

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2016**Open to Public
Inspection****A** For the 2016 calendar year, or tax year beginning **JULY 1**, 2016, and ending **JUNE 30**, 20 **17****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**ROTARY INTERNATIONAL THOMPSON VALLEY ROTARTY CLUB**

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

Room/suite

PO BOX 7093

City or town, state or province, country, and ZIP or foreign postal code

LOVELAND, CO 80537-0093**D** Employer identification number**84-1124036****E** Telephone number**970-901-0206****F** Group Exemption
Number ▶**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶**I** Website: ▶ **WWW.LTVR.ORG****J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is **not**
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF).**K** 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) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **72,128****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	215
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	17,704
	4	Investment income	4	27
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
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	54,182	
c	Less: direct expenses from gaming and fundraising events	6c	29,566	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	24,616	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	42,562	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	27,350
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	265
	14	Occupancy, rent, utilities, and maintenance	14	471
	15	Printing, publications, postage, and shipping	15	0
	16	Other expenses (describe in Schedule O)	16	25,032
	17	Total expenses. Add lines 10 through 16	17	53,118
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,556
	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	50,665
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	40,109

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2016)

A P

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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		<input checked="" type="checkbox"/>

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

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 . . . <input checked="" type="checkbox"/>	Expenses

Check if the organization used Schedule O to respond to any question in this Part III <input checked="" type="checkbox"/>		Expenses (Required for section 501(c)(2) and 501(c)(4))
What is the organization's primary exempt purpose?	SEE SCHEDULE O	

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

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; optional for others.)

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 ☐

Check if the organization used Schedule O to respond to any question in this Part IV <input type="checkbox"/>				
	(b) Average	(c) Reportable	(d) Health benefits,	

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

[illegible]

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	✓
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	✓
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	✓
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	✓
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	✓
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	✓
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	✓
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), 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	✓
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 sections 4912, 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 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	✓
41 List the states with which a copy of this return is filed ▶ <u>none</u>		
42a The organization's books are in care of ▶ <u>RANDALL TOUSLEE</u> Telephone no. ▶ <u>970-901-0206</u> Located at ▶ <u>PO BOX 7093 LOVELAND CO</u> ZIP + 4 ▶ <u>80537-0093</u>		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
b 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	✓

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

	Yes	No
46		<input checked="" type="checkbox"/>

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 ☐

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

	Yes	No
47		
48		
49a		
49b		

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?

b 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	(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 business address of each independent contractor	(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? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☐ 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	Signature of officer <i>Linda Bower</i>	Date <i>5-3-18</i>
	LINDA BOWER PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name RANDALL D. TOUSLEE	Preparer's signature <i>Randall D. Touslee</i>	Date <i>5/3/18</i>	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00019997
	Firm's name ▶ The Tax Guy	Firm's EIN ▶		Phone no. 970-901-0206	
	Firm's address ▶ 1002 Prism Cactus Circle Loveland, CO 80537				

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 VALENTINE HEART (event type)	(b) Event #2 COMMUNITY PARTY (event type)	(c) Other events GOV ART SHOW (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	17,685	32,976	3,521	54,182
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	17,685	32,976	3,521	54,182
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,661	25,955	1,950	29,566
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				29,566
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				24,616

Part III Gaming. Complete if the organization answered "Yes" on 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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct 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: _____

M1

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 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.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

ROTARY INTERNATIONAL THOMPSON VALLEY ROTARY CLUB

Employer identification number

84-1124036

Form 990-EZ, Line 10 Grants

COMMUNITY ORIENTED	\$6600
ENVIRONMENT ORIENTED	5050
THOMPSON VALLEY ROTARY FOUNDATION	3850
INTERNATIONAL ORIENTED	4100
YOUTH ORIENTED	7750
TOTAL GRANTS/CONTRIBUTIONS	\$27,350

Form 990-EZ, Part 1, Line 16 Other Expenses

BANK FEES	\$36
CATERING	15,064
CONFERENCE FEES	646
DISTRICT/ROT INT'L/CLUB RUNNER FEES	4,202
INSURANCE	453
MISS VALENTINE LUNCH	530
OFFICE	89
RECOGNITION AWARDS	1,000
CLUB FUNCTIONS AND SOCIAL GATHERINGS	1,417
SUPPLIES	850
SANTA PARTY	250
SPEAKER GIFTS	495
TOTAL OTHER EXPENSES	\$25,032

Name of the organization

Employer identification number

ROTARY INTERNATIONAL THOMPSON VALLEY ROTARY CLUB**84-1124036****Form 990-EZ, Part II BALANCE SHEETS Line 24 OTHER ASSETS**

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE	\$1,773	\$1808
MISC/UNDEP FUNDS	185	185
TOTAL OTHER ASSETS	\$1958	\$1993

Form 990-EZ, Part II BALANCE SHEETS Line 26 TOTAL LIABILITIES

ACCOUNTS PAYABLE	\$1010	\$4810
OTHER PAYABLES	2798	3742
TOTAL LIABILITIES	\$3808	\$8552

Form 990-EZ, Part III, Organizations's Primary Exempt Purpose:

TO USE AS MUCH OF THE PROCEEDS OF FUND RAISING ACTIVITIES AS POSSIBLE TO BENEFIT YOUTH, COMMUNITY,
ENVIRONMENTAL, AND INTERNATIONAL CAUSES.

Form 990-EZ, Part III, Line 31 OTHER PROGRAM SERVICES

YOUTH ORIENTED CONTRIBUTIONS: The Club contributed \$2000 for an Arts Scholarship, \$3150 to sponsor 7 teens to attend the

Rocky Mtn Rotary Youth Leadership Assoc summer camp, \$1500 to the Thompson Valley High School Nat'l Honor Society as a reward

for their assistance during our Hearts fund raising, and \$1100 to Thompson School District for their programs.

TOTAL YOUTH ORIENTED CONTRIBUTIONS = \$7750

THOMPSON VALLEY ROTARY FOUNDATION: The Club contributes a percentage of net fundraising proceeds to our Foundation in order

to build for future large charitable projects and a sustainable endowment fund.

TOTAL TV ROTARY FOUNDATION = \$3850

TOTAL FOR LINE 31 OTHER PROGRAM SERVICES \$11,600