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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, and ending 06-30-2013

B

Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C

Name of organization

ROTARY CLUB OF DURANGO DAYBREAK

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

Room/suite

150 EAST 9TH STREET  
ROOM/SUITE 300

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

DURANGO, CO 81301

D

Employer identification number

76-0703464

E

Telephone number

(970) 259-8000

F

Group Exemption Number

0573

G Accounting Method

☒ Cash

☐ Accrual

Other (specify) \_\_\_\_\_

H

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

I Website:

☒ N/A

J Tax-exempt status

(check only one)—☐ 501(c)(3)

☒ 501(c)( 4)

☐ (insert no )

☐ 4947(a)(1) or ☐ 527

K

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

L

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

\$ 59,366

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  | 31,745 |
|            | 2  | Program service revenue including government fees and contracts . . . . .                                                                                                                                         | 2  |        |
|            | 3  | Membership dues and assessments . . . . .                                                                                                                                                                         | 3  | 11,063 |
|            | 4  | Investment income . . . . .                                                                                                                                                                                       | 4  | 5      |
|            | 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 \$ 26,590 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 | 16,553 |
|            | c  | Less direct expenses from gaming and fundraising events . . . . .                                                                                                                                                 | 6c | 19,913 |
|            | d  | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                                | 6d | -3,360 |
|            | 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  | 39,453 |
| Expenses   | 10 | Grants and similar amounts paid (list in Schedule O) . . . . .                                                                                                                                                    | 10 | 14,700 |
|            | 11 | Benefits paid to or for members . . . . .                                                                                                                                                                         | 11 |        |
|            | 12 | Salaries, other compensation, and employee benefits . . . . .                                                                                                                                                     | 12 |        |
|            | 13 | Professional fees and other payments to independent contractors . . . . .                                                                                                                                         | 13 |        |
|            | 14 | Occupancy, rent, utilities, and maintenance . . . . .                                                                                                                                                             | 14 | 2,104  |
|            | 15 | Printing, publications, postage, and shipping . . . . .                                                                                                                                                           | 15 |        |
|            | 16 | Other expenses (describe in Schedule O) . . . . .                                                                                                                                                                 | 16 | 21,816 |
|            | 17 | Total expenses. Add lines 10 through 16 . . . . .                                                                                                                                                                 | 17 | 38,620 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .                                                                                                                                         | 18 | 833    |
|            | 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 | 30,661 |
|            | 20 | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                                                                                                                    | 20 | -408   |
|            | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .                                                                                                                                  | 21 | 31,086 |

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                                              | 25,429                | 22 | 26,262          |
| 23 Land and buildings                                                          |                       | 23 |                 |
| 24 Other assets (describe in Schedule O)                                       | 5,232                 | 24 | 4,824           |
| 25 Total assets                                                                | 30,661                | 25 | 31,086          |
| 26 Total liabilities (describe in Schedule O)                                  |                       | 26 |                 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 30,661                | 27 | 31,086          |

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?  
HUMANITARIAN SERVICE ORGANIZATION WHOSE FOCUS IS TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE AND, IN PARTICULAR, TO ENCOURAGE AND FOSTER 1)THE DEVELOPMENTOF ACQUAINTANCE AS AN OPPORTUNITY FOR SERVICE, 2) HIGH ETHICAL STANDARDS IN BUSINESS AND PROFESSIONS, THE RECOGNITION OF THE WORTHINESS OF ALL USEFUL OCCUPATIONS, AND THE DIGNIFYING OF EACH ROTARIAN'S OCCUPATION AS AN OPPORTUNITY TO SERVE SOCIETY 3)THE APPLICATION OF THE IDEAL OF SERVICE IN EACH ROTARIAN'S PERSONAL, BUSINESS AND COMMUNITY LIFE, 4)THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOODWILL AND PEACE THROUGH A WORLD FELLOWSHIP OF BUSINESS AND PROFESSIONAL PERSONS UNITED IN THE IDEAL OF 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

