions)) ◀ (insert no) 4947(a)(1) or 527 J Website: ► N/A H(c) Group exemption number ▶ K Form of organization X Corporation L Year of formation 1994 M State of legal domicile CO Trust Association Other > Part | Summary Briefly describe the organization's mission or most significant activities. To make donations, Activities & Governance contributions, gifts and give aid to established charitable, Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 100 Number of voting members of the governing body (Part VI, line 1a) 100 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 6 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 147,992 145,915. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 32,292. 11,727. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 15,919. 99,466. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 196,203 257,108. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 35,000. 206,424. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 0. Salaries, other compensation, employee benefits (Part IX, column 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 183,702. 13,596. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 218,702. 220,020. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25 -22,499.37,088. Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 379,976. 364,265. 20 Total assets (Part X, line 16) 37,928. 2,085. 21 Total liabilities (Part X, line 26) 342,048 362,180. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block 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 per pectaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of office 2-7-13 Sign Debra Fine, Foundation President Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name P00026542 William M. Holben Paid self-employed Firm's name Holben Hay Lake Balzer CPAs LLC 84-1475365 Firm's EIN ▶ Preparer Firm's address 1777 S Harrison Street #1000 Use Only Phone no 303-759-2727 Denver, CO 80210 X Yes

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

May the IRS discuss this return with the preparer shown above? (see instructions)

See Schedule O for Organization Mission Statement Continuation

132002 02-09-12 Form **990** (2011)

206,424.

Other program services (Describe in Schedule O)

Total program service expenses

ı.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(d) or 4947(a)(1) (other than a private foundation)? 1 If Yes, "complete Schedule B. Schedule B. Schedule of Contributors" 2 Is the organization required to complete Schedule C. Schedule B. Schedule of Contributors on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part II 3 Section 501(a)(d) organization schedule C. Part II 4 Is the organization as defined in device or private Schedule C. Part II 5 Is the organization as defined in Reviews Proceedine 91-918 if "Yes," complete Schedule C. Part III 6 Did the organization as defined in Reviews Proceedine 91-918 if "Yes," complete Schedule C. Part III 7 Did the organization mantain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the organization mantain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 9 Did the organization mantain and processing the second of the second organization or in vesting the second organization required to the organization mantain and processing the second organization and the processing the second organization mantain and processing the second organization and the processing the second organization and the processing the second organization and the processing the second organization control or the complete Schedule D, Part II 9 Did the organization defined processing the second organization control organization defined processing the second organization proport an amount for land, buildings, and equipment in Part X, line 10 if If Yes, complete Schedule D, Part VI 10 Did the organization report an amount for insentiments order securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16 if Yes, complete Schedule D, Part VI 11 Did the organization report an amount for insentiments or other securities in Part X, line 16 if Yes, complete Schedule D, Part VI 12 Did the organization report an Part IX, c				Yes	No
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Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X Electric III III IIII IIII IIIII IIIIIIIIIIII	16		١		v
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Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	17				y
1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 18 X 19 X 20a X		···	17		
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	18		4.0	Y	
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20c X	46		18	<u> </u>	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X 20b	19		10		y
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	00-	•			
					
		ii res to line zoa, quo trie organization attaon a copy or its addited imancial statements to this return.		990	2011)

Form 990 (2011)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		v	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_21	_X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	22		Х
^^	column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		Х
242	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
248	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	,	
c	The state of the s			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		х
00	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			١
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990 (2011)

