(%E 988) Form **990-EZ**

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)

OMB No 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service 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

ntern	iai Hevel	nue Service Go to www.irs.gov/Form990E2 for instructio			100	
		2017 calendar year, or tax year beginning JUL 1, 2017	and en	ding J∪	N 30,	2018
B C	heck if pplicable	C Name of organization			D Employ	er identification number
	Addre	ss change				
	Name	change ROTARY INTERNATIONAL LITTLETON Number and street (or P.O. box, if mail is not delivered to street address)				6031014
	one number					
	Final r	lated PO BOX 143		L.,	303	<u>-979-3020</u>
	Amen	City or town, state or province, country, and ZIP or foreign postal code		\cap	F Group E	Exemption
	Applicat	bon pending LITTLETON, CO 80160		UH	Number	r ▶ 0573
G A	ccoun	ting Method: Cash X Accrual Other (specify) ▶		ų.	H Check	► X if the organization
ı V	Vebsite	E: ► HTTP://PORTAL.CLUBRUNNER.CA/3759			not requ	uired to attach Schedule B
J T	ax-exe	empt status (check only one) — 501(c)(3) X 501(c) (4) ◀(insert no.)	4947(a)(1)	or 527	(Form 9	990, 990-EZ, or 990-PF).
K F	orm of	organization: X Corporation Trust Association	Other			<u></u>
LA	dd line	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000	or more, or if tota	al assets (Part	II,	
С	olumn	(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				\$ 51,11
Pa	<u>rrt</u> l	Revenue, Expenses, and Changes in Net Assets or Fun	d Balances	(see the instr	uctions for t	Part I)
		Check if the organization used Schedule O to respond to any question in this Part I				
	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	47,26
	4	Investment income	, ,		4	
	5a	Gross amount from sale of assets other than inventory	5a			
	ь	Less: cost or other basis and sales expenses	5b			•
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			50	:
	6	Gaming and fundraising events				
<u>o</u>	a	Gross income from gaming (attach Schedule G if greater than				
Kevenue		\$15,000	6a			
ě		Gross income from Jundrassing events that including \$	_ of contribution	1S		İ
_		from fundraising events reported on line 1) (3) ach Schedule G if the sum of such	1 1			
		gross ពេទ្ធភ្នំក្នុំe anជ្រស្រាំរុំករប៉ុបថ្ងៃពន្ធខុស្តខ្លួំeds នំ រីភ្នំរ៉ាំ២០០)	6b			
	С	Less: direct expenses from gaming and fundaising events	6c			
	d	Net income or (loss) from panning and fundraising events (add lines 6a and 6b and si	ıbtract line 6c)		60	1
	7a	Gross sales of loventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			70	
	l	·	ee schei	ULE Q	8	
		Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			<u>▶</u> 9	
	10	Grants and similar amounts paid (list in Schedule 0)	ee şçhed	ULE O	10	38,23
	l	Benefits paid to or for members			11	
es	l	Salaries, other compensation, and employee benefits			12	
Expenses		Professional fees and other payments to independent contractors			13	
άx	i .	Occupancy, rent, utilities, and maintenance			14	
_		Printing, publications, postage, and shipping			15	
	_		EE SCHED	ŲLE O	16	
		Total expenses. Add lines 10 through 16			▶ 17	
ts		Excess or (deficit) for the year (Subtract line 17 from line 9)			18	<30,28
sse		Net assets or fund balances at beginning of year (from line 27, column (A))				
Net Assets		(must agree with end-of-year figure reported on prior year's return)			19	
Se		Other changes in net assets or fund balances (explain in Schedule 0)			20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20			<u>▶ 21</u>	26,35 Form 990-EZ (20

