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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.Open to Public
InspectionA For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

- B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

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

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

LITTLETON, CO 80160

Room/suite

04

D Employer identification number

84-6031014

E Telephone number

303-979-3020

F Group Exemption

Number ▶ **0573**G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶I Website: ▶ **HTTP://PORTAL.CLUBRUNNER.CA/3759**J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (**4**) (insert no.) ☐ 4947(a)(1) or ☐ 527H 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

▶ \$ **51,117.****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	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	47,261.
	4	Investment income	4	
	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	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events not including \$ of contributions from fundraising events reported on line 1b (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O) SEE SCHEDULE O	8	3,856.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	51,117.	
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	38,238.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	43,163.
	17	Total expenses. Add lines 10 through 16	17	81,401.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<30,284.>
	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	56,643.
	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	26,359.

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2017)

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	56,994.	22	30,578.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	0.	24	9,491.
25 Total assets	56,994.	25	40,069.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	351.	26	13,710.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	56,643.	27	26,359.

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? SEE SCHEDULE O

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)
28 PROVIDE POLIO IMMUNIZATIONS THROUGH POLIO PLUS	
(Grants \$ 580.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 COMMUNITY CELEBRATION PARTICIPATION	
(Grants \$ 85.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 MEMBERSHIP IN COMMUNITY HISTORIC ORGANIZATION	
(Grants \$ 500.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	0.

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
BELINDA BIANCHI				
PRESIDENT	8.00	0.	0.	0.
RICHARD CLARK				
SECRETARY	4.00	0.	0.	0.
DEAN SOTACK				
TREASURER	8.00	0.	0.	0.
KARLYN MCCRUMB				
DIRECTOR	1.00	0.	0.	0.
DREW LANG				
DIRECTOR	1.00	0.	0.	0.
SUSAN SOTACK				
DIRECTOR	1.00	0.	0.	0.
RONDA RASNICK				
DIRECTOR	1.00	0.	0.	0.
LYNN PEREZ-HEWITT				
DIRECTOR	1.00	0.	0.	0.
ERIC MCDANIEL				
DIRECTOR	1.00	0.	0.	0.
TRUDY ROBINSON				
DIRECTOR	1.00	0.	0.	0.
CINDY ROLD				
DIRECTOR	1.00	0.	0.	0.
DEE LEH				
DIRECTOR	1.00	0.	0.	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 Sch. 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		X
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)		X
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)?		X
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	N/A	
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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
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	X
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		0.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
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	X
41 List the states with which a copy of this return is filed NONE		
42a The organization's books are in care of DEAN SOTACK Telephone no. 303-979-3020		
Located at 7934 W FRIEND DRIVE, LITTLETON, CO ZIP + 4 80128		
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	X
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).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c	X
If "Yes," enter the name of the foreign country: _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/>	43	N/A
and enter the amount of tax-exempt interest received or accrued during the tax year		
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	X
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		X

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 Sch. 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?
- b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		
48		
49a		
49b		

- 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
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." N/A

(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

Date

DEAN SOTACK, TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
LADONNA JURGENSEN	LADONNA JURGENSEN	11-5-18		P00426678
Firm's name ▶ IAN D. GARDENSWARTZ & ASSOCIATES, P.C.	Firm's EIN ▶ 84-1003319			
Firm's address ▶ 6825 E. TENNESSEE, SUITE 235 DENVER, CO 80224-1630	Phone no. (303) 388-3782			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2017)

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 LITTLETON

Employer identification number
84-6031014

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MISCELLANEOUS REVENUE	1,892.
SECTION 481(A) ADJUSTMENT CUT-OFF BASIS	1,964.
TOTAL TO FORM 990-EZ, LINE 8	3,856.

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: ROTARY INTERNATIONAL

AFFILIATE ADDRESS: 1560 SHERMAN AVE EVANSTON, IL 60201

PURPOSE OF PAYMENT: DUES

AMOUNT OF PAYMENT: 6,446.

AFFILIATE NAME: ROTARY DISTRICT 5450

AFFILIATE ADDRESS: 51032 DVORAK CIR FREDERICK, CO 80504

PURPOSE OF PAYMENT: DUES

AMOUNT OF PAYMENT: 4,050.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 10,496.

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION: LITTLETON ROTARY FOUNDATION

GRANTEE NAME: LITTLETON ROTARY FOUNDATION

GRANTEE ADDRESS: PO BOX 143 LITTLETON , CO 80160

GRANTEE RELATIONSHIP: SAME MEMBERSHIP

PROPERTY DESCRIPTION: CASH

METHOD USED TO DETERMINE BOOK VALUE: FACE VALUE OF CASH

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

ROTARY INTERNATIONAL LITTLETON

Employer identification number

84-6031014

METHOD USED TO DETERMINE FMV: FACE VALUE OF CASH

BOOK VALUE OF PROPERTY: 27,742.

DATE OF GIFT: 07/26/17

AMOUNT GIVEN: 27,742.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

MEALS 21,029.

PRESIDENT'S ADMINISTRATION 1,021.

CLUB ADMINISTRATION 2,548.

FELLOWSHIP ACTIVITIES 4,962.

MEMBERSHIP COSTS 1,530.

COMMUNITY SERVICE PROJECTS 1,255.

DISTRICT EVENTS AND TRAINING 3,548.

PUBLICITY 760.

INTERNATIONAL CONFERENCE 4,814.

COMPUTER SOFTWARE 849.

INSURANCE 847.

TOTAL TO FORM 990-EZ, LINE 16 43,163.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION BEG. OF YEAR END OF YEAR

ACCOUNTS RECEIVABLE 0. 9,491.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION BEG. OF YEAR END OF YEAR

ACCOUNTS PAYABLE 351. 970.

MEAL DEPOSITS 0. 12,740.

Name of the organization

ROTARY INTERNATIONAL LITTLETON

Employer identification number

84-6031014

TOTAL TO FORM 990-EZ, LINE 26

351.

13,710.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE HUMANITARIAN,
CULTURAL, ECONOMIC AND NUTRITIONAL SERVICES TO LOW INCOME, CHILDREN AND
SENIORS

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

ROTARY INTERNATIONAL LITTLETON

Employer identification number
84-6031014

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)

732471 04-01-17