As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492338005219 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 07-01-2018 and ending 06-30-2019 B Check if applicable D Employer identification number C Name of organization ROTARY CLŪB OF DURANGO DAYBREAK ☐ Address change 76-0703464 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 150 EAST 9TH STREET ☐ Final return/terminated (970) 259-8000 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return DURANGO, CO 81301 F Group Exemption ☐ Application pending ▶ 0573 Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **J Tax-exempt status** (check only one) - □ 501(c)(3) ☑ 501(c)(4) ◀ (insert no ) □ 4947(a)(1) or □ 527 K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other 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, column (B) below) 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  $\checkmark$ 1 20,738 2 Program service revenue including government fees and contracts . . . . . 2 3 Membership dues and assessments . . . . . . . 9,606 4 15 4 5a Gross amount from sale of assets other than inventory . . . . . 5b h Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ 8,776 fundraising events reported on line 1) (attach Schedule G if the 20,425 sum of such gross income and contributions exceeds \$15,000) 🕏 🕟 Less direct expenses from gaming and fundraising events **6**c 11,949 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 8,476 7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 38,835 10 Grants and similar amounts paid (list in Schedule O) 10 13,506 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 21,132 17 17 Total expenses. Add lines 10 through 16 34,638 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 4,197 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 57,912 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 62,109 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form 990-EZ (2018)

30 See Additional Data Table  (Grants S ) If this amount includes foreign grants, check here				_	
State   Stat		nis amount includes foreign gran	its, check here	. ▶ □	
31 Other program services (describe in Schedule O)  (Grants \$ )	<b>30</b> See Additional Data Table			30a	
31 Other program services (describe in Schedule O)  (Grants \$ )					
If this amount includes foreign grants, check here					
32 Total program service expenses (add lines 28a through 31a)					
List of Officers, Directors, Trustees, and Key Employees (its 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.					34 638
devoted to position devoted to position of member 3 part of the compensation deferred co	Part IV List of Officers, Directors, T	rustees, and Key Employees	(list each one even if not co	ompensated — see the instruc	tions for Part IV)
PAST - PRESI DAVE PIRRONE  1 50 0 DIRECTOR  MONI GRUSHKIN 3 00 0 TREASURER DAVE SMILEY 2 00 0 SECRETARY DAVID WALLER 1 50 0 DIRECTOR RICH FLETCHER 4 00 0 PRESIDENT DOUG REYNOLDS 1 50 0 PRESIDENT-EL	(a) Name and title	hours per week	compensation (Forms W-2/1099- MISC) (if not paid,	contributions to employed benefit plans, and	
DAVE PIRRONE 1 50 0 0 DIRECTOR MONI GRUSHKIN 3 00 0 TREASURER DAVE SMILEY 2 00 0 SECRETARY DAVID WALLER 1 50 0 0 DIRECTOR RICH FLETCHER 4 00 0 PRESIDENT DOUG REYNOLDS 1 50 0 PRESIDENT-EL	JOE WILLIAMS	1 50	0		
DIRECTOR  MONI GRUSHKIN  3 00  0  TREASURER  DAVE SMILEY  2 00  0  SECRETARY  DAVID WALLER  1 50  0  DIRECTOR  RICH FLETCHER  DOUG REYNOLDS  1 50  0  PRESIDENT  DOUG REYNOLDS  1 50  0  PRESIDENT-EL	PAST - PRESI				
MONI GRUSHKIN 3 00 0 0  TREASURER  DAVE SMILEY 2 00 0  SECRETARY  DAVID WALLER 1 50 0  DIRECTOR  RICH FLETCHER 4 00 0  PRESIDENT  DOUG REYNOLDS 1 50 0  PRESIDENT-EL	DAVE PIRRONE	1 50	0		
TREASURER DAVE SMILEY 2 00 0 SECRETARY DAVID WALLER 1 50 0 DIRECTOR RICH FLETCHER 4 00 0 PRESIDENT DOUG REYNOLDS 1 50 0 PRESIDENT-EL	DIRECTOR				
DAVE SMILEY 2 00 0 0 SECRETARY  DAVID WALLER 1 50 0 0 DIRECTOR  RICH FLETCHER 4 00 0 0 PRESIDENT  DOUG REYNOLDS 1 50 0 0 PRESIDENT-EL	MONI GRUSHKIN	3 00	0		
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DIRECTOR  RICH FLETCHER  4 00  0  PRESIDENT  DOUG REYNOLDS  1 50  0  PRESIDENT-EL	SECRETARY				
RICH FLETCHER	DAVID WALLER	1 50	0		
PRESIDENT DOUG REYNOLDS 1 50 0 PRESIDENT-EL	DIRECTOR				
DOUG REYNOLDS PRESIDENT-EL  1 50 0  PRESIDENT-EL	RICH FLETCHER	4 00	0		
PRESIDENT-EL	PRESIDENT				
	DOUG REYNOLDS	1 50	0		
Form <b>990-EZ</b> (2018)	PRESIDENT-EL				
Form <b>990-EZ</b> (2018)					
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Form <b>990-EZ</b> (2018)					
		<u> </u>			Form <b>990-EZ</b> (2018)

