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Open to Public Inspection

▶ 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*

C Name of organization ROTARY INTERNATIONAL LITTLETON	
Number and street (or P O box, if mail is not delivered to street address) PO BOX 143	Room/suite
City or town, state or country, and ZIP + 4 LITTLETON, CO 80160	

D Employer identification number
84-6031014

E Telephone number

F Group Exemption Number ▶ 0573

H Check  ☒ if the organization is **not** 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

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. ▶ \$ 76,361

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2012)

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	55,569	22	66,123
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	3,608	24	
25 Total assets	59,177	25	66,123
26 Total liabilities (describe in Schedule O)	237	26	1,274
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	58,940	27	64,849

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?
Volunteer organization to provide humanitartian service and help build goodwill and peace

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 Volunteer organization to provide humanitatian service and help build goodwill and peace
(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

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
DEAN M SOTACK Treasurer	8 00	0		
RICHARD O CLARK Secretary	8 00	0		
DAVE PARTHEYMULLER President	24 00	0		

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	No
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	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
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 DEAN M SOTACK Telephone no (303) 979-3617 Located at 7934 W FRIEND DRIVE LITTLETON, CO ZIP + 4 801285545		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
		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	No
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
NONE				

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

d	Total number of other independent contractors each receiving over \$100,000.	▶	
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52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	▶	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2014-02-18 Date				
	DEAN M SOTACK Treasurer Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature George E Mendenhall Jr	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01286077	
	Firm's name ▶ George E Mendenhall Jr CPA				Firm's EIN ▶	
	Firm's address ▶ 7900 E Union Ave Suite 1100 Denver, CO 80237				Phone no (303) 779-5621	
May the IRS discuss this return with the preparer shown above? See instructions						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

ROTARY INTERNATIONAL LITTLETON

Employer identification number

84-6031014

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$237 Accounts Payable and Accrued Expenses - Ending \$1274
Form 990-EZ, Part II, Line 24 1010	Other Assets 1010	Inventories - Beginning \$1651 Inventories - Ending \$0
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$1957 Accounts Receivable - Ending \$0
Form 990-EZ, Part I, Line 16 22	Other Expenses 22	OFFICESUPPLIES \$108
Form 990-EZ, Part I, Line 16 21	Other Expenses 21	POWER OF ONE \$136
Form 990-EZ, Part I, Line 16 20	Other Expenses 20	CLUB AWARDS \$163
Form 990-EZ, Part I, Line 16 19	Other Expenses 19	FAMILY OF ROTARY \$251
Form 990-EZ, Part I, Line 16 18	Other Expenses 18	SPECIAL EVENT \$285
Form 990-EZ, Part I, Line 16 17	Other Expenses 17	Accounting \$501
Form 990-EZ, Part I, Line 16 16	Other Expenses 16	INSURANCE \$511
Form 990-EZ, Part I, Line 16 15	Other Expenses 15	PRESIDENT'S ADMINISTRATION \$516
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	PETS CONFERENCE \$594
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	RECRUITING ACTIVITES \$613
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	MISC GRANTS GIFTS AWARDS \$618
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	CCC XMAS GRATUITY \$650
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	COMPUTER SUPPORT \$698
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	FOUNDATION RECOGNITION DINNER \$1200
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	SUMMER EVENT \$1362
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	CLUB SUPPLIES \$2610
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	XMAS PARTY \$3229

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	DISTRICT EVENTS \$3325
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	DISTRICT ASSESSMENT \$3735
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	rR I CONVENTION \$5928
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	RI ASSESSMENT \$5949
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	WEEKLY MEALS \$37470