Par	ŧ V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V					
		Chioth Control of Contains an opening and any queen and an opening an opening and an opening an opening an opening and an opening and an opening an opening and an opening an				Yes	No
1a	Enter t	the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		e organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
		ling) winnings to prize winners?	•		1c		1
2a		the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
		or the calendar year ending with or within the year covered by this return	2a	0			
b		ast one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		L_
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За		e organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes	s," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		<u> </u>
4a	At any	time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financ	ial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		X
ь	If "Yes	s," enter the name of the foreign country:					
	See in	structions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accour	nts.	i l		
5a	Was th	he organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
ь	Did an	ly taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?		5b		X
С	If "Yes	s," to line 5a or 5b, did the organization file Form 8886·T?			5c		<u></u>
6a	Does t	the organization have annual gross receipts that are normally greater than \$100,000, and did t	ne orga	anızatıon solicit			
	any co	ontributions that were not tax deductible?			6a	لــــــــا	X
b	If "Yes	s," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts			
	were r	not tax deductible?		i	6b		ļ
7	_	nizations that may receive deductible contributions under section 170(c).					
а		organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		Х
b	If "Yes	s," did the organization notify the donor of the value of the goods or services provided?		:	7b		
C	Did the	e organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired	ĺ		
		Form 8282?	1 1		7c		X
d		s," indicate the number of Forms 8282 filed during the year	7d		_ '	1	ĺ
е		e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		:t?	7e		
f		e organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
9		organization received a contribution of qualified intellectual property, did the organization file F			7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8		oring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				1	1
_	•	zation, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any un	ie during the year?	8		ļ
9	-	soring organizations maintaining donor advised funds.			9a	1	1
		e organization make any taxable distributions under section 4966?			9b		
		e organization make a distribution to a donor, donor advisor, or related person?			30		-
10		on 501(c)(7) organizations. Enter on fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11		on 501(c)(12) organizations. Enter:		<u></u>	1		
		Income from members or shareholders	11a				
		Income from other sources (Do not net amounts due or paid to other sources against	115				
•		nts due or received from them.)	11b		·		
12a		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		1
		s, enter the amount of tax-exempt interest received or accrued during the year	12b				
13		on 501(c)(29) qualified nonprofit health insurance issuers.					
		organization licensed to issue qualified health plans in more than one state?			13a		
-		See the instructions for additional information the organization must report on Schedule O					
ь		the amount of reserves the organization is required to maintain by the states in which the					
-		ization is licensed to issue qualified health plans	13b				
С		the amount of reserves on hand	13c				<u> </u>
14a	Did th	e organization receive any payments for indoor tanning services during the tax year?			14a		X
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b	<u>L. </u>	
					Earm	agn.	/2014

Form 990 (2011)

c/o Mihoda & Company PC

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI				_		X
Sec	tion A. Governing Body and Management						
			_		1	es_	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a_	1	00			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O		_				
b	Enter the number of voting members included in line 1a, above, who are independent	1b		00			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?			2	\perp		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			3			<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4	_ _		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		_ 5			<u>X</u>
6	Did the organization have members or stockholders?			6			_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			,	
	more members of the governing body?			7a			<u> X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	olders, or	Ì			
	persons other than the governing body?			7t	,		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following				
а	The governing body?			8a	-	X	
b	Each committee with authority to act on behalf of the governing body?			8t		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached a	it the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	\perp		<u> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)				
					1	es /	No
10a	Did the organization have local chapters, branches, or affiliates?			10	a L		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters	s, affiliates,	l			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10	_		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the form	2 11	a L	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	а		_X_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12	b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe				
	ın Schedule O how this was done			12	c		
13	Did the organization have a written whistleblower policy?			13			X
14	Did the organization have a written document retention and destruction policy?			14	1		X
15	Did the process for determining compensation of the following persons include a review and approve	al by ın	dependent	ļ		1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				-	- 1	
а	The organization's CEO, Executive Director, or top management official			15	a		X
b	Other officers or key employees of the organization			15	Ь [, ,		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	rith a			1	.,
	taxable entity during the year?			16	a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	า'ร	l			
	exempt status with respect to such arrangements?			16	b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► None						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Sect	on 501(c)(3)s or	nly) avaıl	able		
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict (of interest policy	, and fin	anc	ıal	
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books a		ords of the orga	nızatıon			
	Rotary Club of Denver SE Foundation - 303-789-1933	5					
<u> </u>	770 W Hampden Avenue #325, Englewood, CO 80110		 				

Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII	<u> </u>

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons

X Check this box if neither the organizati (A) Name and Title	(B) Average hours per week	(do box offi	not c	(C Pos heck ss pe	Sition			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule	Indiwdual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Debra Fine								_	_	_
President	1.00	X		X				0.	0.	0
(2) Ed Meyer								_	_	_
President Elect/VP	1.00	X		Х				0.	0.	0
(3) Maryjane Casey										
Treasurer	1.00	X		X				0.	0.	0
(4) Brad Bernero										
Trustee	1.00	X		L_	<u> </u>	_		0.	0.	0
(5) John Hughes	1							_		•
Trustee	1.00	X		ļ				0.	0.	0
(6) Tom Bishop	1 00							_		0
Trustee	1.00	X	_					0.	0.	0
(7) Mike Greunke	1 00	х						0.	0.	0
Trustee	1.00	Λ						0.	0.	
							<u> </u>			
		_					_			

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Par	t VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est	Compensated Employ	ees (continued)			
	(A) Name and title	(B) Average hours per week	box	not c	ss pe	tion more rson i	than o	h an	(D) Reportable compensation from	(E) Reportable compensation from related	am	(F) Imated ount of other	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensation om the inization related nizations	
						-					-		-
С	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A	•				* * *		0.	0.		C).).
2	Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	ed at	oove	e) wh	no re	eceived more than \$100	0,000 of reportable			С
							_				<u></u>	Yes N	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, Ke	y en	npio	yee,	or	nignest compensated e	mployee on	3	У	<u> </u>
4	For any individual listed on line 1a, is the stand related organizations greater than \$15			-						the organization	4	У	<u> </u>
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com							elat	ed organization or indiv	idual for services	5	X	<u>.</u>
	tion B. Independent Contractors								hat received may then	#100,000 of names	nation fr		
Ι,	Complete this table for your five highest co the organization. Report compensation for										sation ir	JIII	
	(A) Name and business	address	N	ONE	<u> </u>				(B) Description of s	services	(C) Compen		
							_						
	· · · · · · · · · · · · · · · · · · ·												
					_								

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

84-1267180 c/o Mihoda & Company PC Form 990 (2011) Statement of Revenue Part VIII (D) (C) (A) (B) Revenue Unrelated Total revenue Related or excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1ь **b** Membership dues 1c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 145,915. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 145,915. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 9,707. 9,707. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 22,688. assets other than inventory b Less: cost or other basis 20,668. and sales expenses 2,020. c Gain or (loss) 2,020. 2,020. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ ____ of contributions reported on line 1c). See 196674. Part IV, line 18 97,208. b Less direct expenses 99,466. 99,466. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d

257,108.

111,193.

Total revenue. See instructions

(2011)

c/o Mihoda & Company PC

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do	Check if Schedule O contains a respons	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to governments and	006 404	226 424		
	organizations in the United States See Part IV, line 21	206,424.	206,424.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
а	Management				
þ	Legal				
С	Accounting	7,200.		7,200.	
d	Lobbying	<u> </u>			
е	Professional fundraising services See Part IV, line 17			· · · · · · · · · · · · · · · · · · ·	
f	Investment management fees				
g	Other				
12	Advertising and promotion		<u> </u>		
3	Office expenses	6,396.		6,396.	
4	Information technology		<u> </u>		
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
1	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				·····
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	amount, not and 2 to expenses on concess of				
ь			-		
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	220,020.	206,424.	13,596.	
<u></u> 26	Joint costs. Complete this line only if the organization		 		
- -	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2011)

Pa	rtΧ	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		28,758.	1	5,599.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, direct	tors, trustees, key			
		employees, and highest compensated employees	Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as de	fined under section			
		4958(f)(1)), persons described in section 4958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of section	501(c)(9) voluntary			
		employees' beneficiary organizations (see instruction			6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges			9	
	10a					
			0a			
	ь	Less: accumulated depreciation 1	0ь		10c	
	11	Investments - publicly traded securities		320,270.	11	302,603.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	30,948.	15	56,063.	
	16	Total assets. Add lines 1 through 15 (must equal li	ne 34)	379,976.	16	364,265.
	17	Accounts payable and accrued expenses		6,879.	17	2,085.
	18	Grants payable		31,049.	18	0.
Liabilities	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability Complete Par	t IV of Schedule D		21	• • •
	22	Payables to current and former officers, directors,				
		highest compensated employees, and disqualified	persons Complete Part II			
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated	d third parties		23	
	24	Unsecured notes and loans payable to unrelated the	nird parties		24	
	25	Other liabilities (including federal income tax, payat	oles to related third	i		
		parties, and other liabilities not included on lines 17	7-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		37,928.	26	2,085.
		Organizations that follow SFAS 117, check here	X and complete			
es		lines 27 through 29, and lines 33 and 34.				
Š	27	Unrestricted net assets			27	
Net Assets or Fund Balances	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, chec	ck here 🕨 🔲 and			
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
\SS	31	Paid-in or capital surplus, or land, building, or equip	oment fund		31	
et /	32	Retained earnings, endowment, accumulated inco	me, or other funds		32	
Z	33	Total net assets or fund balances		342,048.	33	362,180.
	34	Total liabilities and net assets/fund balances		379,976.	34	364,265.

