



# 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.

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

## 2017

### Open to Public Inspection

**A** For the 2017 calendar year, or tax year beginning 2017, and ending 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Redlands Community Club		<b>D</b> Employer identification number 840403608
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 2463 Broadway		<b>E</b> Telephone number 970-245-0204
	City or town, state or province, country, and ZIP or foreign postal code Grand Junction, CO 81507		<b>F</b> Group Exemption Number
			04

**G** Accounting Method:  Cash  Accrual Other (specify)

**I** Website: redlandscommunitycenter.org

**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)(11)(c)(4) (insert no.)  4947(a)(1) or  527

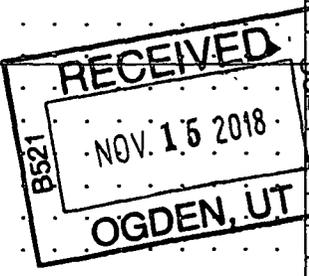
**K** Form of organization:  Corporation  Trust  Association  Other Corporation

**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. \$

### 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

<b>Revenue</b>			
1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	58,921
3	Membership dues and assessments	3	0
4	Investment income	4	0
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	58,921
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	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)	6d	0
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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	58,921
10	Grants and similar amounts paid (list in Schedule O)	10	0
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	31,600
13	Professional fees and other payments to independent contractors	13	3,700
14	Occupancy, rent, utilities, and maintenance	14	22,170
15	Printing, publications, postage, and shipping	15	1,744
16	Other expenses (describe in Schedule O)	16	2,353
17	<b>Total expenses.</b> Add lines 10 through 16	17	64,397
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,306
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	27,352
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	26,804



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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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	10878	8780
<b>23</b> Land and buildings	280,130	280,130
<b>24</b> Other assets (describe in Schedule O)	0	0
<b>25</b> Total assets	290208	288910
<b>26</b> Total liabilities (describe in Schedule O)	16,687	23695
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	273521	268045

**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

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? Provide a venue for public and individual uses proceeds to imp

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.

<b>28</b> Providing a venue for weddings, private parties, business and club meetings, memorials other social functions Provide a venue for public service organizations to hold dinner meetings, board meetings and church services. All services provide rental space for guests, table and chairs . approximately 8900 persons enjoyed the venue (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	66500
<b>29</b> _____ _____ _____ (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> _____ _____ _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a) _____	<b>32</b>	

**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
Sarah Catlin Event Planner	20	11245	0	0
Lynn Lickers Wilson Event Coordinator	10	4939	0	0
Darlene Phillips Event Coordinator	8	9161	0	0
Charlie Aliva Cleaning-Setup	8	4518	0	0
Desiree Madnd	8	4203	0	0
Brad Davenport President	2			
David McInay Treasurer	20			
Reed Smith Board Memeber	2			
Dennis Murdie Board Member	2			

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

Form 990-EZ (2017) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and organizational details. Includes checkboxes for 'Yes' and 'No' and input fields for amounts and dates.

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 . . . . . 46 Yes 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 . . . . .

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 . . . . . 47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a Yes No

b If "Yes," was the related organization a section 527 organization? . . . . . 49b Yes No

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."

Table with 5 columns: (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. Row 1 contains 'N/A'.

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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'N/A'.

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: David McInay Date: 11/13/18 Type or print name and title: David McInay Treasurer

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions . . . . . Yes 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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

Redlands Community Club

Employer identification number

840403608

Part II Line 27 A. Prior to this filing a 990 N has been filed. Our income did not exceed the \$50000 level. Once we were required to file

990EZ. The Land and Building is identified as an asset.