2949302604702 RO812 12/04/2018 10 00 AM **Return of Organization Exempt From Income Tax** 2017 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Openito Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. 07/01/17 , and ending 06/30/18For the 2017 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable 4-0172860 ROTARY CLUB OF SALT LAKE CITY Address change Doing business as Name change Number and street (or P O box if mail is not delivered to street address) Room/suite 801-363-8415 10 WEST 100 SOUTH, SUITE 400 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated SALT LAKE CITY 375,380 UT 84101 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending MICHAEL CRIDDLE 10 WEST 100 SOUTH, SUITE 400 H(b) Are all subordinates included? If "No," attach a list (see instructions) SALT LAKE CITY UT 84101 Tax-exempt status 501(c)(3) (insert no) 4947(a)(1) or

J	Website WWW.SLCROTARY.ORG		H(c) Group exempt	on numb	er 🕨	
	Form of organization X Corporation Trust Association Other	LY	ear of formation 19	11	M State of legal domicil	e U'l
₽P	artil講 Summary					
	Briefly describe the organization's mission or most significant activities		-		_	
Ð	AS AN AFFILIATE OF ROTARY INTERNATIONAL, WE PROVIDE	VARI	OUS SERVIC	ES T	O OUR	
JL S	COMMUNITY, TO INTERNATIONAL PROJECTS, AS WELL AS DIS	TRIC	T PROJECTS			
Ë						
Governance	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more that	n 25%	of its net assets			
აგ ე	3 Number of voting members of the governing body (Part VI, line 1a)			3	11	
Sa	4 Number of independent voting members of the governing body (Part VI, line 1b)			4	11	
Ϋ́	5 Total number of individuals employed in calendar year 2017 (Part-V ₁ -line 2a)			5	1	
Activities	6 Total number of volunteers (estimate if necessary)			6	0	
•	7a Total unrelated business revenue from Part VIII, column (C), Jine 12	0		7a		0
	h Net vereleted hypercas toughle manne from Form 200 T In 101	Š		7b		0
	b Net unrelated business taxable income from Form 990-1, line 39 DEC 2 1 2018	8-0-1	Prior Year		Current Year	
a	8 Contributions and grants (Part VIII, line 1h)	တ္သူ	120,			
Revenue	9 Program service revenue (Part VIII, line 2g)	≌	225,			
ě	9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			415		442
Œ	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·····		308		942
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		392,			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	Ļ	113,	911	79,	771
	14 Benefits paid to or for members (Part IX, column (A), line 4)					0
S	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		34,	558	33,	718
us(16a Professional fundraising fees (Part IX, column (A), line 11e)	L				0
Expenses	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	15	BACK LANGUAGE THERMAN TANDER IN COMMENT			
Ш	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		249,		232,	
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		398,			
	19 Revenue less expenses Subtract line 18 from line 12			306		895
Net Assets or Fund Balances		-	Beginning of Curren		End of Year	770
sset 3alar	20 Total assets (Part X, line 16)	-	375,	_		
et A	21 Total liabilities (Part X, line 26)			049		337
호교	22 Net assets or fund balances Subtract line 21 from line 20		345,	816	373,	435

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 MICHAEL CRIDDLE Miles / TREASURE Type or print name and title	Dat ER	12/17/18
Paid	Print/Type preparer's name Preparer's lignature SCOTT J. HANNI	Date Chec 12/04/18 self-e	
Preparer	Firm's name KARREN, HENDRIX, STAGG, ALLEN & COMPANY	Firm's EIN	**-***0666
Use Only	111 E BROADWAY STE 250 Firm's address SALT LAKE CITY, UT 84111-5225	Phone no	801-521-7620

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes | No

6-33 3

Signature Block

254,620 4e _Total program service expenses ▶ Form 990 (2017)

) (Revenue \$

including grants of \$

4d Other program services (Describe in Schedule O)

(Expenses \$

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Partive Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- Section 501(c)(3) organizations. 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
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part IX
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes, "complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

 If "Yes," complete Schedule G, Part III.

