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**Short Form**  DLN: 93492049009064

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

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

Open to Public Inspection

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

**Inspection** 

More change   Name change	B Check if applicable			C Name of organization		D Employer identification number		
Name change   Name change   Name change   Name	_		change					
Testiminated Part   Control State or coulify, and ZIP + 4   Check   P   Coulp Exemption   State or coulify   P   Coulp Exemption   P   C	_		_					
City or Youn, state or country, and ZEP = 4	Terminated			PO BOX 143				
Mumber   So33				City or town, state or country, and ZIP + 4	<b>F</b> Group Ex	cemption		
## Check	_						73	
## GACCOUNTING Method   ## Cash   ## Accrual Other (specify)   ## Twebsite:   ## Number   Nu			, ,					
Tax-exempt status(check only one)	<b>G</b> A	ccoun	iting Method	✓ Cash     Accrual     Other (specify)    required to the properties of the proper	to attach S	Schedule	В	
K Check F 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 \$90-EZ or Form \$90 or Etem is not required though Form \$90-N (e-postcard) may be required (seinstructions). But if the organization chooses to file a return, be sure to file a complete return.  L Add lines \$5, 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, he form \$90-EZ	ΙW	ebsite	e: 🕨 N/A		•	,	•	
normally not more than \$50,000 A form \$90-EZ or Form \$90 return is not required though Form \$90-N (e-postcard) may be required (se instructions) But if the organization chooses to file a return, be sure to file a complete return  L Add lines \$5, 6c, and 7b, to line \$1 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, line 25 column (8) below) are \$500,000 or more, file Form \$90 in stead of Form \$90-EZ in \$5.75,361  POPTET 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 T Contributions, gifts, grants, and similar amounts received  1 Investment income  2 Program service revenue including government fees and contracts  3 Membership dues and assessments  4 Investment income  5 Garn or (loss) from sale of assets other than inventory  5 Garn or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  5 Garn or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Gaming and fundraising events  6 Garn or (loss) from gaming experts (not including \$ for contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  6 Less direct expenses from gaming and fundraising events  6 Garn or (loss) from gaming and fundraising events  6 Garn or (loss) from gaming and fundraising events  6 Garn or (loss) from gaming and fundraising events  7 Gross sales of inventory, less returns and allowances  9 Total revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits pand to or for members  12 Salaries, other compensation, and employee benefits	J Tax	(-exem	npt status(check	only one)— 501(c)(3) 501(c)(4) ◀(insert no ) 4947(a)(1) or 527				
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   Check if the organization used Schedule O to respond to any question in this Part I   Check if the organization used Schedule O to respond to any question in this Part I   Check if the organization used Schedule O to respond to any question in this Part I   Check if the organization used Schedule O to respond to any question in this Part I   Check if the organization used Schedule O to respond to any question in this Part I   Check if the organization used Schedule O to respond to any question in this Part I   Check if the organization used Schedule O to respond to any question in this Part I   Check if the organization used Schedule O to respond to any question in this Part I   Check if the organization used Schedule O to respond to any question in this Part I   Check if the organization used Schedule O to respond to any question in this Part I   Check if the organization used Schedule O to respond to any question in this Part I   Check if the organization used Schedule O to respond to any question in this Part I   Check if the organization used Schedule O to respond to any question in this Part I   Check if the organization used Schedule O to respond to any question in this Part I   Check if the organization used Schedule O to respond to any question in this Part I   Check if the organization used Schedule O to respond to any question in this Part I   Check if the organization used Schedule O to respond to any question in this Part I   Check if the organization used Schedule O to respond to any question in this Part I   Check if the organization used Schedule O to respond to the organiza	norr	nally i	<b>not</b> more than	\$50,000  A  Form 990-EZ or Form 990 return is not required though Form 990-N (e-p				
Check if the organization used Schedule O to respond to any question in this Part I    Tontributions, gifts, grants, and similar amounts received							II, line 25,	
Tourisputions, gifts, grants, and similar amounts received	_		• •	· · · · · · · · · · · · · · · · · · ·	 structions	for Part I	)	
2   Program service revenue including government fees and contracts   2   3   3   76,3   4   Investment income   4   4   5   5   5   5   5   5   5   5			Check if the					
3   Membership dues and assessments   3   76,3		1	Contributions	, gifts, grants, and similar amounts received		1		