Form **990** (2011)

Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Consolidated basis

separate basis, consolidated basis, or both:

Separate basis

Act and OMB Circular A-133?

Form 990 (2011)

X

2c

За

1

2

3

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

Rotary Club of Denver SE Foundation c/o Mihoda & Company PC

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

Employer identification number 84-1267180

											_	-
The orga	nization is not a	a private foundation	because it is. (For lines 1	l through 1	11, check	only one b	ox.)					
1 🗀	A church, co	nvention of churches	s, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)	•				
2 🗀	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hospi	tal service organization o	described i	ın section	170(b)(1)((A)(iii).					
4			operated in conjunction					(b)(1)(A)(ii	i). Enter th	ne hospital'	s name,	
	city, and stat											
5 🗀			benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental uni	t describe	d in		
• —		(b)(1)(A)(iv). (Comple			,	•	J					
6 🗆			ent or governmental unit	t describer	d in sectio	n 170(b)(1	()(Δ)(v).					
7	•		eives a substantial part o					r from the	general r	ublic desci	rihed in	
,				oi its supp	ort nom a	governine	intai oint o	i iioiii tiio	generalp	abile desci	ibed iii	
• \square		b)(1)(A)(vi). (Comple	·	(Camplata	Dort II \							
8			ection 170(b)(1)(A)(vi). (h	omborahi	- food on	d aroon roo	ounta from	~
9			eives (1) more than 33 1									
		· ·	nctions - subject to certa	-								ш
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired by	y tne orga	inization a	πer June 3	0, 1975.	
		509(a)(2). (Complete	•									
10			perated exclusively to tes								_	
11 X			perated exclusively for th									
			ations described in section				2). See sec	tion 509(a	a)(3) . Che	ck the box	that	
			organization and comple						r -1			
	a X Type		— ·//p ··		e III - Func	-	-		d	Type III · C		
e X			at the organization is not									
			han one or more publicly						9(a)(1) or s	ection 509	(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			_	
	supporting o	rganization, check th	nis box								L	
g	Since Augus	t 17, 2006, has the c	organization accepted an	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
	(i) A perso	n who directly or ind	lirectly controls, either al-	one or tog	ether with	persons c	lescribed i	n (II) and (I	III) below,		Yes N	
	the gov	erning body of the si	upported organization?							11g(i)	}	
	(ii) A famıly	member of a persor	n described in (i) above?							11g(ii)	}	
	(iii) A 35%	controlled entity of a	person described in (i) o	or (II) above	e?					11g(iii)	}	<u> </u>
h	Provide the f	ollowing information	about the supported org	ganization	(s).							
		·		_								
(i) Nam	e of supported	(ii) EIN	(iii) Type of	(IV) Is the o	rganization	(v) Did you	u notify the	(vi) Is		(vii) Am	ount of	
• •	ganization	(11) 2114	organization	in col (i) lis	sted in your			organizatio	on in coi	sup		
0.,	gameation.		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U S	2		,	
			(see instructions))	Yes	No	Yes	No	Yes	No			
Rotai	cy Club											_
of De	enver So	84-1040447	501 (C) (4)	X		X		Х			().
<u> </u>				 		<u> </u>						_
				ļ								
			-									_
						1						
		L			ļ		L					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

0.

132021 01-24-1 Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 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	ie organization failed to qualify und	ler Part III. if the organization	nc
fails to qualify under the tests listed below, please complete Part III.)			