	Yes	No
1		x
2	X	
3_		x
4	İ	
5_	X	
6_		x
7_		x
8_		x
9		x
10		X
11a	X	
11b		x
11c		X,
		x
11d 11e		X
11f		
12a	х	
12b		x
13		X
14a		X
14b	X	-
15	x	
16		x
17		<u>x</u>
18	x	
19		x
	m 990	

	Checklist of Required Schedules (continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	162	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	100		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	}		
	employees? If "Yes," complete Schedule J	23	ĺ	X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?]		
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ł
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		#	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ļ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			v
	Part VI	37	- 1	X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O

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Pa	Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V			· · ·	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	_{1a} 5		Yes	No.
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and				
-	reportable gaming (gambling) winnings to prize winners?		1c	X	5 HOUSERIA
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal			
	account)?		4a	nama. I dadi	X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accordance	ounts			
- -	(FBAR)		250AA		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	1	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	•	5b 5c		1-2
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30	_	\vdash
vu	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or		_	
-	gifts were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1969		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ls			
	and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	•	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	didenti:	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	y tne	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			1114	
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		t
10	Section 501(c)(7) organizations. Enter			Ally	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources	[
	against amounts due or received from them)	11b			
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a	innana.hti	inolisticidus
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		Gran sharble		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	Pholile a.	, _{հու} ցըընկին
L	Note. See the instructions for additional information the organization must report on Schedule O			9	
b	Enter the amount of reserves the organization is required to maintain by the states in which	496			
_	the organization is licensed to issue qualified health plans	13b			
C 142	Enter the amount of reserves on hand	13c	14a	nvanski flatid	X
l4a h	Did the organization receive any payments for indoor tanning services during the tax year? If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.		14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			900	<u> </u>

SALT LAKE CITY

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Form 990 (2017) ROTARY CLUB OF SALT LAKE CITY **-***2865 Page 6 Part∭ · Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 11 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure UT List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records > 20 10 WEST 100 SOUTH, SUITE 400 MICHAEL CRIDDLE

801-363-8415

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orm 990 (2017) ROTARY CLUB OF SALT LAI	AE CITY
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Page 7

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

/A\	/D)				C)			(D)	(E)	(F)	
(A) Name and Title	(B) Average hours per week (list any hours for	of	x, unl	Pos check ess pe nd a d	erson i	than or s both a r/trusted	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations	
(1) LINDA KRUSE											
	20.00									•	
EXECUTIVE DIRECTOR	0.00	X		_	_	\vdash	_	30,633	0	0	
(2) BRETT SUTHERLAND	F 00	1		ĺ	ĺ	1 1					
DDECIDENM	5.00	.						0	o	0	
PRESIDENT (3) ALENE BENTLEY	0.00	X		X	 	┝╌┼	+	0			
(5) ADENE BENILEI	5.00										
PRESIDENT ELECT	0.00	x		x				o	o	0	
(4) NANCY BROWN		+		-			-				
(,,=,==,,==	2.00	1					- 1				
VICE PRESIDENT	0.00	x		x				O	o	0	
(5) JULI BLANCH									:-		
	2.00	ĺ		i	ľ	ΙÍ					
VICE PRESIDENT	0.00	X		X		Ш		0	0	0	
(6) MICHAEL CRIDDLE									İ		
	2.00									•	
TREASURER	0.00	X		X	<u> </u>	∤	\rightarrow	0	0	0	
(7) RANDI JACKSON	4 00										
anan	4.00			,,					o	0	
SECRETARY (8) BRYANT DAVIS	0.00	X		X		├	+				
(8) BRIANT DAVIS	2.00						İ				
DIRECTOR	0.00	x				1 1		o	o	0	
(9) CHRISTIAN DEPUTY		 ^				\vdash	-				
(0,011(151111(151111)	2.00										
DIRECTOR	0.00	$ \mathbf{x} $						0	o	0	
(10) TERI JENSEN											
. ,	2.00										
DIRECTOR	0.00	X						0	0	0	
(11) STEVE BOEKHOLDER											
	2.00									_	
DIRECTOR	0.00	X		1 1	1	1 1	- 1	01	01	0	

Pa	rt VIII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mplo	yee:	s, ar	nd Highest Compensated	Employees (continued)	
、 (A) Name and title		(B) Average hours per week (list any	bo	ox, uni	Pos check ess pe	erson	than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-21099-MISC)	from the organization and related organizations
(12 BAS		2.00	x						0	0	
PA	ST PRESIDENT	0.00								0	
											
_											
1b c	Sub-total Total from continuation shee	ets to Part VII S	ectic	n A		L		>	30,633		
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	cluding but not lim	nited		ose	isted	d abo	ve) v	30,633 who received more than \$10	00,000 of	
3	Did the organization list any for employee on line 1a? If "Yes," of	complete Schedu	ile J	for s	uch i	ndıvı	dual				Yes No
4 5	For any individual listed on line organization and related organi individual	zations greater th	nan \$	150	0003) If "	Yes,"	'con	nplete Schedule J for such		4 X
	Did any person listed on line 1a for services rendered to the org	janization? If "Ye									5 X
1	on B. Independent Contractor Complete this table for your five compensation from the organiz	highest comper									
		(A) business address	npen	Sauc	<u> </u>	ine	Cale	luai		(B) Ion of services	(C) Compensation
				-					· · · · · · · · · · · · · · · · · · ·		
_	Tatal annual and and an and an and an an an an an an an an an an an an an						* o * L		listed share) who		gandonigogearamenasciaci
2	Total number of independent correceived more than \$100,000 or	ontractors (includ	ing b	ut no	mi jo	ited	to the	ose i	isted above) who	0	