A   Investment income   A		2	Program serv	ice revenue including government fees and contracts		2		
Sa Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 Gaming and fundraising events (not including \$\frac{1}{2}\$ from fundraising events (not including \$\frac{1}{2}\$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 C Less direct expenses from gaming and fundraising events 6 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Other revenue (describe in Schedule O) 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 Total revenue (and similar amounts paid (list in Schedule O) 10 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Other expenses (describe in Schedule O) 19 Total expenses. Add lines 10 through 16 19 Total expenses. Add lines 10 through 16		3	Membership	dues and assessments		3	76,358	
b Less cost or other basis and sales expenses		4	Investment ir	ncome		4	3	
a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$		5a	Gross amoun	t from sale of assets other than inventory 5a				
a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$	<u>a</u>	ь	Less cost or	other basis and sales expenses	0			
a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$	Į,	С	Gain or (loss)		5c			
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 0  c Less direct expenses from gaming and fundraising events 6c 0  d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances	Rei	6	Gaming and f					
from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  c Less direct expenses from gaming and fundraising events		а	Gross income					
c Less direct expenses from gaming and fundraising events		b	Gross income from fundraisi	from fundraising events (not including \$of contributions ng events reported on line 1) (attach Schedule G if the				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7c  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Expense or (defeat) for the year (Subtract line 17 from line 9 and 5 and					0			
Ta Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Expenses or (defeat) for the wear (Subtract line 17 from line O)  19 Total expenses are (defeat) for the wear (Subtract line 17 from line O)  10 In Servers or (defeat) for the wear (Subtract line 17 from line O)  11 Expenses or (defeat) for the wear (Subtract line 17 from line O)		c	Less directe	expenses from gaming and fundraising events 6c	0			
b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 7b from line 7a) 7c 8 7c 7c 8 76 76 76 8 76 76 77 76 8 76 77 76 77 77 77 77 77 77 77 77 77 77		d	Net income o	)	6d			
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7a	Gross sales o	f inventory, less returns and allowances				
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 76,3 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Process or (defeat) for the year (Subtract line 1.7 from line O) 19 Feeses or (defeat) for the year (Subtract line 1.7 from line O)		b	Less cost of	goods sold	0			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		c	Gross profit o	r (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
10 Grants and similar amounts paid (list in Schedule O)		8	O ther revenu	e (describe in Schedule O )		8		
11 Benefits paid to or for members		9	Total revenue	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	►	9	76,361	
12 Salaries, other compensation, and employee benefits		10	Grants and si	mılar amounts paıd (lıst ın Schedule O)		10		
13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 1.7 from line O)		11	Benefits paid	to or for members		11		
16 Other expenses (describe in Schedule O)       16 70,4         17 Total expenses. Add lines 10 through 16       17 70,4         18 Excess or (deficit) for the year (Subtract line 17 from line O)       19 5.0		12	Salaries, othe	er compensation, and employee benefits		12		
16 Other expenses (describe in Schedule O)       16 70,4         17 Total expenses. Add lines 10 through 16       17 70,4         18 Excess or (deficit) for the year (Subtract line 17 from line O)       19 5.0	Expenses	13	Professional	ees and other payments to independent contractors		13		
16 Other expenses (describe in Schedule O)       16 70,4         17 Total expenses. Add lines 10 through 16       17 70,4         18 Excess or (deficit) for the year (Subtract line 17 from line O)       19 5.0		14	Occupancy, r	ent, utilities, and maintenance		14		
16 Other expenses (describe in Schedule O)       16 70,4         17 Total expenses. Add lines 10 through 16       17 70,4         18 Excess or (deficit) for the year (Subtract line 17 from line O)       19 5.0		15	Printing, publ	cations, postage, and shipping		15		
To Evance or (deficit) for the year (Cultivast line 1.7 from line 0.)		16	O ther expens	es (describe in Schedule O )		16	70,452	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17	Total expense	es. Add lines 10 through 16	Þ	17	70,452	
	9	18	Excess or (de	ficit) for the year (Subtract line 17 from line 9)		18	5,909	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	9.50	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must agree with				
18 Excess of (defict) for the year (Subtract fine 17 from line 9)	A.		end-of-year fi	gure reported on prior year's return)		19	58,940	
20 Other changes in net assets or fund balances (explain in Schedule O)	ž	20	O ther change	s 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	Net assets or	fund balances at end of year Combine lines 18 through 20	. •	21	64,849	