Section A. Publ	ic Support						
Calendar year (or fisc	al year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, co	ontributions, and						
membership fe	es received. (Do not						
ınclude any "ur	nusual grants.")						
2 Tax revenues le	evied for the organ-						
ızatıon's benefi	t and either paid to						
or expended or	n its behalf					ļ	
3 The value of se	rvices or facilities						
-	governmental unit to						
the organizatio	n without charge						
4 Total. Add line	s 1 through 3		ļ	-			
•	otal contributions						
by each persor							
governmental u							
	anization) included						
	xceeds 2% of the						
amount shown	on line 11,						
column (f)			ļ	1	·		
Section B. Tota	Support		1		1		1
	al year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from		(a) 2007	(6) 2008	(c) 2009	(4) 2010	(6) 2011	(i) Total
8 Gross income f	The state of the s		-			 	
	ments received on						
	s, rents, royalties						
	m similar sources						
	m unrelated business					-	
activities, whet							
	ularly carried on						
10 Other income.	· .						
or loss from the	- 1						
assets (Explain	·						
• •	Add lines 7 through 10						
= =	from related activities,	etc. (see instruct	ions)			12	
	. If the Form 990 is for			rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
organization, c	heck this box and stop	here					▶□
Section C. Con	putation of Publi	c Support Pe	ercentage				
14 Public support	percentage for 2011 (li	ne 6, column (f) o	divided by line 11,	column (f))		14	9
15 Public support	percentage from 2010	Schedule A, Par	t II, line 14			15	9
16a 33 1/3% supp	ort test - 2011. If the o	rganization did n	ot check the box	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
-	organization qualifies a		_				▶∟_
b 33 1/3% supp	ort test - 2010. If the o	rganization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3	% or more, check t	his box
-	The organization quali						▶└
	d-circumstances test						
	nization meets the "fact					art IV how the orga	nization
	ts-and-circumstances"	-	*			49	100/
	d-circumstances test						
	e organization meets th						e ▶┌─
•	eets the "facts-and-circ						<u> </u>
18 Private founda	tion. If the organization	n ala not check a	Dox on line 13, 1	oa, 100, 1/a, or 1/		and see instruction	

Schedule A (Form 990 or 990-EZ) 2011 Part III | Support Schedule for Organizations Described in Section 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 III.)

Sec	ction A. Public Support					-,	
Cale	ndar 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	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						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						}
	ization's benefit and either paid to				1		1
	or expended on its behalf						
5	The value of services or facilities					1	
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and				1	 	
, ,	3 received from disqualified persons	İ					
t	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						
,	Add lines 7a and 7b			-			
		,,					
	Public support (Subtract line 7c from line 6) ction B. Total Support	<u> </u>	1	£	3		1
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
		(8) 2007	(b) 2008	(6) 2009	(0) 2010	(6) 2011	(i) Total
_	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11							
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)						
	First five years. If the Form 990 is fo	r the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here	<u></u>		•	-		
Se	ction C. Computation of Pub	ic Support Pe	ercentage				
15		-		column (fl)	· <u>·</u> ···	15	%
	• • • •			COIGITIII (I))		16	%
16						110 1	
	ction D. Computation of Inve					17	
17	, ,			ne 13, column (t))			%
18	•				45	20.1/20/ 224/22	<u>%</u>
198	a 33 1/3% support tests - 2011. If the						17 IS NOT
	more than 33 1/3%, check this box a						▶ ∟
t	o 33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, ch						
20	Private foundation. If the organization	on did not check a	a box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶
1320	23 01-24-12				Sc	hedule A (Form 99	90 or 990-EZ) 201 ⁻

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

Rotary Club of Denver SE Foundation

Employer identification number 84-1267180

Par	t I Organizations Maintaining Donor Advise		Accounts Complete if the
Pai			Accounts. Complete it the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
_	The state of the same	(a) Bollet advised telles	(a) Tanas and only assessme
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		in a de
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	
B.,	impermissible private benefit?		Yes No
Pa	- Wan - 1		IV, III e 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certified	nistoric structure
_	Preservation of open space	for the contract of a second s	
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Hold at the End of the Tay Vons
	T. I. I. T. C.		Held at the End of the Tax Year
a	Total number of conservation easements		2a 2b
Ь	Total acreage restricted by conservation easements	weeking to alread and to (a)	
C	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	after 8/1 //06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
_	year -	annual to Innated N	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		Yes No
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, and		_
7			
8	Does each conservation easement reported on line 2(d) above and appear 170/b/(4)/D/(4)/2	ve satisfy the requirements of section 170(f)(-	Yes No
_	and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservat	ion opposed to ite revenue and expense ets	
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	illorra ilitariciai staternenta triat describes trie	organization a accounting for
Pa	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		d balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e		
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial da	
_	the following amounts required to be reported under SFAS 1		. , ,
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		s
D	Assorts included in Form 550; Falt A		*