RO812 12/04/2018 10 00 AM Form 990 (2017) ROTARY CLUB OF SALT LAKE CITY **-***2865 Page 9 Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue (A) (B) Related or Total revenue exempt function business excluded from tax under sections 512-514 1a Federated campaigns 1a 75,820 b Membership dues 1b c Fundraising events 1c 35,500 d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 12,837 1f g Noncash contributions included in lines 1a-1f 124,157 h Total. Add lines 1a-1f Program Service Revenue Busn Code 218,839 218,839 2a MEMBERSHIP MEETINGS þ d f All other program service revenue g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and other similar amounts) 442 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) Net rental income or (loss) 7a Gross amount from (i) Secunties (II) Other salcs of assets other than inventory b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) 30,960 See Part IV, line 18 b Less direct expenses

Re	
ther	
0	

	•			CANDED TO SECURITION OF THE PARTY OF THE PAR	Property and address of the state of the sta	
С	Net income or (loss) from fundraising	events	<u> </u>	30,960		
9a	Gross income from gaming activities					
	See Part IV, line 19 a					
b	Less direct expenses b					
С	Net income or (loss) from gaming act	ivities	▶_			
10a	Gross sales of inventory, less					
	returns and allowances a					
þ	Less cost of goods sold b					
С	Net income or (loss) from sales of inv	entory	>			
	Miscellaneous Revenue		Busn, Lode			

982

982

375,380

218,839

Form 990 (2017)

1,424

982

11a

b C

OTHER

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

Form 990 (2017)

DAA

Form 990 (2017)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (C) (D) Do not include amounts reported on lines 6b. Management and Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 15,378 15,378 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 18,597 18,597 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 45,796 45,796 individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 30,633 15,317 15,316 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 1,543 3,085 1,542 10 Payroll taxes Fees for services (non-employees) a Management Legal 17.588 17,588 Accounting C Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 21,815 21,815 13 Office expenses 14 Information technology 15 Royalties 15,626 15,626 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 325 325 19 Conferences, conventions, and meetings 20 Interest 15,289 15,289 21 Payments to affiliates 885 885 Depreciation, depletion, and amortization 268 1,268 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 154,424 154,424 MEMBERSHIP MEETING 2,211 2.211 BAD DEBT MEMBER SERVICES 1,832 1,832 1,733 1,733 OTHER e All other expenses 346,485 254,620 91,865 0 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720)

Form 990 (2017) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash—non-interest bearing 334 .773 368,298 2 Savings and temporary cash investments Pledges and grants receivable, net 35,014 30,558 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 1,319 319 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 50,332 other basis Complete Part VI of Schedule D 10a 46,735 5,759 3,597 10b 10c b Less accumulated depreciation 11 Investments-publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 375,865 403,772 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 30,049 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 30,049 30,337 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 318,495 373,435 Unrestricted net assets 27 27,321 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds

> 403,772 Form 990 (2017)

373,435

345,816

375,865

33

33 Total net assets or fund balances

Total liabilities and net assets/fund balances

Forn	990 (2017) ROTARY CLUB OF SALT LAKE CITY **-***2865			Page 12
P	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	37	5,380
2	Total expenses (must equal Part IX, column (A), line 25)	2	34	6,485
3	Revenue less expenses Subtract line 2 from line 1	3	2	8,895
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34	5,816
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1,276
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	37	3,435
Pa	Financial Statements and Reporting	-		
	Check if Schedule O contains a response or note to any line in this Part XII	_		
				es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			Fa s ic
	separate basis, consolidated basis, or both		100 SE 2011	
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			T
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