Par	<b>t V</b> Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V			
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V	· · ·		N.
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	Yes	No 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
ь	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		
С	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?	37ь		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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			
а	Initiation fees and capital contributions included on line 9			
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 $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e 41	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
 42a	List the states with which a copy of this feturn is filed			
	organization's books are in care of PBRAD TAFOYA Telephone no	(970)	259-800	0
	Located at ► 150 EAST 9TH STREET 300 DURANGO , CO ZIP + 4 ►	91301		
	Located at V 130 EAST 9111 31 REET 300 BORANGO, CO	01301		
			Yes	No
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)?	42b		No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	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	-		
			Yes	No
	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
D	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
С	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
	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
	e organization engage, directly or indirec			of or in	opposition to	Γ			
	ates for public office? If "Yes," complete			•	• • •		46		No
art VI	Section 501(c)(3) organization All section 501(c)(3) organizations	-	ons 47- 49b and 52	!, and	complete the t	tables	for lir	nes 50	and
	51. Check if the organization used Schedule	e O to respond to any d	uestion in this Part VI		·			г	7
							ΤĪ	Yes	No
	e organization engage in lobbying activit ;," complete Schedule C, Part II	ties or have a section 50	O1(h) election in effect	during	the tax year?	. [	47		
Is the	organization a school as described in sec	ction 170(b)(1)(A)(ii)?	If "Yes " complete Sche	edule F	_		48		
	e organization make any transfers to an	. , , , , , , ,				.	49a		
	," was the related organization a section	·				.  -	49b		
Compl	ete this table for the organization's five	highest compensated ei	mployees (other than o	officers	, directors, trust	∟ tees and	ıd key e	employe	ees)
	ach received more than \$100,000 of com Name and title of each employee	npensation from the org	ganization If there is n	<del></del>	nter "None "  1) Health benefit:	·s /	o) Est	mated	2001
(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contr	ributions to emplo enefit plans, and erred compensat	loyee o			
Total	number of other employees paid over \$	5100,000		<u> </u>	•	<u> </u>			
Compl	number of other employees paid over \$ ete this table for the organization's five ensation from the organization If there is	highest compensated in		· ·	each received mo	ore than	n \$100	,000 of	 :
Compl	ete this table for the organization's five	highest compensated in s none, enter "None "			each received mo			,000 of	
Compl	ete this table for the organization's five insation from the organization. If there is	highest compensated in s none, enter "None "							
Compl	ete this table for the organization's five insation from the organization. If there is	highest compensated in s none, enter "None "							
Compl	ete this table for the organization's five insation from the organization. If there is	highest compensated in s none, enter "None "							
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Compl	ete this table for the organization's five insation from the organization. If there is	highest compensated in s none, enter "None "							
Compl	ete this table for the organization's five insation from the organization. If there is	highest compensated in s none, enter "None "							
Compl	ete this table for the organization's five insation from the organization. If there is (a) Name and business address of e	highest compensated in s none, enter "None " each independent contri	actor						