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

28 See Additional Data Table

(Grants \$ )

If this amount includes foreign grants, check here

28a

29

(Grants \$ )

If this amount includes foreign grants, check here

29a

30

(Grants \$ )

If this amount includes foreign grants, check here

30a

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)

32

36,516

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 |    |
| b   | Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                           | 37b | No |
| 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                                                                                                                                                                                                                                                   |     |    |
| d   | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization                                                                                                                                                                                                                                                                                                                     |     |    |
| e   | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T                                                                                                                                                                                                                                                                          | 40e | No |
| 41  | List the states with which a copy of this return is filed                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| 42a | The organization's books are in care of BRAD TAFOYA Telephone no (970) 259-8000<br>Located at 150 EAST 9TH STREET 300 DURANGO, CO ZIP + 4 81301                                                                                                                                                                                                                                                                                  |     |    |
| 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)?<br>If "Yes," enter the name of the foreign country<br>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 ?<br>If "Yes," enter the name of the foreign country                                                                                                                                                                                                                                                                               | 42c | No |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year                                                                                                                                                                                                                                            | 43  |    |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes | No |
| 44a | Did the organization maintain any donor advised funds 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 | No |

|    |                                                                                                                                                                                                      |     |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|    |                                                                                                                                                                                                      | 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 . . . . . |  |
|---|---------------------------------------------------------------|--|

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

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

|    |                                                                                                                                                                                    |                                                                     |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 52 | Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                                                                                                                                                               |                                                              |                                       |                    |                                                 |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------|--------------------|-------------------------------------------------|------|
| Sign Here                                                                                                                                                     | *****<br>Signature of officer                                |                                       | 2014-05-12<br>Date |                                                 |      |
|                                                                                                                                                               | KEN BEEGLES PRESIDENT<br>Type or print name and title        |                                       |                    |                                                 |      |
| Paid Preparer Use Only                                                                                                                                        | Print/Type preparer's name                                   | Preparer's signature<br>BRAD A TAFOYA | Date<br>2014-05-15 | Check <input type="checkbox"/> if self-employed | PTIN |
|                                                                                                                                                               | Firm's name TAFOYA BARRETT AND ASSOCIATES PC                 |                                       |                    | Firm's EIN                                      |      |
|                                                                                                                                                               | Firm's address 150 E 9TH ST STE 300<br>DURANGO, CO 813015446 |                                       |                    | Phone no (970) 259-8000                         |      |
| May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                              |                                       |                    |                                                 |      |

Additional Data

Software ID:

Software Version:

EIN: 76-0703464

Name: ROTARY CLUB OF DURANGO DAYBREAK

Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Expenses<br>(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|
| <div>28 CLUB SERVICE - FOCUSES ON STRENGHTENING FELLOWSHIP AND ENSURING THE EFFECTICE FUNCTIONING OF THE CLUB DURING THE YEAR, THE CLUB SERVICE COMITTEE HELD SEVERAL FELLOWSHIP FUNCTIONS, HELD TWO FIRESIDE CHATS WHERE THE IDEALS OF ROTARY AND SERVICE WERE DISCUSSED, DISTRIBUTED A WEEKLY NEWSLETTER AND DISCUSSED CLUB SERVICE AT WEEKLY MEETINGS CLUB SERVICE COMMITTEE ALSO ARRANGED FOR SPEAKERS AT EACH WEEKLY MEETING WHERE MEMBERS LEARN MORE ABOUT THEIR COMMUNITY AND ROTARY (Grants \$ )</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 6,416                                                                                                        |
| <div>29 VOCATIONAL SERVICE ENCOURAGES ROTARIANS TO SERVE OTHERS THROUGH THEIR VOCATIONS AND PRACTICE HIGH ETHICAL STANDARDS THE CLUB ALSO SPONOSORED TWO STUDENTS AT THE ROTARY YOUTH LEADERSHIP AWARDS CONFERENCE WHERE HIGHSCHOOL STUDENTS LEARN LEADERSHIP SKILLS, ETHICS AND THE IMPORTANCE OF SERVICE AT EACH CLUB MEETING, CLUB MEMBERS TAKE TURNS GIVING BRIEF SUMMARIES OF THIER VOCATION AND RECITE ROTARY'S FOUR WAY TEST THE FOUR WAY TEST IS AN IMPORTANT ETHICAL STANDARD THAT ALL ROTARIANS TRY TO FOLLOW IN THEIR PERSONAL AND BUSINESS LIVES (Grants \$ )</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 659                                                                                                          |
| <div>30 COMMUNITY SERVICE COVERS THE PROJECTS AND ACTIVITIES THE CLUB UNDERTAKES TO IMPROVE LIFE IN ITS COMMUNITY THE SERVICE COMMITTEE AWARDED SEVERAL SMALL GRANTS TO WORTHY ORGANIZATIONS IN THE LOCAL COMMUNITY SOME OF THESE INCLUDE SUPPORT OF THE BOYS AND GIRLS CLUB, DURANGO DISCOVERY MUSUEM, ADAPTIVE SPORTS ASSOCIATION, DURANGO COMMUNITY SHELTER, DISTRICT 9R SCHOOLS AND MANY MORE SERVICE COMMITTEE ALSO ARRANGED FOR SEVERAL "HANDS-ON" WORK PROJECTS WHERE MEMBERS WORK TOGETHER TO IMPROVE THE LOCAL COMMUNITY THESE INCLUDE DURANGO DISCOVERY MUSEUM, COMMUNITY SHELTER, FIREWOOD DELIVERY PROJECT, WRAPPING AND DISTRIBUTION OF DICTIONARIES TO LOCAL THIRD GRADERS, RED BALL EXPRESS, HIGHWAY CLEAN-UP AND MANY MORE THE COMMITTEE AND THE CLUB ALSO SPONSOR, ADVISE AND SUPPORT THE LOCAL INTERACT CLUB, A HIGHSCHOOL VERSION OF ROTARY (Grants \$ 14,700)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 22,202                                                                                                       |
| <div>INTERNATIONAL SERVICE COMMITTEE ENCOMPASSES ACTIONS TAKEN TO EXPAND ROTARY'S HUMANITARIAN RACH AROUND THE GLOBE AND PROMOTE WORLD UNDERSTANDING AND PEACE THE INTERNATIONAL COMMITTEE AWARDED SEVERAL GRANTS THROUGH THE ROTARY FOUNDATION WHICH HELPED PROMOTE WORLD PEACE AND UNDERSTANDING THESE INCLUDED BUT ARE NOT LIMITED TO 1)INDIA SCHOOL DESKS = PROJcet PROVIDED DESKS TO SCHOOLS IN INDIA 500 2) ARGENTINA WHEELCHAIR PROJECT - PROJECT TO PROVIDE SPECIALIZED WHEEL CHAIRS AND IN ARGENTINA 1,000 3) MEXICO WOMEN'S HEALTH CLINIC - PROJECT PROVIDED MEDICAL EQUIPMENT AND EDUCATIONAL MATERIALS TO A WOMEN'S HOSPITAL IN TORREON, MEXICO HEALTH CLINIC IN MEXICO 500 4) NEPAL SOLAR LIGHT PROJECT - A PROJECT TO INSTALL 170 SOLAR LIGHTS IN REMOTE VILLAGES IN HUMLA, NEPAL 2,200 5) MEXICO EDUCATIONAL MATERIALS - EDUCATIONAL MATERIALS IN ELEMENTARY SCHOOL IN TORREON, MEXICO - 500 6) HEALTHCARE PROJECT ARGENTINA - PROVIDE CATARACT, WHEELCHAIR &amp; PAP SCREENINGS IN FORMOSA, ARGENTINA AND ASUNCION, PARAGUAY - 1,000 THE CLUB ALSO HOSTED ROTARY YOUTH EXCHANGE STUDENTS AND GROUP STUDY EXCHANGE TEAMS BOTH OF THESE ACTIVITIES ALLOWED MEMBERS TO LEARN FROM DIFFERENT CULTURES, DEVELOP INTERNATIONAL ACQUAINTANCES, THEREBY PROMOTING WORLD PEACE AND UNDERSTANDING (Grants \$ )</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div> |  | 7,239                                                                                                        |