on 501(c) and section 527 **201**7

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No 1545-0047

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	ection 501(c)(4), (5), or (6) organizations. Complete Part III		··-		
Nam	e of organization	TAND OTHE		**-**28	ification number
Dai	ROTARY CLUB OF SALT T. A. Complete if the organization is exem		V or is a sostion		
					<u></u>
•	Provide a description of the organization's direct and indirect definition of "political campaign activities")	i political campaign activities if	rantiv (see instruc	alons for	
2				▶ \$	
3	Political campaign activity expenditures (see instructions) Volunteer hours for political campaign activities (see instruct	iono)		•	
	Complete if the organization is exem		1(3)		
1	Enter the amount of any excise tax incurred by the organizat			▶ \$	
2	Enter the amount of any excise tax incurred by organization			▶ \$	
3	If the organization incurred a section 4955 tax, did it file Form	•		•	☐ Yes ☐ No
	Was a correction made?	11 4720 for this year.			Yes No
	If "Yes," describe in Part IV				
0.311 - 1.1	Complete if the organization is exem	pt under section 501(c), except section	n 501(c)(3).	
1	Enter the amount directly expended by the filing organization		·		
	activities	F		▶ \$	
2	Enter the amount of the filing organization's funds contributed	d to other organizations for sec	ction		
	527 exempt function activities	• • • •		▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 Enter	here and on Form 1120-POL,			
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year?				Yes No
5	Enter the names, addresses and employer identification num	nber (EIN) of all section 527 po	litical organizations t	o which the filing	
	organization made payments. For each organization listed, e	nter the amount paid from the	filing organization's f	unds Also enter	
	the amount of political contributions received that were prom	ptly and directly delivered to a	separate political org	janization, such	
	as a separate segregated fund or a political action committee	e (PAC) If additional space is	needed, provide info	mation in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
			1	funds If none, enter -0-	delivered to a separate
					political organization
			-		If none, enter -0-
(1)			1		
			 		
(2)					
			 		
(3)					
			 		
(4)					
(E)			 		
(5)]		
(6)			 		
(6)					
		<u></u>	<u> </u>		L

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

Schedule C (Form 990 or 990-EZ) 2017

Sche	edule C (Form 990 or 990-EZ) 2017 ROTA	RY CLUB OF	SALT LAKE	CITY		**-***286	5	Page 2		
Pa	rt II-A Complete if the organi	zation is exemp	t under section 5	01(c)(3) an	d filed	Form 5768 (ele	ection under			
	<u>section 501(h)).</u>						 _			
١		n belongs to an affiliated group (and list in Part IV each affiliated group member's name,								
			and share of excess lobbying expenditures) checked box A and "limited control" provisions apply							
<u> </u>				roi provisio	ns app	oly				
	Limits on Lo "The term "expenditures"	bbying Expendi			or	(a) Filing ganization's totals	(b) Affiliated group totals			
12	Total lobbying expenditures to influence pur				 	3	3p totale			
	Total lobbying expenditures to influence a le	· · · ·			 		_			
	Total lobbying expenditures (add lines 1a a	• • •	(lobbying)							
	Other exempt purpose expenditures									
е	Total exempt purpose expenditures (add ling)	es 1c and 1d)					· - · · · · · · · · · · · · · · · · · · ·			
1	f Lobbying nontaxable amount Enter the am	•	ng table in both							
	_columns		•							
	If the amount on line 1e, column (a) or (b) is:	The lobbying no	ntaxable amount is:		JUHL					
ľ	Not over \$500,000	20% of the amour								
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess over \$50	0,000						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	% of the excess over \$1,0	000,000						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,50	0,000						
	Over \$17,000,000	\$1,000,000	. <u> </u>							
g	Grassroots nontaxable amount (enter 25%	of line 1f)			<u> </u>					
h	Subtract line 1g from line 1a. If zero or less,	enter -0-								
i	i Subtract line 1f from line 1c If zero or less,	enter -0-			<u></u>	<u> </u>				
j	If there is an amount other than zero on eith	er line 1h or line 1i, o	lid the organization file	Form 4720				_		
	reporting section 4911 tax for this year?						Yes	No		
		4-Year Averag	ing Period Under s	ection 501(h	1)					
	(Some organizations that mad					of the five colun	ıns below.			
		See the separate i	nstructions for line	s 2a throug	h 2f.)					
	-	hhving Evnandit	ures During 4-Year	Averaging	Poriod					
_	<u>L</u> \	bbbying Expendit	ures During 4-Tear	Averaging	eriou	J 				
	Calendar year (or fiscal year	(a) 2014	(b) 2015	(c) 201	6	(d) 2017	(e) Tota	ıl		
	beginning in)	(4) 2014	(5) 2010	(0, 20)	•	(4) 2511	(0)			
-		····································								
Za	Lobbying nontaxable amount									
b	Lobbying ceiling amount									
	(150% of line 2a, column (e))									
С	Total lobbying expenditures		1				ļ			
		 _								
d	Grassroots nontaxable amount									
е	Grassroots ceiling amount									
	(150% of line 2d, column (e))									