Comple	ete this table for the organization's five insation from the organization. If there is (a) Name and business address of each of the contract o	highest compensated in s none, enter "None " each independent contro each independent contro each receiving over s	\$100,000	(b) T	ype of service				
Comple compe	ete this table for the organization's five insation from the organization. If there is (a) Name and business address of e	highest compensated in single in the single	\$100,000	(b) T	ype of service	(c) C	Compe	nsation	
Complication Competer	ete this table for the organization's five insation from the organization. If there is (a) Name and business address of each of the contract of the organization complete Schedule A?	highest compensated in s none, enter "None " each independent control each receiving over seach receiving over seac	\$100,000	(b) T	ype of service	(c)	Comper	nsation  No pest of r	lo my
Comple compe	number of other independent contracto  the organization of there is a second of the organization complete Schedule A? I pleted Schedule A	highest compensated in s none, enter "None " each independent control each receiving over seach receiving over seac	\$100,000	(b) T	ype of service	(c)	Comper	nsation  No pest of r	lo my
Comple compe	number of other independent contractor the organization complete Schedule A? I pleted Schedule A	highest compensated in s none, enter "None " each independent control each receiving over seach receiving over seac	\$100,000	(b) T	ch a	(c)	Comper	nsation  No pest of r	lo my
Comple compe	number of other independent contractor the organization complete Schedule A? I pleted Schedule A	highest compensated in s none, enter "None " each independent control each receiving over seach receiving over seac	\$100,000	(b) T	ype of service  ch a  and statements ed on all informa	(c)	Comper	nsation  No pest of r	lo my
Comple compe	number of other independent contractor the organization complete Schedule A? I pleted Schedule A	highest compensated in s none, enter "None " each independent control each receiving over seach receiving over seac	\$100,000	(b) T	ch a	(c)	Comper	nsation  No pest of r	lo my
Comple compe	number of other independent contractor the organization complete Schedule A? I pleted Schedule A	highest compensated in s none, enter "None " each independent control each receiving over seach receiving over seac	\$100,000	st attac	ype of service  ch a  and statements ed on all informa  2019-12-03  Date  Check	(c)	☐ <b>Yes</b> to the	nsation  No pest of r	lo my
Comple compe	and belief, it is true, correct, and complete vieledge  *******  *******  *******  *******  ****	highest compensated in s none, enter "None " each independent control each independent control each independent control each receiving over state and the section 501(control each control each receiving over seach receiv	\$100,000	st attac	ch a sand statements ed on all informa Date	(c) C	Yes to the b	nsation  No pest of r	lo my
Comple compe	number of other independent contractors and belief, it is true, correct, and complete signature of officer  RICH FLETCHER PRESIDENT Type or print name and title  Print/Type preparer's name BRAD A TAFOYA  Firm's name TAFOYA BARRETT AN	nighest compensated in s none, enter "None " each independent control and inde	\$100,000	st attac	ype of service  ch a  and statements ed on all informa  2019-12-03  Date  Check  ff self-employed	(c) C	Vesto the Land of Which	nsation  No pest of r	
Comple compe	number of other independent contractors of personal policy of the organization of the organization. If there is the organization of the organization complete Schedule A? If pleted Schedule A	nighest compensated in sinone, enter "None " each independent control and inde	\$100,000	st attac	ype of service  ch a  ch a  2019-12-03  Date  Check	(c) C	Vesto the Land of Which	nsation  No pest of r	