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 |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| DOROTHY LARSON <br>PRESIDENT   | 5 00                                           | 0                                                                         |                                                                                         |                                            |
| NANCY LAURO <br>SECRETARY      | 2 00                                           | 0                                                                         |                                                                                         |                                            |
| CAROL MCGUIRE <br>PAST - PRESI | 3 00                                           | 0                                                                         |                                                                                         |                                            |
| DAVE SMILEY <br>TREASURER      | 5 00                                           | 0                                                                         |                                                                                         |                                            |
| KEN BEEGLES <br>PRESIDENT -    | 3 00                                           | 0                                                                         |                                                                                         |                                            |
| TED HERMESMAN <br>DIRECTOR     | 2 00                                           | 0                                                                         |                                                                                         |                                            |
| ED BOLSTER <br>DIRECTOR        | 2 00                                           | 0                                                                         |                                                                                         |                                            |





Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1                                                           | (b) Event #2               | (c) Other events | (d) Total events              |
|-----------------|----|------------------------------------------------------------------------|----------------------------|------------------|-------------------------------|
|                 |    | RED BALL EXPRES<br>(event type)                                        | WESTERNDAY<br>(event type) | (total number)   | (add col (a) through col (c)) |
| Revenue         | 1  | Gross receipts . . . .                                                 | 27,459                     | 15,684           | 43,143                        |
|                 | 2  | Less Contributions . . .                                               | 11,000                     | 15,590           | 26,590                        |
|                 | 3  | Gross income (line 1 minus line 2) . . . .                             | 16,459                     | 94               | 16,553                        |
| Direct Expenses | 4  | Cash prizes . . . .                                                    | 8,000                      |                  | 8,000                         |
|                 | 5  | Noncash prizes . . .                                                   |                            |                  |                               |
|                 | 6  | Rent/facility costs . . .                                              |                            |                  |                               |
|                 | 7  | Food and beverages .                                                   |                            |                  |                               |
|                 | 8  | Entertainment . . . .                                                  |                            |                  |                               |
|                 | 9  | Other direct expenses .                                                | 7,571                      | 4,342            | 11,913                        |
|                 | 10 | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |                            |                  | (19,913)                      |
|                 | 11 | Net income summary Combine line 3, column (d), and line 10 . . . . . ▶ |                            |                  | -3,360                        |

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

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

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| Identifier | Return Reference | 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<br>ROTARY CLUB OF DURANGO DAYBREAK | Employer identification number<br>76-0703464 |
|-------------------------------------------------------------|----------------------------------------------|

| Identifier     | Return Reference             | Explanation                                                                                                                                                                                        |
|----------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OTHER EXPENSES | FORM 990-EZ, PART I, LINE 16 | EXPENSES CLUB SERVICE COMMITTEE 6,416 VOCATIONAL ENTREPRENEUR 140 ROTARY YOUTH LEADERSHIP 519 COMMUNITY SERVICE COMMITT 7,502 INTERNATIONAL COMMITTEE 6,412 ROTARY YOUTH EXCHANGE 827 TOTAL 21,816 |

| Identifier                                   | Return Reference             | Explanation                                    |
|----------------------------------------------|------------------------------|------------------------------------------------|
| OTHER CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990-EZ, PART I, LINE 20 | DECREASE IN INTERACT ACCT (FISCAL AGENT) - 408 |