Schedule C (Form 990 or 990-EZ) 2017

f Grassroots lobbying expenditures

	Complete if the organization is exempt under section 501(c)(3) and has Note that the control of	OT filed F	orm	5768		Page
	•	(8	1)		b)	
	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed cription of the lobbying activity	Yes	No	Am	ount	
1 a	• • • • • • • • • • • • • • • • • • • •					
C	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					<u> </u>
d						
e						
f				-		
g						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
ε	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Ра	Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	1(c)(5), c	rse	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	X	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year	?		3		X
	Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes."				3, is	
1	Dues, assessments and similar amounts from members	ŀ	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
_	political expenses for which the section 527(f) tax was paid).	ŀ				
a	Current year	ŀ	2a			
D	Carryover from last year		2b 2c			
C 2		}	$\overline{}$			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	į	3			
*	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	ļ				
	and political expenditure next year?	ŀ	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	ł	5			
Pa	Taxable amount of lobbying and pointed experiordies (see instructions)		1			
	ide the descriptions required for Part I-A line 1 Part I-B line 4 Part I-C line 5 Part II-A (affiliated group list) Part	II-A lines 1	and			

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2017 ROTARY CLUB OF SALT LAKE CITY

-*2865

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047 Open to Public

Employer identification number Name of the organization **-***2865 ROTARY CLUB OF SALT LAKE CITY Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

oche	edule D (Form 990) 2017 ROLARI	CLUB OF SAL.	<u></u>	VE CTII			<u> ^2003</u>			Page .
I.P	art III Organizations Maintain	ing Collections of	Art, H	istorical Tr	easures,	or Othe	r Similar Ass	ets (contir	nued)	
3	Using the organization's acquisition, access collection items (check all that apply)	ssion, and other records	, check a	any of the follow	ving that are	a significal	nt use of its			
а	Public exhibition	d 🗌	Loan or	exchange prog	grams					
b	Scholarly research	e 🗂	Other	.	-					
С	Preservation for future generations									
4	Provide a description of the organization's	collections and explain	how they	further the org	janization's e	exempt pur	pose in Part			
	XIII	•	•		•	• •	•			
5	During the year, did the organization solici	t or receive donations of	art, histo	orical treasures	s, or other sir	nılar			_	_
our I — B	assets to be sold to raise funds rather than		rt of the	organization's	collection?	_			Yes	No
₩P:	Escrow and Custodial A Complete if the organizate 990, Part X, line 21		" on Fo	orm 990, Pa	rt IV, line !	9, or rep	orted an amo	unt on Fori	m	
1a	Is the organization an agent, trustee, custo	odian or other intermedia	ry for co	ntributions or o	ther assets	not				
	included on Form 990, Part X?								Yes [No
b	If "Yes," explain the arrangement in Part X	III and complete the folio	wing tab	ole						
			_					Amou	int	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on	Form 990, Part X, line 2	1 for es	crow or custod	hal account li	ability?		П,	res [No
	If "Yes," explain the arrangement in Part X					-				٦
	ent V Endowment Funds.			., <u></u>						
Williamer.	Complete if the organizat	ion answered "Yes'	on Fo	rm 990. Par	rt IV. line 1	10				
		(a) Current year) Pnor year	(c) Two ye		(d) Three years b	ack (e) F	our years	back
1a	Beginning of year balance	(-,,	 	,	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		(,			
b		-	 							_
_			 				·			_
·	Net investment earnings, gains, and losses								_	_
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses	<u> </u>			<u> </u>					
9	End of year balance							<u> </u>		
2	Provide the estimated percentage of the ci	rrent year end halance	(line 1a	column (a)) he	id as					
- a		%	(iiiie ig,	column (a)) ne	10 03					
	·	%								
c	Temporarily restricted endowment	%								
·	The percentages on lines 2a, 2b, and 2c si									
32	Are there endowment funds not in the poss		on that a	ro hold and adi	ministered fo	r tho				
Ja		session of the organization	on mai a	re neid and adi	illillistered to	ii iiie			Yes	No
	organization by							20/1	 	140
	(i) unrelated organizations							3a(i	1	
_	(ii) related organizations							3a(ii	4—	
	If "Yes" on line 3a(ii), are the related organ							_3b		
4	Describe in Part XIII the intended uses of t		ment fun	ids						
	Land, Buildings, and Eq		_		4.15.7. 1	4- 0	F 000 D	V		
	Complete if the organizat									
	Description of property	(a) Cost or other b	asis	(b) Cost or o			Accumulated	(d) Boo	k value	
		(investment)	-	(othe	#1 <i>)</i>		epreciation			
	Land						<i>Malendii</i>	·		
b	Buildings				<u> </u>	ļ	46 55			<u> </u>
¢	Leasehold improvements		_		50,332		46,735		3,	<u>597</u>
đ	Equipment									
	Other			l		L				
Total	I. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part X	<u>, columr</u>	n (B), line 10c)					3,	597