Page **4** 

Form 990-EZ (2018)

#### **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 the organization's program service accomplishments for each of its three largest programs services, as measured by expenses. In a clear and concise manner, describe the services proumber of persons benefited, and other relevant information for each program title.		`(c	Expenses quired for section 501 )(3) and 501(c)(4) lanizations; optional for others.)
28 CLUB SERVICE - FOCUSES ON STRENGHTENING FELLOWSHIP AND ENSURING THE EFFECTICE FUNCT THE CLUB DURING THE YEAR, THE CLUB SERVICE COMITTEE HELD SEVERAL FELLOWSHIP FUNCTION FIRESIDE CHATS WHERE THE IDEALS OF ROTARY AND SERVICE WERE DISCUSSED, DISTRIBUTED A NEWSLETTER AND DISCUSSED CLUB SERVICE AT WEEKLY MEETINGS CLUB SERVICE COMMITTEE AL ARRANGED FOR SPEAKERS AT EACH WEEKLY MEETING WHERE MEMBERS LEARN MORE ABOUT THEIR COMMUNITY AND ROTARY	NS, HELD WEEKLY SO	28a	7,810
(Grants \$ ) If this amount includes foreign grants, check here	▶ □		

Describe the organization's program se services, as measured by expenses. In	rvice accomplishments for each of its three largest program a clear and concise manner, describe the services provided, the r relevant information for each program title.	` (c	Expenses quired for section 501 c)(3) and 501(c)(4) ganizations; optional for others.)
PRACTICE HIGH ETHICAL STANDARDS THE LEADERSHIP AWARDS CONFERENCE WHER THE IMPORTANCE OF SERVICE AT EACH CI SUMMARIES OF THIER VOCATION AND REC IMPORTANT ETHICAL STANDARD THAT ALL	RIANS TO SERVE OTHERS THROUGH THEIR VOCATIONS AND ECLUB ALSO SPONOSORS STUDENTS AT THE ROTARY YOUTH E HIGHSCHOOL STUDENTS LEARN LEADERSHIP SKILLS, ETHICS AND LUB MEETING, CLUB MEMBERS TAKE TURNS GIVING BRIEF CITE ROTARY'S FOUR WAY TEST THE FOUR WAY TEST IS AN ROTARIANS TRY TO FOLLOW IN THEIR PERSONAL AND BUSINESS AWARD IS GIVEN TO ONE MEMBER OF THE COMMUNITY WHO VICE	29a	
(Grants \$ ) If t	his amount includes foreign grants, check here 🕨 🗌		

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.	`(c	Expenses juired for section 501 )(3) and 501(c)(4) anizations; optional for others.)
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 DURANGO COMMUNITY SHELTER, MANNA SOUP KITCHEN, VOA SHELTER, DURANGO FOOD BANK, KNOW YOUR DOUGH AND MANY MORE THE SERVICE COMMITTEE ALSO ARRANGED FOR SEVERAL "HANDS-ON" WORK PROJECTS WHERE MEMBERS WORKTOGETHER TO IMPROVE THE LOCAL COMMUNITY THESE INCLUDE MANNA SOUP KITCHEN, COMMUNITY SHELTER, FIREWOOD DELIVERY PROJECT, WRAPPING AND DISTRIBUTION OF DICTIONARIES TO LOCAL THIRD GRADERS, RED BALL EXPRESS, HIGHWAY CLEAN-UP AND MANY MORE THE CLUB ALSO CONTINUED THEIR THE NAVAJO SOLAR LIGHT PROJECT FOR THIS PROJECT, THE CLUB RECEIVES DONATIONS FROM MEMBERS AND GRANTS FROM ROTARY AND USESTHE MONEY TO INSTALL SOLAR LIGHTS ON THE NAVAJO RESERVATION	30a	6,120