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Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Fin 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under Fin 48 (ASC 740)

132053

Schedule D. (Form 9

Schedule D (Form 990) 2011

Rotary Club of Denver SE Foundation

Sche	dule D (Form 990) 2011 C/O Mihoda & Company PC			·-			267180	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Fin	ancial S	Statem	ent	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1				
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			_	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3				
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)			8				
9	Total adjustments (net). Add lines 4 through 8			9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and XII Reconciliation of Revenue per Audited Financial Stateme		ith Re	10 Venue r	er Ret	urn		
	Total revenue, gains, and other support per audited financial statements			ronae p		1		
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				-	·		
a	Net unrealized gains on investments	2a						
ь	Donated services and use of facilities	2b						
c	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV.)	2d						
	Add lines 2a through 2d					2e		
3	Subtract line 2e from line 1				_	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b						
	Add lines 4a and 4b					4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5		
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Ex	penses	per R	etur	'n	
1	Total expenses and losses per audited financial statements					1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25							
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIV.)	2d						
e	Add lines 2a through 2d				2	2e		
3	Subtract line 2e from line 1				_	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1	ı					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b	<u> </u>					
C	Add lines 4a and 4b				_	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					5		
	t XIV Supplemental Information	1 11	1 1 1	Dark IV 1	15		Ib. Dort V. Jose	4. Doet
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II							4; Part
X, IIn	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	nete trii:	s part to	provide a	ny additi	Unai	mormation.	
							м	
				•			-	
					So	ched	ule D (Form 9	90) 2011

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

Inspection

	oda & Company PC	rou	IIua	CION		84-1267	180
Part I Fundraising Activities required to complete this pai	Complete if the organization answer.	ered "\	es" to	Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
Indicate whether the organization raise Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations a Did the organization have a written or	sed funds through any of the following Solicitates f Solicitates g Special Special Special Part VII) or entity in connection with polividuals or entities (fundraisers) purs	ion of ion of fundra (includerofess	non-g gover alsing of ding of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	trol of	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
							
		<u></u> -					
					-		
Total			•				
List all states in which the organization or licensing	on is registered or licensed to solicit	contrib	utions	or has been notified	d It IS	exempt from re	egistration
3. 1103113113						<u> </u>	
_						· · · · · · · · · · · · · · · · · · ·	
				·			

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2011

Rotary Club of Denver SE Foundation

PE		Ile G (Form 990 or 990-EZ) 2011 C/O MII Fundraising Events. Complete if the				120 / 180 Page 2 more than \$15.000
L.::		of fundraising event contributions and g				
			(a) Event #1	(b) Event #2	(c) Other events	
			Sporting	Governor's		(d) Total events
			clays	Luncheon	2	(add col (a) through
Φ			(event type)	(event type)	(total number)	col. (c))
Revenue			10 051	24 250	150 272	106 654
æ	1	Gross receipts	10,051.	34,250.	152,373.	196,674.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	10,051.	34,250.	152,373.	196,674.
	4	Cash prizes				
		·				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Olrect	7	Food and beverages				
_	_					
	8	Entertainment	4 257	24 002	60.040	07 200
	9	Other direct expenses	4,357.	24,803.	68,048.	97,208.
	10					97,208;
Pa	11			1990 Part IV line 19 or re	enorted more than	33,400.
	**	\$15,000 on Form 990-EZ, line 6a.	answered res to rom	1000,1 41114, 11110 10, 01 1	cported more than	
		\$10,000 OFF OFF OFF	T	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
e e						
æ	1	Gross revenue				
	Ť					
s	2	Cash prizes				
nse		·				
Direct Expenses	3	Noncash prizes				
rect	4	Rent/facility costs				
۵		·				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No No	
	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)		>)
	8	Net gaming income summary Combine line	1, column d, and line 7		>	
9		ter the state(s) in which the organization opera	_			
		the organization licensed to operate gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses r Yes," explain:	•	erminated during the tax y	ear?	☐ Yes ☐ No
-	_	, 1				
1320	82 O	1-23-12			Schedule G (For	m 990 or 990-EZ) 2011

