

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Open to Public Inspection

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/Form990 for instructions and the latest information.

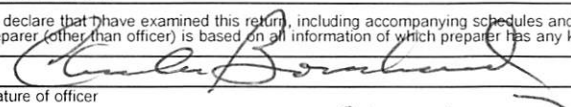
A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20																									
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; vertical-align: top;"> C LOVELAND ROTARY CLUB FOUNDATION PO BOX 304 LOVELAND, CO 80539 </td> <td style="width:40%; vertical-align: top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer identification number</td> <td>84-6058583</td> </tr> <tr> <td>E Telephone number</td> <td>(970) 290-5553</td> </tr> <tr> <td>G Gross receipts \$</td> <td>248,156.</td> </tr> </table> </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"> F Name and address of principal officer: Julie Johnson Haffner 1947 Rivers Edge Rd Windsor, CO 80550 </td> <td style="width:40%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>H(a) Is this a group return for subordinates?</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>H(b) Are all subordinates included? 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Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>To further the philanthropic activities of the Loveland Rotary Club by contributing to health, education and youth projects in the community and internationally.</u>			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3		8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		8
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5		0
6	Total number of volunteers (estimate if necessary)	6		340
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
8	Contributions and grants (Part VIII, line 1h)	8	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	9	614,627.	121,943.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	60,184.	107,620.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	2,921.	8,233.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	677,732.	237,796.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	82,560.	98,431.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15		
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶	b		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	515,916.	67,641.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	598,476.	166,072.
19	Revenue less expenses. Subtract line 18 from line 12	19	79,256.	71,724.
20	Total assets (Part X, line 16)	20	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	21	2,982,284.	2,989,626.
22	Net assets or fund balances. Subtract line 21 from line 20	22	0.	0.
			2,982,284.	2,989,626.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer:  Date: 7.21.22	
	Julie Johnson Haffner Charles Bouchard Chair Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name: Brian S Jacobson, CPA Preparer's signature: Brian S Jacobson, CPA Date: Check <input type="checkbox"/> if self-employed PTIN: P00668876	Firm's name: ▶ HAYNIE & COMPANY Firm's address: ▶ 1785 WEST 2300 SOUTH SALT LAKE CITY, UT 84119 Firm's EIN: ▶ 87-0325228 Phone no.: 801-972-4800

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 09/22/21

Form 990 (2021)