| Identifier   | Return Reference              | Explanation                                                       |
|--------------|-------------------------------|-------------------------------------------------------------------|
| OTHER ASSETS | FORM 990-EZ, PART II, LINE 24 | INTERACT CLUB ACCOUNT(FISCAL AGENT) 5,232 4,824 TOTAL 5,232 4,824 |

| Identifier             | Return Reference      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRIMARY EXEMPT PURPOSE | FORM 990-EZ, PART III | HUMANITARIAN SERVICE ORGANIZATION WHOSE FOCUS IS TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE AND, IN PARTICULAR, TO ENCOURAGE AND FOSTER 1) THE DEVELOPMENT OF ACQUAINTANCE AS AN OPPORTUNITY FOR SERVICE, 2) HIGH ETHICAL STANDARDS IN BUSINESS AND PROFESSIONS, THE RECOGNITION OF THE WORTHINESS OF ALL USEFUL OCCUPATIONS, AND THE DIGNIFYING OF EACH ROTARIAN'S OCCUPATION AS AN OPPORTUNITY TO SERVE SOCIETY 3) THE APPLICATION OF THE IDEAL OF SERVICE IN EACH ROTARIAN'S PERSONAL, BUSINESS AND COMMUNITY LIFE, 4) THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOODWILL AND PEACE THROUGH A WORLD FELLOWSHIP OF BUSINESS AND PROFESSIONAL PERSONS UNITED IN THE IDEAL OF SERVICE |

| Identifier           | Return Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIRST ACCOMPLISHMENT | FORM 990-EZ, PART III, LINE 28 | CLUB SERVICE - FOCUSES ON STRENGTHENING FELLOWSHIP AND ENSURING THE EFFECTIVE FUNCTIONING OF THE CLUB. DURING THE YEAR, THE CLUB SERVICE COMMITTEE HELD SEVERAL FELLOWSHIP FUNCTIONS, HELD TWO FIRESIDE CHATS WHERE THE IDEALS OF ROTARY AND SERVICE WERE DISCUSSED, DISTRIBUTED A WEEKLY NEWSLETTER AND DISCUSSED CLUB SERVICE AT WEEKLY MEETINGS. CLUB SERVICE COMMITTEE ALSO ARRANGED FOR SPEAKERS AT EACH WEEKLY MEETING WHERE MEMBERS LEARN MORE ABOUT THEIR COMMUNITY AND ROTARY. |

| Identifier            | Return Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SECOND ACCOMPLISHMENT | FORM 990-EZ, PART III, LINE 29 | VOCATIONAL SERVICE ENCOURAGES ROTARIANS TO SERVE OTHERS THROUGH THEIR VOCATIONS AND PRACTICE HIGH ETHICAL STANDARDS THE CLUB ALSO SPONOSORED TWO STUDENTS AT THE ROTARY YOUTH LEADERSHIP AWARDS CONFERENCE WHERE HIGHSCHOOL STUDENTS LEARN LEADERSHIP SKILLS, ETHICS AND THE IMPORTANCE OF SERVICE AT EACH CLUB MEETING, CLUB MEMBERS TAKE TURNS GIVING BRIEF SUMMARIES OF THIER VOCATION AND RECITE ROTARY'S FOUR WAY TEST THE FOUR WAY TEST IS AN IMPORTANT ETHICAL STANDARD THAT ALL ROTARIANS TRY TO FOLLOW IN THEIR PERSONAL AND BUSINESS LIVES |