Form 990EZ, Part III - S	tatement of Program Service Accomplishments		
services, as measured by e	s program service accomplishments for each of its three largest program expenses. In a clear and concise manner, describe the services provided, the ted, and other relevant information for each program title.	50	Expenses Required for section 1(c)(3) and 501(c)(4) ganizations; optional for others.)
REACH AROUND THE GLOBE A COMMITTEE AWARDED SEVEN PEACE AND UNDERSTANDING	OMMITTEE ENCOMPASSES ACTIONS TAKEN TO EXPAND ROTARY'S HUMANITARIAN AND PROMOTE WORLD UNDERSTANDING AND PEACE THE INTERNATIONAL RAL GRANTS THROUGH THE ROTARY FOUNDATION WHICH HELPED PROMOTE WORLD G SOME OF THESE INCLUDED JUAREZ CAMPESTRE CHRISTMAS ASSISTANCE GRANT - WATER PROJECT TO DELIVER CLEAN WATER TO SMALL RURAL		20,708
(Grants \$ 13,506)	If this amount includes foreign grants, check here $\ldots$ $lacksquare$		

organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization ROTARY CLUB OF DURANGO DAYBREAK 76-0703464 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2018

**Supplemental Information Regarding** 

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

DLN: 93492338005219

OMB No 1545-0047

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SCHEDULE G

licensing

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

(Form 990 or 990-EZ)

Sche	dule G (Form 990 or 990-EZ) 2018					Page <b>3</b>
11	Does the organization conduct gaming	activities with nonmemb	pers?		☐ Yes ☐ No	
12	Is the organization a grantor, beneficia formed to administer charitable gaming		or a member of a partnership or other entity		□Yes □No	
13	Indicate the percentage of gaming activ	vity conducted in				
а	The organization's facility			13a		%
b	An outside facility			13b		%
14	Enter the name and address of the pers	son who prepares the or	ganization's gaming/special events books and re	cords		
	Name ►					
	Address ►					
15a	Does the organization have a contract version revenue?	with a third party from v	vhom the organization receives gaming		☐ Yes ☐ No	
Ь	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		organization • \$ and th	e		
С	If "Yes," enter name and address of the	e third party				
	Name					
	Address ►					
16	Gaming manager information					
	Name ►					
	Gaming manager compensation ▶ \$		······			
	Description of services provided ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor			
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable	e distributions from the gaming proceeds to		☐ Yes ☐ No	
Ь	Enter the amount of distributions required in the organization's own exempt activities.		ributed to other exempt organizations or spent  \$ \$			
Pai			nations required by Part I, line 2b, columns pplicable. Also provide any additional infor			
	Return Reference		Explanation			

Schedule G (Form 990 or 990-EZ) 2018

efile GRAPH	IC print ·	- DO NOT PROCESS   As Filed Data -	DLN	l: 93492338005219
SCHEDULE O (Form 990 or 990- EZ)  Supplemental Information to Form 990 or 99  Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  Go to www.irs.gov/Form990 for the latest information.		tions on on.	OMB No 1545-0047  2018  Open to Public	
Name Betrerorganization				Inspection tification number
ROTARY CLUB OF I	DURANGO DA	ITBREAK	76-0703464	
990 Schedul	e O, Supp	elemental Information		
Return Reference		Explanation		
FORM 990- EZ, PART I	LY AND S	THE 4 ROTARY CLUBS IN LA PLATA COUNTY HOST THE REDBALL EXPRESHARE THE PROCEEDS EQUALLY ALL REVENUE, DONATIONS AND EXP	ENSES RUN THR	OUGH A SEPAR

THE AMOUNT PAID OUT TO THE OTHER 3 CLUBS IS REPORTED ON LINE 10 AT 4,502 EACH

Return Explanation Reference

FORM 990-EXPENSES INTERNATIONAL COMMITTEE 3.685 ROTARY YOUTH EXCHANGE 3.517 CLUB SERVICE COMMITTEE EZ. PART I. 7.810 COMMUNITY SERVICE COMMITT 6.120 TOTAL 21.132

LINE 16

990 Schedule O, Supplemental Information

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III	HUMANITARIAN SERVICE ORGANIZATION WHOSE FOCUS IS TO ENCOURAGE AND FOSTER THE IDEAL OF SERV ICE AS A BASIS OF WORTHY ENTERPRISE AND, IN PARTICULAR, TO ENCOURAGE AND FOSTER 1) THE DE VELOPMENTOF ACQUAINTANCE AS AN OPPORTUNITY FOR SERVICE, 2) HIGH ETHICAL STANDARDS IN BUSIN ESS 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 APPLIC ATION 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 FELLOW SHIP OF BUSINESS AND PROFESSIONAL PERSONS UNITED IN THE IDEAL OF SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
EZ, PART III, LINE 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 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 AL SO ARRANGED FOR SPEAKERS AT EACH WEEKLY MEETING WHERE MEMBERS LEARN MORE ABOUT THEIR COMMU NITY AND ROTARY