Rotary Club of Denver SE Foundation Schedule G (Form 990 or 990-EZ) 2011 C/O Mihoda & Company PC 84-1267180 Does the organization operate gaming activities with nonmembers? 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? 13 Indicate the percentage of gaming activity operated in. a The organization's facility 13b **b** An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Address -Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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 of the third party: Address > 16 Gaming manager information: Gaming manager compensation ▶ \$_____ Description of services provided Director/officer Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, Part IV lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instructions). Schedule G (Form 990 or 990-EZ) 2011 132083 01-23-12

Employer identification number Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. Rotary Club of Denver SE Foundation c/o Mihoda & Company PC Part 1 General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

Open to Public OMB No 1545-0047 Inspection

2 84-1267180 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization

(b) EIN

(c) IRC section or cash grant assistance assistance or government assistance or government assistance or government assistance assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 0 ö ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 97,538 50,025 11,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 501 (c) (3) 501 (c) (3) 501 (c) (3) Enter total number of other organizations listed in the line 1 table criteria used to award the grants or assistance? 1 (a) Name and address of organization IHAD (I Have a Dream Foundation) Rotary Club International Easter Seals Part #

Schedule I (Form 990) (2011)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Rotary Club of Denver SE Foundation

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. c/o Mihoda & Company PC Schedule I (Form 990) (2011) Part III

Page 2

84-1267180

(f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

20

SCHEDULE O

(Form 990 or 990-EZ)

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Supplemental Information to Form 990 or 990-EZ

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-FZ.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Rotary Club of Denver SE Foundation

Employer identification number 84-1267180

C/O MINOGA & COMPANY FC 04-120/100
Form 990, Part I, Line 1, Description of Organization Mission:
scientific, and educational agencies or institutions.
Form 990, Part VI, Section B, line 11: The officer signing the return will
review before filing.
Form 990, Part VI, Section C, Line 19: The organization has on file all of
the required documents available to public upon request at their
accountant's offices. They are available for viewing during normal
business hours.
Form 990, Part XI, line 5, Changes in Net Assets:
Net unrealized losses on investments: -16,956.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 *

Employer identification number 84-1267180 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33.) Rotary Club of Denver SE Foundation ► Attach to Form 990. c/o Mihoda & Company PC Name of the organization Part

:					
e related tax-exempt	e it had one or more	ורל IV, line 34 becaus	nswered "Yes" to Form 990, Pa	tions (Complete if the organization ar	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)
•			/(
S Direct controlling	End-of-year assets	Total income	Legal domicile (state or	Primary activity	Name, address, and EIN
£	(e)	ପ୍ର	(0)	(q)	(a)

Rotary Club of Denver SE Foundation

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Page 2

84-1267180

Schedule R (Form 990) 2011 C/O Mihoda & Company PC

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part

Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Yes No Share of end-of-year assets Code V-UBI amount in box r 20 of Schedule - K-1 (Form 1065) Share of total ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e Direct controlling entity Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legat domicile (state or foreign country) Û <u>e</u> Primary activity Direct controlling entity <u>e</u> (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 132162 01-23-12 Part IV

Rotary Club of Denver SE Foundation c/o Mihoda & Company PC Schedule R (Form 990) 2011

