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A For the 2012 calendar year, or tax year beginning 07-01-2012 , and ending 06-30-2013		
B Check if applicable	C Name of organization Rotary Club of Randolph	
☐ Address change		
☐ Name change		
☐ Initial return		
☐ Terminated		
☐ Amended return		
☐ Application pending		
	D Employer identification number 03-6007350	
	E Telephone number (802) 728-4799	
	F Group Exemption Number 0573	

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶ _____

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

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

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

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 107,922

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	11,835
	2	Program service revenue including government fees and contracts	2	61,226
	3	Membership dues and assessments	3	25,625
	4	Investment income	4	9,236
	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	
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	107,922	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	28,103
	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	3,226
	15	Printing, publications, postage, and shipping	15	100
	16	Other expenses (describe in Schedule O)	16	60,164
	17	Total expenses. Add lines 10 through 16	17	91,593
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,329
	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	266,575
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	9,805
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	292,709

Part II

Balance Sheets

(see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	266,575	22	292,421
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	0	24	288
25 Total assets	266,575	25	292,709
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)	266,575	27	292,709

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

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

What is the organization's primary exempt purpose?
Club, Community anbd 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 45 members, Club Website available to all members, fellowhip 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 newspater announces Club events, weekly programs consist of guest speaker and club assemblies
(Grants \$ 0)

If this amount includes foreign grants, check here

28a28,464

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

29a40,817

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

30a11,721

31 Other program services (describe in Schedule O)
(Grants \$)

If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

3281,002

Part IV

List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated (see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V

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

		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
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	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 Located at ☐ PO Box 179 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 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		
44a	Did the organization maintain any donor advised funds during the year? 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 only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	▶	
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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.	▶	
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52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	▶	☒ Yes ☐ No
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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	***** Signature of officer		2014-05-06 Date		
	Arnold Spahn Treasurer Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature Marc Z Aaron	Date 2014-05-06	Check ☒ if self-employed	PTIN P00006682
	Firm's name ▶ Marc Z Aaron CPA			Firm's EIN ▶ 03-0319953	
	Firm's address ▶ 36 Harlow Hill Randolph, VT 05060			Phone no (802) 728-3857	

May the IRS discuss this return with the preparer shown above? See instructions	▶	☒ Yes ☐ No
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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 title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Linda Runnion Past President	2 00	0	0	0
Michael Ross President	4 00	0	0	0
Randy Garner President Elect	2 00	0	0	0
Sheila Jacobs Secretary	2 00	0	0	0
Arnold Spahn Treasurer	10 00	0	0	0
Joe Boyd Public Relations Director	2 00	0	0	0
Leo Connolly Service Projects Director	2 00	0	0	0
Mona Colton Vice President	2 00	0	0	0
Larry Richburg Rotary Foundation Director	2 00	0	0	0
Steve Dimick Funds Dev Director	2 00	0	0	0
Gary Dir Membership Director	2 00	0	0	0

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

2012

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 described in **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 33¹/₃% 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 33¹/₃% 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 - Non-functionally integrated
- 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 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 monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

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 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2012 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2011 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a 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—2012. 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—2011. 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 IIISupport 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 II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	44,131	57,921	43,179	44,807	37,460	227,498
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	43,510	23,920	21,305	32,005	61,226	181,966
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	87,641	81,841	64,484	76,812	98,686	409,464
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.)						409,464

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	87,641	81,841	64,484	76,812	98,686	409,464
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,038	36,154	42,761	4,511	9,236	106,700
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	14,038	36,154	42,761	4,511	9,236	106,700
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.)	101,679	117,995	107,245	81,323	107,922	516,164
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 2012 (line 8, column (f) divided by line 13, column (f))	15	79.330 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	79.500 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	20.670 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	20.500 %
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2012

Open to Public Inspection

Name of the organization Rotary Club of Randolph	Employer identification number 03-6007350
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Identifier	Return Reference	Explanation
Other Investment Income	Form 990-EZ, Part I, Line 4	Interest 39 Dividends 9197 Total Included on Form 990-EZ, line 4 9236
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 4006
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Innovative Creations Reading Project Grantee Name OSSU Public Schools Grantee Address 24 Central St Randolph, VT 05060 Date of Gift 04/24/13 Amount Given 979
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification School Supplies Grantee Name OSSU Public Schools Grantee Address 24 Central St Randolph, VT 05060 Date of Gift 09/23/12 Amount Given 620
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support- Emergency Relief Grantee Name Randolph Food Shelf Grantee Address PO Box 202 Randolph, VT 05060 Date of Gift 09/24/12 Amount Given 1500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification State Drama Festival Grantee Name Randolph Union High School Grantee Address Forest St Randolph, VT 05060 Date of Gift 10/11/12 Amount Given 500
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 11/13/12 Amount Given 250
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Band Uniforms Grantee Name Randolph Union High School Grantee Address Forest St Randolph, VT 05060 Date of Gift 04/02/13 Amount Given 500
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification New Flagpoles Grantee Name American Legion Post Grantee Address c/o Perce 249 Partridge Hill Randolph, VT 05060 Date of Gift 05/07/13 Amount Given 289
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 11/13/12 Amount Given 250
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 06/12/13 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 12/13/12 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 12/13/12 Amount Given 500
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 12/13/12 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 11/13/12 Amount Given 100
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 02/14/13 Amount Given 200
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support- AED Batteries Grantee Name White River Valley Ambulance Grantee Address 3190 Pleasant Street Bethel, VT 05032 Date of Gift 01/23/13 Amount Given 1590
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support-Town Clock Project Grantee Name RACDC Grantee Address Main St Randolph, VT 05060 Date of Gift 09/28/12 Amount Given 1644
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 05/16/13 Amount Given 175
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Haiti Relief Grantee Name Community Health Initiative Grantee Address PO Box 5908 Coralville, IA 52241 Date of Gift 11/13/12 Amount Given 500

Identifier	Return Reference	Explanation
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Exchange Student Grantee Name Katie Jickling Date of Gift 05/16/13 Amount Given 250
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification Program Support Grantee Name The Playhouse Cooperative Grantee Address Main St Randolph, VT 05060 Date of Gift 11/13/12 Amount Given 1000
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification College Scholarships Grantee Name Randolph Union High School G rantee Address Forest St Randolph, VT 05060 Date of Gift 05/20/13 Amount Given 11750 Total included on Form 990-EZ, line 10 24097
Other Expenses	Form 990-EZ, Part I, Line 16	Description Advertising Amount 945 Description Membership Dues and Assessments Amount 1808 Description Treasurer Expense Amount 388 Description Meetings, Conferences and conventions Amount 18450 Description Flowers and Condolences Amount 93 Description District Speech Contest Amount 200 Description Supplies Amount 20 Description Club service expenses Amount 1297 Description Rotary Youth Leadership Awards Amount 1500 Description Rotary Foundation International Service Amount 7715 Description Youth Exchange Program Expense Amount 1128 Description Community service expenses Amount 14092 Description Vocational Service Project Expense Amount 4718 Description Club social Events Amount 4524 Description Fund Raising Expenses - Golf tournament Amount 3286 Total to Form 990-EZ, line 16 60164
Other Changes in Net Assets	Form 990-EZ, Part I, Line 20	Description Unrealized Gains on investments Amount 9805
Other Assets	Form 990-EZ, Part II, Line 24	Description Supplies on hand Beg of Year Amount 0 End of Year Amount 288

TY 2012 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.