P	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	pond to any que	stion in this Part II			X
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		<u>56,994</u>	. 22		30,578.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0) SEE SCHEDULE Q)	0	. 24		9,491.
25			56,994	. 25		40,069.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE Q	,	351	. 26		13,710.
27	• • • • • • • • • • • • • • • • • • • •		56,643	. 27		26,359.
	art III Statement of Program Service Accomplishmen	nts (see the instr			Ex	penses
	Check if the organization used Schedule O to res	•		ĺΧ	(Required	for section
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE O					and 501(c)(4) ons; optional for
			roonses in a clear and concrea		others)	ons, optional for
	cribe the organization's program service accomplishments for each of its three largest program is ner, describe the services provided, the number of persons benefited, and other relevant inform		penses in a clear and concise		,	
28	PROVIDE POLIO IMMUNIZATIONS THROUGH	POTITO PLUI	\$			
20	FROVIDE FORIO IMMONIBATIONS THROUGH	. POLIO ILIO.		_		
	(Orange C. F.O.) Making amount includes foreign	reads about boro		$\overline{}$	200	
	(Grants \$ 580.) If this amount includes foreign g COMMUNITY CELEBRATION PARTICIPATION		<u></u>	<u> </u>	28a	
29	COMMUNITY CELEBRATION PARTICIPATION					
	05					
	(Grants \$ 85.) If this amount includes foreign g		<u></u>		29a	
30	MEMBERSHIP IN COMMUNITY HISTORIC OR	GANIZATION			1 1	
		<u>. </u>				
				_	1 1	
	(Grants \$ 500.) If this amount includes foreign g	rants, check here	<u> </u>		30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>		31a	
	Total program service expenses (add lines 28a through 31a)				32	0.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each	one even if not compensated -	see the		
Pi						
<u>P</u>	art IV List of Officers, Directors, Trustees, and Key E		estion in this Part IV	, (d) не	instructions for	or Part IV)
Pa	art IV List of Officers, Directors, Trustees, and Key E	pond to any que	estion in this Part IV	(d) He cont	ealth benefits, ributions to oyee benefit	(e) Estimated amount of other
<u>P</u>	Check if the organization used Schedule O to res	pond to any que (b) Average hours	estion in this Part IV	(d) He cont empl plans,	e instructions for all the benefits, ributions to	or Part IV) X (e) Estimated
	Check if the organization used Schedule O to res (a) Name and title	pond to any que (b) Average hours per week devoted t	estion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He cont empl plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Estimated amount of other
BE	CLINDA BIANCHI	(b) Average hours per week devoted t position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont empl plans,	ealth benefits, ributions to oyee benefit and deferred apensation	(e) Estimated amount of other compensation
BE	Check if the organization used Schedule O to res (a) Name and title ELINDA BIANCHI RESIDENT	pond to any que (b) Average hours per week devoted t	estion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He cont empl plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Estimated amount of other
BE PR RI	CLINDA BIANCHI RESIDENT CHart IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title	(b) Average hours per week devoted t position 8.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont empl plans,	e instructions for a state of the state of t	(e) Estimated amount of other compensation
BE PR RI	Check if the organization used Schedule O to res (a) Name and title CLINDA BIANCHI RESIDENT CHARD CLARK CCRETARY	(b) Average hours per week devoted t position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont empl plans,	ealth benefits, ributions to oyee benefit and deferred apensation	(e) Estimated amount of other compensation
BE PR RI	Check if the organization used Schedule O to res (a) Name and title CLINDA BIANCHI RESIDENT CHARD CLARK CCRETARY EAN SOTACK	(b) Average hours per week devoted t position 8.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont empl plans,	e instructions for a sealth benefits, ributions to oyee benefit and deferred in a sealth pensation	(e) Estimated amount of other compensation
BE PR RI SE DE TR	Check if the organization used Schedule O to res (a) Name and title ELINDA BIANCHI RESIDENT CHARD CLARK CCRETARY EAN SOTACK REASURER	(b) Average hours per week devoted t position 8.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont empl plans,	e instructions for a state of the state of t	(e) Estimated amount of other compensation
BE PR RI SE DE TR	Check if the organization used Schedule O to res (a) Name and title ELINDA BIANCHI RESIDENT CHARD CLARK CCRETARY CAN SOTACK REASURER ARLYN MCCRUMB	pond to any que (b) Average hours per week devoted t position 8.00 4.00	(c) Reportable compensation (Forms W-2/1098-MISC) (if not paid, enter -0-)	(d) He cont empl plans,	e instructions for the property of the propert	(e) Estimated amount of other compensation 0.
BE PR RI DE TR	Check if the organization used Schedule O to res (a) Name and title CLINDA BIANCHI RESIDENT CHARD CLARK CCRETARY CAN SOTACK REASURER RLYN MCCRUMB RECTOR	(b) Average hours per week devoted t position 8.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont empl plans,	e instructions for the property of the propert	(e) Estimated amount of other compensation
BE PR RI SE TR KA	Check if the organization used Schedule O to res (a) Name and title CLINDA BIANCHI RESIDENT CHARD CLARK CCRETARY CAN SOTACK REASURER ARLYN MCCRUMB RECTOR REW LANG	(b) Average hours per week devoted to position 8.00 4.00 8.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont empl plans,	e instructions for a state of the state of t	(e) Estimated amount of other compensation 0. 0.
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Page 3