Page 3

84-1267180

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule				Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	ated organizations listed	ın Parts II-IV?		1 1
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	×
b Giff, grant, or capital contribution to related organization(s)				16	×
c Gift, grant, or capital contribution from related organization(s)				2	×
d Loans or loan guarantees to or for related organization(s)			•	19	×
e Loans or loan guarantees by related organization(s)				1 e	×
				*	×
r Sale of assets to related organization(s)				= .	;
g Purchase of assets from related organization(s)				5	~ :
h Exchange of assets with related organization(s)				th Th	×
i Lease of facilities, equipment, or other assets to related organization(s)				;=	×
j Lease of facilities, equipment, or other assets from related organization(s)				1j	×
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			4	×
1 Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ŧ	×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			£	×
n Sharing of paid employees with related organization(s)				무	×
o Reimbursement paid to related organization(s) for expenses				- 0	×
				1p	×
				: : : :	
 q Other transfer of cash or property to related organization(s) r Other transfer of cash or property from related organization(s) 				14 X	×
s for infor	who must complete th	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
(1) Rotary Club of Southeast Denver	В	0			
(2)					
(3)					
(4)					
(5)					
(9)				·	
132163 01-23-12	34		Schedule	Schedule R (Form 990) 2011	0) 2011

Schedule R (Form 990) 2011 C/O Mihoda & Company PC

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner (Form 1065) Yes No						Cohedule D (Form 000) 2011
o Now					 	 8
(j) (i) (ii) (iii)					 	
					 -	
(i) t in box edule I n 1065						9
Code nount f Sche (Form						
Por- nns' 0						
Disproportional allocations?						
(g) Share of end-of-year assets						
Share of total income						
(e) Are all Software sec			-			
9 part 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
(d) Predominant income prediction (related, unrelated, excluded from tax under section 512-514) y	ı					
sign sign						
(c) Legal domicile (state or foreign country)		·				
(b) Primary activity						
(b)						
F						
(a) Name, address, and EIN of entity						

Form 8868 (pv. January 2012) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			ightharpoonup	
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).			
Do not co	omplete Part II unless you have already been granted	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868		
Electroni	c filing (e-file). You can electronically file Form 8868 if	ou need a	a 3-month automatic extension of tir	ne to file (6	6 months for a	corporation	
	o file Form 990-T), or an additional (not automatic) 3-mo						
of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for	Transfers .	Associated Wi	th Certain	
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	ctronic filing of	this form,	
	irs gov/efile and click on e-file for Charities & Nonprofits		,		J	,	
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).			
A corpora	ition required to file Form 990-T and requesting an autor						
Part I only	_			•			
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and t	rusts must use Form 7004 to reques	st an exter	sion of time		
Type or	pe or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
print	Rotary Club of Denver SE Foundation					, ,	
	c/o Mihoda & Company PC			X	84-126	7180	
File by the due date for	Number start and some supplies B.O. have not supplied by						
filing your	770 W Hampden Avenue #325				,	(,	
return See instructions	300						
	Englewood, CO 80110	orong/r add					
	Englowed Co Colle						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Application			Application		Return		
Is For		Return	Is For		Code		
Form 990			Form 990-T (corporation)	rporation)			
Form 990-BL			Form 1041-A		07		
Form 990-EZ			Form 4720		09		
Form 990-PF		01	Form 5227				
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			10	
Form 990-T (trust other than above)		06	Form 8870			12	
01111 3 30			er SE Foundation				
• The bo	boks are in the care of > 770 W Hampden			, co	80110		
	ione No ▶ 303-789-1933		FAX No. ▶				
•	organization does not have an office or place of business	s in the Ur	nited States, check this box				
	s for a Group Return, enter the organization's four digit			If this is fo	r the whole gr	oup, check this	
box ▶ [•	ich a list with the names and EINs o				
	quest an automatic 3-month (6 months for a corporation						
	February 15, 2013, to file the exemp				The extension	1	
ıs fo	or the organization's return for:	3	•				
▶ [calendar year or						
	X tax year beginning JUL 1, 2011	an	d ending <u>JUN 30, 2012</u>				
		,					
2 If th	ne tax year entered in line 1 is for less than 12 months, o Change in accounting period	heck reas	on: Initial return	Fınal retui	'n		
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
	nrefundable credits. See instructions.	, -		3a	\$	_ 0.	
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and				
	mated tax payments made. Include any prior year overg	-		3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa						
by using EFTPS (Electronic Federal Tax Payment System) See instructions				3c	\$	0.	
	If you are going to make an electronic fund withdrawal				EO for payme		
	or Privacy Act and Paperwork Reduction Act Notice,					368 (Rev. 1-2012)	