# 990 Schedule O, Supplemental Information

ING CUSTOMER SERVICE

Return

Reference	
FORM 990- EZ, PART III, LINE 29	VOCATIONAL SERVICE ENCOURAGES ROTARIANS TO SERVE OTHERS THROUGH THEIR VOCATIONS AND PRACTI CE HIGH ETHICAL STANDARDS THE CLUB ALSO SPONOSORS STUDENTS AT THE ROTARY YOUTH LEADERSHIP AWARDS CONFERENCE WHERE HIGHSCHOOL STUDENTS LEARN LEADERSHIP SKILLS, ETHICS AND THE IMPOR TANCE 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 ETHICA L STANDARD THAT ALL ROTARIANS TRY TO FOLLOW IN THEIR PERSONAL AND BUSINESS LIVES ANNUALLY
	L STANDARD THAT ALL ROTARIANS TRY TO FOLLOW IN THEIR PERSONAL AND BUSINESS LIVES ANNUALLY

Explanation

### 990 Schedule O, Supplemental Information

Return

Reference	·
FORM 990-	COMMUNITY SERVICE COVERS THE PROJECTS AND ACTIVITIES THE CLUB UNDERTAKES TO IMPROVE LIFE I
EZ, PART III,	N ITS COMMUNITY THE SERVICE COMMITTEE AWARDED SEVERAL SMALL GRANTS TO WORTHY ORGANIZATION
LINE 30	S IN THE LOCAL COMMUNITY SOME OF THESE INCLUDE SUPPORT OF THE DURANGO COMMUNITY SHELTER,
	MANNA SOUP KITCHEN, VOA SHELTER, DURANGO FOOD BANK, KNOW YOUR DOUGH AND MANY MORE THE SER
	VICE COMMITTEE ALSO ARRANGED FOR SEVERAL "HANDS-ON" WORK PROJECTS WHERE MEMBERS WORKTOGETH
	ER TO IMPROVE THE LOCAL COMMUNITY THESE INCLUDE MANNA SOUP KITCHEN, COMMUNITY SHELTER, FI
	REWOOD DELIVERY PROJECT, WRAPPING AND DISTRIBUTION OF DICTIONARIES TO LOCAL THIRD GRADERS,
	RED BALL EXPRESS, HIGHWAY CLEAN-UP AND MANY MORE THE CLUB ALSO CONTINUED THEIR THE NAVAJ
	O SOLAR LIGHT PROJECT FOR THIS PROJECT, THE CLUB RECEIVES DONATIONS FROM MEMBERS AND GRANT
	S FROM ROTARY AND USESTHE MONEY TO INSTALL SOLAR LIGHTS ON THE NAVAJO RESERVATION

Explanation

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990-	INTERNATIONAL SERVICE COMMITTEE ENCOMPASSES ACTIONS TAKEN TO EXPAND ROTARY'S HUMANITARIAN
EZ, PART III,	REACH AROUND THE GLOBE AND PROMOTE WORLD UNDERSTANDING AND PEACE THE INTERNATIONAL COMMIT
LINE 31	TEE AWARDED SEVERAL GRANTS THROUGH THE ROTARY FOUNDATION WHICH HELPED PROMOTE WORLD PEACE
	AND UNDERSTANDING SOME OF THESE INCLUDED JUAREZ CAMPESTRE CHRISTMAS ASSISTANCE ARGENTINA

ROTARY GLOBAL GRANT - WATER PROJECT TO DELIVER CLEAN WATER TO SMALL RURAL SETTLEMENTS