33		instructions for Part V.) Check if the organization used Sch. O to respond to any question in the	nis Pa		X
activity in Schedule 0 3 Wers an synathment changes made to the organizating or governing documents? If "vs.," statch a conformed copy of the amended documents of they reflect a change to the organization from some. Otherwise, explain the change on Schedule 0 (see instructions) 5 of the organization have unrelated usenses gross income of \$1,000 or more during the year from business carbities (such as those reported on lines 2, 6a, and 7a, among offices)? 5 of If "yes" to line 35s, has the organization field a Form 990-T for the year" If "Ns.," provide an explanation in Schedule 0 6 was the organization assection \$01(c)(4), \$01(c)(5), \$01(c)(6), \$01		District the second of the sec		Yes	No
34 Were any significant changes made to the or ganzaritor or governing documents? If I may, attach a conformed copy of the amended documents if the rycletical change to the organization has made to the organization has were provided to the organization has were desirable to the organization and the organization has were desirable business gross income of \$1,000 or more during the year from business activities (auch as those reported to him the year from business activities (auch as those reported to him the year from business activities (auch as those reported to him the year from business activities (auch as those reported to him the year from business activities (auch as those reported to him the year from business activities (auch as those reported to him the year from business activities (auch as those reported to him the year from business activities (auch as those reported to him the year from business activities (auch as those reported to him the year from business activities) (auch as those reported to him the year from business activities) (auch as those reported to him the year from business activities) (auch as those reported to him the year from business activities) (auch as those reported to him the year from business activities) (auch as those reported to him the year from business activities) (auch as the year from business activities) (auch as those reported to him the year from business activities) (auch as those reported to activities) (auch as the year from business activities) (auch as the year from business activities) (auch as those reported to activities) (auch as the year from activities) (auch as the year from activities) (auch as the yea	33		99		_v
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule (0 See instructions) 3	3.4	•	33		1
35. 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, 6, and 72, among others)? 35. If "Yes" to line 35a, has the organization lind a Form 990-T for the year? If "No," provide an explanation in Schedule 0 35. Was the organization assection \$016(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements forling the year? If "Yes," complete Sendation I, parks, complete Sendation (Part III) 35. Did the organization undergo a liquidation, discoslution, termination, or significant disposition of net assets during the year? If "Yes," complete Sendation Part Pol Out this year, complete Sendation to Form 1120 POL Out this year? 36. If a first amount of political expenditures, direct or indirect, as described in the instructions 36. If a first amount of political expenditures, direct or indirect, as described in the instructions 37. If a first amount of political expenditures, direct or indirect, as described in the instructions 38. If a first amount of political expenditures, direct or indirect, as described in the instructions 39. Did the organization the Form 1120-POL or this year? 39. If year and still outstanding at the end of the tax year covered by this return? 39. Expenditure of the part	7		34		x
on lines 2, Sia, and 7a, among others)? If "Yes's to lone \$5a, has the organization field a Form 990-T for the year? If "No," provide an explanation in Schedule C Was the organization a section 50 t(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 II if a SD. Of the organization underpo a fujiledation, dissolution, in remindion, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 35b. N/A 35c. X 35c. X 37b. Enter amount of political expenditudes, disease the internation or organization and program and still outstanding at the end of the tax year covered by this return? b of the organization here for mile 128-POL for this year? 37b. X 38b. X 37c. X 38b. X 37c. X 38b. X 37b. X 38b. X 37b. X 38b. X 37c. X 38b. X 37b. X 37b. X 38b. X 37b. X 38b. X 37b. X 38b. X 37b. X 38b. X 37b. X 37b. X 38b. X 37b. X 38b. X 37b. X 37b. X 37b. X 37b. X 37b. X 37b. X 38b. X 37b. X 37b. X 37b. X 38b. X 37b. X 37b. X 37b. X 38b. X 37b. X 3	35 a		•		 •••
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			700		 **
	U	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form 990-EZ (2017)