Schedule D (Form 990) 2017

Part VII				-
	Complete if the organization answered "Yes" of	on Form 990, Part IV, I		
•	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial	derivatives			·
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				· · · · · · · · · · · · · · · · · · ·
(E)				
(F)				
(G)		·		····
(H)				
· ·	n (b) must equal Form 990, Part X, col_(B) line 12)▶			
Part VIII	Investments—Program Related.		Harm annual (2-0. 2009-co-0.00) Supplem were a mino-25, 30	and transport the deficient season and are entire service
E	Complete if the organization answered "Yes" of	n Form 990 Part IV I	ine 11c. See Form 990. Pa	art X. line 13
	(a) Description of investment	(b) Book value	(c) Method of	
	(5) 2555 (21.00)	(=, 555); 75,55	Cost or end-of-year	
(1)				 _
(2)				·
				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	- #2			Aansestin Cettukasing Centus akalahang
	n (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets.		11d Can Form 000 D	nd V line 15
	Complete if the organization answered "Yes" o	n Form 990, Part IV, I	ine i id See Form 990, Pa	
(4)	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
_(7)				
(8)				
<u>(9)</u>				
	n (b) must equal Form 990, Part X, col_(B) line 15)		_	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, I	ine 11e or 11f.See Form 9	990, Part X,
	line 25			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
<u></u> Coluiiii	· (=) ··································		To that a sit tible soluted intertral forced build of furtifichting f	on the contratable of the contra

Sche	edule D (Form 990) 2017 ROTARY CLUB OF SALT LAKE CI	TY	**-***286	5	Page 4
P	Reconciliation of Revenue per Audited Financial States	ments With R	evenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements			1	375,380
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				-
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	375,380
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	375,380
P	Int XII Reconciliation of Expenses per Audited Financial State	ements With I	Expenses per R	eturn.	
	Complete if the organization answered "Yes" on Form 990,		•		
1	Total expenses and losses per audited financial statements			1	347,761
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			4444	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	1,276		
е	Add lines 2a through 2d		-	2e	1,276
3	Subtract line 2e from line 1			3	1,276 346,485
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	} }			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	346,485

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE

\$

1,276

Schedule D (Form 990) 2017 ROTARY CLUB OF SALT LAKE CITY
Part XIII Supplemental Information (continued)

-*2865

Page 5

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

ROTARY CLUB OF SALT LAKE CITY

Employer Identification number **~***2865

OMB No 1545-0047

	neral Information	n on Activities C	Outside the United States.	Complete if the organization answere	ed "Yes" on
1 For grantmal	e grantees' eligibility fo	ation maintain record	s to substantiate the amount of its gance, and the selection criteria used		X Yes No
	kers. Describe in Part \ tside the United States		rocedures for monitoring the use of	fits grants and other	
3 Activities per F	Region (The following I	Part I. line 3 table car	n be duplicated if additional space is	s needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AFRIC	A				
SOUTH ASIA		<u> </u>	PROGRAM SERVICES	MEDICAL	27,321
(2)			PROGRAM SERVICES	MEDICAL	8,475
SOUTH AMER	CA				
AFRICA			PROGRAM SERVICES	COMPUTERS/FLOOD	6,000
(4)		B	PROGRAM SERVICES	MEDICAL /FOOD	1,000
GERMANY					··
(5) MEXICO			PROGRAM SERVICES		2,000
(6)			PROGRAM SERIVCES	MEDICAL	1,000
(7)					
(8)		<u> </u>			
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)			1 1222		
(17)			Weblieffeltelejtelejtelejtelejtelejtelejtelej	URBO'S Obstackfieddiaffog schillpocksteam, a ddichilla Eddallar ddiffatar, sc. 1910	
3a Sub-total					45,796
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					45,796

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed **-**2865 ROTARY CLUB OF SALT LAKE CITY Schedule F (Form 990) 2017

Partil Grants and

Page 2

California Cal	
TRAINING 6,000 CHECK TRAINING 12,475 CHECK TRAINING 27,321 CHECK TRAINING 27,321 CHECK TRAINING 12,476 CHECK TRAINING 12,476 CHECK TRAINING 12,476 CHECK TRAINING 12,476 CHECK TRAINING 12,476 CHECK TRAINING 12,476 CHECK TRAINING 12,476 CHECK TRAINING 12,476 CHECK TRAINING 12,476 CHECK TRAINING 12,476 CHECK	-
TRAINING 6,000 TRAINING 12,475 TRAINING 27,321	
TRAINING 12,475 TRAINING 27,321	
TRAINING 27,321	