| Identifier           | Return Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| THIRD ACCOMPLISHMENT | FORM 990-EZ, PART III, LINE 30 | COMMUNITY SERVICE COVERS THE PROJECTS AND ACTIVITIES THE CLUB UNDERTAKES TO IMPROVE LIFE IN ITS COMMUNITY THE SERVICE COMMITTEE AWARDED SEVERAL SMALL GRANTS TO WORTHY ORGANIZATIONS IN THE LOCAL COMMUNITY SOME OF THESE INCLUDE SUPPORT OF THE BOYS AND GIRLS CLUB, DURANGO DISCOVERY MUSUEM, ADAPTIVE SPORTS ASSOCIATION, DURANGO COMMUNITY SHELTER, DISTRICT 9R SCHOOLS AND MANY MORE. SERVICE COMMITTEE ALSO ARRANGED FOR SEVERAL "HANDS-ON" WORK PROJECTS WHERE MEMBERS WORK TOGETHER TO IMPROVE THE LOCAL COMMUNITY THESE INCLUDE DURANGO DISCOVERY MUSEUM, COMMUNITY SHELTER, FIREWOOD DELIVERY PROJECT, WRAPPING AND DISTRIBUTION OF DICTIONARIES TO LOCAL THIRD GRADERS, RED BALL EXPRESS, HIGHWAY CLEAN-UP AND MANY MORE. THE COMMITTEE AND THE CLUB ALSO SPONSOR, ADVISE AND SUPPORT THE LOCAL INTERACT CLUB, A HIGHSCHOOL VERSION OF ROTARY |

| Identifier               | Return Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ALL OTHER ACCOMPLISHMENT | FORM 990-EZ, PART III, LINE 31 | <p>INTERNATIONAL SERVICE COMMITTEE ENCOMPASSES ACTIONS TAKEN TO EXPAND ROTARY'S HUMANITARIAN REACH AROUND THE GLOBE AND PROMOTE WORLD UNDERSTANDING AND PEACE. THE INTERNATIONAL COMMITTEE AWARDED SEVERAL GRANTS THROUGH THE ROTARY FOUNDATION WHICH HELPED PROMOTE WORLD PEACE AND UNDERSTANDING. THESE INCLUDED BUT ARE NOT LIMITED TO:</p> <ul style="list-style-type: none"> <li>1) INDIA SCHOOL DESKS - PROJECT PROVIDED DESKS TO SCHOOLS IN INDIA 500</li> <li>2) ARGENTINA WHEELCHAIR PROJECT - PROJECT TO PROVIDE SPECIALIZED WHEEL CHAIRS AND IN ARGENTINA 1,000</li> <li>3) MEXICO WOMEN'S HEALTH CLINIC - PROJECT PROVIDED MEDICAL EQUIPMENT AND EDUCATIONAL MATERIALS TO A WOMEN'S HOSPITAL IN TORREON, MEXICO HEALTH CLINIC IN MEXICO 500</li> <li>4) NEPAL SOLAR LIGHT PROJECT - A PROJECT TO INSTALL 170 SOLAR LIGHTS IN REMOTE VILLAGES IN HUMLA, NEPAL 2,200</li> <li>5) MEXICO EDUCATIONAL MATERIALS - EDUCATIONAL MATERIALS IN ELEMENTARY SCHOOL IN TORREON, MEXICO - 500</li> <li>6) HEALTHCARE PROJECT ARGENTINA - PROVIDE CATARACT, WHEELCHAIR &amp; PAP SCREENINGS IN FORMOSA, ARGENTINA AND ASUNCION, PARAGUAY - 1,000</li> </ul> <p>THE CLUB ALSO HOSTED ROTARY YOUTH EXCHANGE STUDENTS AND GROUP STUDY EXCHANGE TEAMS. BOTH OF THESE ACTIVITIES ALLOWED MEMBERS TO LEARN FROM DIFFERENT CULTURES, DEVELOP INTERNATIONAL ACQUAINTANCES, THEREBY PROMOTING WORLD PEACE AND UNDERSTANDING.</p> |

**TY 2012 Compensation Explanation****Name:** ROTARY CLUB OF DURANGO DAYBREAK**EIN:** 76-0703464

| Person Name    | Explanation |
|----------------|-------------|
| DOROTHY LARSON |             |
| NANCY LAURO    |             |
| CAROL MCGUIRE  |             |
| DAVE SMILEY    |             |
| KEN BEEGLES    |             |
| TED HERMESMAN  |             |
| ED BOLSTER     |             |