Form 990-EZ ((2017) ROTARY INTERNATIONAL L	ITTLETON		84-6031	014		Page 4
	organization engage, directly or indirectly, in political campaign complete Schedule C, Part I	activities on behalf of or in opposit	ion to candidates for p	ublic office?	46	Yes	No X
Part VI	Section 501(c)(3) organizations only		··			· · · · · · · · · · · · · · · · · · ·	
	All section 501(c)(3) organizations must answer question	ons 47-49b and 52, and comple	ete the tables for line	s 50 and 51			
	Check if the organization used Schedule O to respond	to any question in this Part VI					
				1		Yes	No
	organization engage in lobbying activities or have a section 501	· ·	year? If "Yes," complete	e Sch. C, Part II	47	-	
	ganization a school as described in section 170(b)(1)(A)(ii)? If				48		
	organization make any transfers to an exempt non-charitable rel was the related organization a section 527 organization?	lated organization?			49a		
· ·	o this table for the organization's five highest compensated emp	nlovage (ather than officers, directi	are tructone and koy o	mplovooc) who	49b	cowod	mora
	20,000 of compensation from the organization. If there is none,	•	ors, irusiecs, and key c	inployues) who t	Jacii re	GUIVUU	111010
	(a) Name and title of each employee	(b) Average hours	(C) Reportable	(d) Health benefit	s 10) Estim	ated
	N/A	per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferre compensation	am	ount of mpens	other
	N/A			Compensation	+		
					+		
	· · · · · · · · · · · · · · · · · · ·				+		
							
f Total nu	mber of other employees paid over \$100,000		1				
	tion. If there is none, enter "None." N/A Name and business address of each independent contractor	(1)	b) Type of service	(c)	Compe	nsatio	1
				-			
			·				
d Total acc	mber of other independent contractors each receiving over \$10	<u> </u>		L			
	riganization complete Schedule A? Note : All section 501(c)(3) or						
	ed Schedule A	organizations indstattatin a		▶ [☐ Ye	<u>,</u> [□No
	s of perjury, Ageclare that I have exampled this return, including	g accompanying schedules and sta	tements, and to the be	st of my knowled			
	and complete Declaration of preparer (other than officer) is basi				•		
Sign	Signature of officer			//- 6 - 1 S	<u> </u>		
Here	DEAN SOTACK, TREASURER Type or print name and title						
	Print/Type preparer's name Preparer's sign	nature Date	Check self- employ] if PTIN			
Paid	LADONNA JURGENSEN LADONNA		5- 443	POO	125	672	
Preparer	Firm's name ► IAN D. GARDENSWARTZ		P.C. Firm's EIN	► 84-10			'
Use Only	Firm's address > 6825 E. TENNESSEE, DENVER, CO 80224-1	SUITE 235	Phone no.			-37	82
May the IRS di	scuss this return with the preparer shown above? See instructi			D	X Ye	s	No
						00 E7 /	2017)

SCHEDULE O

732211 09-07-17

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

OMB No 1545-0047 Open to Public

► Go to www.irs.gov/Form990 for the latest information.

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	<u></u>
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 HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-F7. School	tule 0 (Form 990 or 990-FZ) (2017)

Name of the organization ROTARY INTERNATIONAL LITTLETON			er identification number 6031014
ROTARY INTERNATIONAL LITTLETON METHOD USED TO DETERMINE FMV: FACE VALUE OF CASH	I		
BOOK VALUE OF PROPERTY: 27,742.			
DATE OF GETTE 07/06/17			
AMOUNT GIVEN:			27,742.
	t		
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 SOFWARE			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	S:		
DESCRIPTION	BEG. OF	YEAR	END OF YEAR
ACCOUNTS PAYABLE		351.	970
MEAL DEPOSITS		0.	12,740.
732212 09-07-17 7	Schee	dule O (For	m 990 or 990-EZ) (2017

Name of the organization

ROTARY INTERNATIONAL LITTLETON

Employer identification number 84-6031014

ROTARY INTERNATIONAL	LITTLETON		84-60310	<u> 14</u>
ROTARY INTERNATIONAL Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one e	ven if not compensated	(see the instructions f	or 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
BILL WHITE				
DIRECTOR & PRESIDENT ELECT	2.00	0.	0.	0.
JIM BISETTI				
DIRECTOR	1.00	0.	0.	0.
PAUL PARISH				
	1.00	0.	0.	0.
DIRECTOR	1.00_	1		<u> </u>
			 	
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722471 04-01-17		Sc	hedule O (Form	990 or 990-EZ)