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ~

Enter total number of other organizations or entities

Schedule F (Form 990) 2017

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RO812 12/04/2018 10 00 AM

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed Schedule F (Form 990) 2017 ROTARY CLUB OF SALT LAKE CITY PRATE IN Grants and Other Assistance to Individuals Onteride the Universe

-*2865

Page 3

(a) Type of grant or assistance (b) Region (c) Number of recipients	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash	(f) Amount of noncash	(g) Description of noncash assistance	(h) Method of valuation
				disbursement	assistance		(book, FMV, appraisal, other)
E							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)			,				
(11)							
(12)							
(13)							
(14)							
(15)							
(16)	_						
(17)							
(18)							
						Schedule	Schedule F (Form 990) 2017

1711179 97	dule F (Form 990) 2017 ROTARY CLUB OF SALT LAKE CITY **-***2865	- <u> </u>	Page 4
Pa	rtilVi Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information See instructions.

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXP	ENDITURES	INVESTMENT	S
NORTH AFRICA	\$	27,321	\$	0
SOUTH ASIA	\$	8,475	\$	0
SOUTH AMERICA	\$	6,000	\$	0
AFRICA	\$	1,000	\$	0
GERMANY	\$	2,000	\$	0
MEXICO	\$	1,000	\$	0

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ ► Go to www irs gov/Form990 for the latest instructions

Name of	the organization ROTARY CLUB OF S	SALT	LAKE CI	TY			# * - * * * 2	
Par		te if th	ne organizatio	n an		red "Yes" on Form 9		
1	ndicate whether the organization raised funds throu			•		neck all that apply		
a [Mail solicitations	e	Solicitation	of nor	n-gove	ernment grants		
ь [Internet and email solicitations	f	Solicitation			-		
c [Phone solicitations	g						
d [In-person solicitations	J			•			
2a [Did the organization have a written or oral agreemer or key employees listed in Form 990, Part VII) or ent	nt with a htty in co	any individual (inconnection with pro	luding ofessio	office	ers, directors, trustees, undraising services?		Yes No
	f "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization	(fundr	aisers) pursuant	to agr	eeme	nts under which the fund	raiser is to be	
	(I) Name and address of individual or entity (fundraiser)		(II) Activity	raisei custo cont	d fund- r have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (l)	(vI) Amount paid to (or retained by) organization
				Yes	No			1
1		1				1		
2		-						
_		- 1						
				<u> </u>				
3								
4								
5								
6			· · ·					
]		
7		$\neg \dagger$						
8		\dashv						
9								
3								
								<u> </u>
10								
rotal					•			

		rents. Complete if the organi fundraising event contribution		Form 990, Part IV, line	
	· · · · · · · · · · · · · · · · · · ·	reater than \$5,000			T
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AUCTION		NONE	(add col (a) through
e		(event type)	(event type)	(total number)	col (c))
Revenue	1 Gross receipts	30,960			30,960
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	30,960			30,960
	4 Cash prizes				
	5 Noncash prizes				
nses	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
D e	8 Entertainment				
	9 Other direct expenses				
	· · · · · · · · · · · · · · · · · · ·	Add lines 4 through 9 in column (d) tract line 10 from line 3, column (d)		>	30,960
P	art III Gaming. Comp	lete if the organization answ	ered "Yes" on Form 990, P	art IV, line 19, or report	
	than \$15,000 or	n Form 990-EZ, line 6a	(b) Pull tabs/instant	T	(d) Total gaming (add
Revenue		(a) Bingo	bingo/progressive bingo	(c) Other gaming _	col (a) through col (c))
_	1 Gross revenue				
nses	2 Cash prizes				
Expe	3 Noncash prizes				
Direct Expens	4 Rent/facility costs				
_	5 Other direct expenses	<u></u>			
	6 Volunteer labor	Yes %	Yes %	Yes %	
	7 Direct expense summary A	Add lines 2 through 5 in column (d)		•	
	8 Net gaming income summa	ry Subtract line 7 from line 1, colum	ın (d)	>	L
	· ·	irganization conducts gaming activiti onduct gaming activities in each of t			Yes No
	If "No," explain				_
	Were any of the organization's of "Yes," explain	gaming licenses revoked, suspended	d, or terminated during the tax yea	ar?	Yes No

Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	 12 Is the organization a grantor, beneficiary or trustee of a trust, or formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the or records Name ► Address ► 	a member of a pai		13		,	No
formed to administer charitable gaming? Yes	formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the or records Name ▶ Address ▶			13		Yes	 %_
13a	 13 Indicate the percentage of gaming activity conducted in a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the or records Name ► Address ► 	ganization's gamin	g/special events books an	13		Yes	 %_
a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming finense? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organizations own exempt activities during the tax year ▶ \$ Eartitive Supplemental Information, Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	 a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the or records Name ► Address ► 	ganization's gamin	g/special events books an	13			
b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	 b An outside facility 14 Enter the name and address of the person who prepares the or records Name ► Address ► 	ganization's gamin	g/special events books an	13			
Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c if "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Samtit\(\frac{1}{2}\) Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	14 Enter the name and address of the person who prepares the or records Name ▶ Address ▶	ganization's gamin	g/special events books an		<u>u j</u>		
Name ► Address ► Address ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	records Name ▶ Address ▶	yanızanon 5 yanın	grapecial eventa books an	u			
Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Address ►						
Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c if "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a is the organization's required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.							
revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c if "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	15a Does the organization have a contract with a third party from wh						
amount of gaming revenue retained by the third party c If "Yes," enter name and address of the third party Name Address Address Gaming manager information Name Gaming manager compensation \$ Description of services provided Director/officer	revenue?	hom the organization	n receives gaming			Yes [☐ No
C If "Yes," enter name and address of the third party Name ► Address ► 16 Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	b If "Yes," enter the amount of gaming revenue received by the or	rganization 🕨	5	and the			
Name ► Address ► 16 Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	- · · · · · · · · · · · · · · · · · · ·						
Address ► 16 Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	c If "Yes," enter name and address of the third party						
Supplemental Information. Name ► Gaming manager information \$ Description of services provided ► Director/officer	Name ▶						
Saming manager compensation ► \$ Description of services provided ► Director/officer	Address ►						
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	16 Gaming manager information						
Director/officer	Name ▶						
Director/officer	Gaming manager compensation ▶ \$						
And atory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	Description of services provided ▶						
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	Director/officer Employee	Independent contra	ctor				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	17 Mandatory distributions						
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	•	distributions from th	e gaming proceeds to				
spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	retain the state gaming license?					Yes [No
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	b Enter the amount of distributions required under state law to be	distributed to other	exempt organizations or				
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	spent in the organization's own exempt activities during the tax	year ▶ \$				_	
OCC HISH UCHORS		17h	hla Alaa mray <i>id</i> a am				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and	17b, as applica	ble. Also provide an	y additional informatio	11.		

RO812 12/04/2018 10 00 AM

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

ROTARY CLUB OF SALT LAKE CITY

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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OMB No 1545-0047

2017	Open to Public

Employer Identification number

-2865

₂ (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form X Yes MEDICAL noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance 8,000 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance (p) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? ROTARY FOUNDATION (a) Name and address of organization or government (1) SALT LAKE Part Part II 6 ල € 3 8 6 3 9

Schedule I (Form 990) (2017)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed **-**2865 Schedule I (Form 990) (2017) ROTARY CLUB OF SALT LAKE CLTY REALTINE Grants and Other Assistance to Domestic Individuals Con

RO812 12/04/2018 10 00 AM

Part III can be duplicated it additional space is needed	onal space is needed				
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1 VARIOUS	196	13,249			
2 VARIOUS	2972	5,348			
3					
. 4					
S.					
တ					
7					
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	vide the information rec	quired in Part I, line 2	; Part III, column (b);	and any other additional in	iformation.

SCHEDULE O (Form 990 or 990-EZ) 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.

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Publication

Name of the organization

ROTARY CLUB OF SALT LAKE CITY

-*2865

Employer identification number

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

YOUTH/CHILD CRISIS - PROVIDE FINANCIAL ASSISTANCE, PUBLIC RELATIONS

EXPOSURE AND/OR MAN-POWER FOR A SPECIFIC PURPOSE OR NEED TO EXISTING

ORGANIZATIONS ADDRESSING THE PROBLEMS OF CHILDREN IN CRISIS. CITY CREEK

ROTARY PARK - MAINTAIN & RESTORE THE PARK. ENVIRONMENT - SELECT & PROMOTE

LOCAL ENVIRONMENTAL ENHANCEMENT PROJECTS IN WHICH CLUB MEMBERS CAN

PARTICIPATE. PUBLICATIONS - MONTHLY "ROTARY BEE" PUBLICATION TO INFORM

MEMBERS OF VARIOUS CLUB MATTERS AND INITIATIVES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE TREASURER REVIEWS THE FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD ATTEMPTS TO DETERMINE THE MARKET VALUE BASED ON EXPERIENCE AND

QUALIFICATIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

BOOK / TAX DEPRECIATION DIFFERENCE \$ -1,276