Part II Balance Sheets (see the Check of the organization us	ne instructions for Part II) sed Schedule O to respond to	any question in this Pa	rt 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			3,608	24	
25 Total assets			59,177		66,123
26 Total liabilities (describe in Schedu	le O)		237	26	1,274
27 Net assets or fund balances (line 27	7 of column (B) <b>must</b> agree w	ith line 21)	58,940	27	64,849
Check if the organization us  What is the organization's primary exem Volunteer organization to provide human  Describe the organization's program ser measured by expenses In a clear and clear and clear and other relevant information	sed Schedule O to respond to pt purpose? nitartian service and help buil vice accomplishments for ea oncise manner, describe the	o any question in this Pa Id goodwill and peace ch of its three largest pi	rogram services, as	(c)( org 494	Expenses quired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)
28 Volunteer organization to provide hur (Grants \$ ) If	manıtatıan service and help b this amount includes foreign		▶┌	28a	
30	this amount includes foreign this amount includes foreign Schedule O)		,	29a 30a	
(Grants \$ ) If	this amount includes foreign	grants, check here .	▶┌	31a	
32 Total program service expenses (add				32	
	<b>Trustees, and Key Employees</b> sed Schedule O to respond to				
(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benef contributions t employee benefit p and deferred compensation	o olans,	(e) Estimated amoun of other compensation
DEAN M SOTACK Treasurer	8 00	0			
RICHARD O CLARK Secretary	8 00	0			
DAVE PARTHEYMULLER President	24 00	0			

	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part	v		<u>୮</u>
			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)			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		Νo
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		Νo
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		Νo
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 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		Νo
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			
	Located at F 7934 W FRIEND DRIVE LITTLETON, CO ZIP + 4	<b>►</b> 80	012855	45
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	421	Yes	No
	account)?	42b		Νo
	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.			
c	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			I
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			►□
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		163	140
- ru	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
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>	<u> </u>		110
•	explanation in Schedule O			No
45a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	45a		Νo
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

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

orm 990	0-EZ (20	012)						Page 4
							Yes	No
		anızatıon engage, dırectly for publıc office? If "Yes,"			behalf of or in opposition to			No
Part V	All	` , ` , _		questions 47-49b a	nd 52, and complete the	e table:	s for lu	nes 50
		d 51 eck if the organization used	Schedule O to respond to	o any question in this	Part VI			
							Yes	No
		anızatıon engage ın lobbyır omplete Schedule C, Part I		ction 501(h) election in	n effect during the tax year	. 47		
<b>18</b> Is	the orga	nızatıon a school as descrı	bed in section 170(b)(1)(	(A)(II)? If "Yes," comp	lete Schedule E .	. 48		
<b>i9a</b> Dio	d the org	anızatıon make any transfe	ers to an exempt non-char	rıtable related organıza	tion?	. 49a		
<b>b</b> If"	"Yes," wa	as the related organization	a section 527 organization	on?		. 49b		
					r than officers, directors, tr zation If there is none, ent			
( <b>a)</b> Nam		tle of each employee paid than \$100,000	<b>(b)</b> A verage 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		
ONE								
of	compens	his table for the organization at the station from the organization and address of each independent	n If there is none, enter "I	None "	(b) Type of service		an \$10 Compen	
ONE								
<b>52</b> [	Did the o	nber of other independent c rganization complete Sche pt charitable trusts must a	dule A? <b>NOTE:</b> All Section	n 501(c)(3) organizatio	ons and 4947(a)(1)		┌ Ye	 s
	je and bel				nedules and statements, and to is based on all information of			
	*****							
ign Iere	Signature of officer Date							
~		PAN M SOTACK Treasurer pe or print name and title						
ام: ما	• •	Print/Type preparer's name	Preparer's signature George E Mendenh		I CHECK IV II I	86077		
Paid Pre pai	rer	Firm's name 🕨 George E Me	ndenhall Jr CPA	1	Firm's EIN 🕨			
Jse O								
lav the	IRS disc	uss this return with the pre		instructions		. V		No

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Supplemental Information to Form 990 or 990-EZ

Name of the organization ROTARY INTERNATIONAL LITTLETON

**Employer identification number** 

84-6031014

ldentifier	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

ldentifier	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		