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Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

2008

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Rotary Club of Colorado Springs fka Rotary International-Colorado Spring P.O. Box 1558 Colorado Springs, CO 80901-1558	D Employer identification number 84-0394934 E Telephone number 719-473-1995 F Group Exemption Number
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◦ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

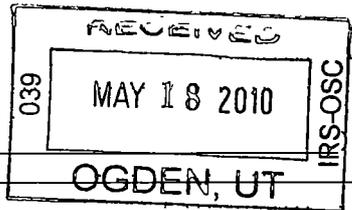
J Organization type (check only one) — 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 131,127.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received		33,243.
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		
	4 Investment income		513.
	5a Gross amount from sale of assets other than inventory		
	5b Less cost or other basis and sales expenses		
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)		
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a Gross revenue (not including \$ _____ of contributions reported on line 1)	97,371.	
	6b Less direct expenses other than fundraising expenses	71,235.	
	6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		26,136.
	7a Gross sales of inventory, less returns and allowances		
	7b Less cost of goods sold		
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8 Other revenue (describe ▶ _____)		
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		59,892.
	10 Grants and similar amounts paid (attach schedule) See Statement 1		2,250.
	11 Benefits paid to or for members		
	12 Salaries, other compensation, and employee benefits		
	13 Professional fees and other payments to independent contractors		6,890.
	14 Occupancy, rent, utilities, and maintenance		1,800.
	15 Printing, publications, postage, and shipping		900.
	16 Other expenses (describe ▶ See Statement 2)		40,092.
	17 Total expenses (add lines 10 through 16)		51,932.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		7,960.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		68,037.
	20 Other changes in net assets or fund balances (attach explanation) See Statement 3		432.
	21 Net assets or fund balances at end of year Combine lines 18 through 20		76,429.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	79,988.	80,968.
23 Land and buildings		
24 Other assets (describe ▶ See Statement 4)	2,772.	3,476.
25 Total assets	82,760.	84,444.
26 Total liabilities (describe ▶ See Statement 5)	14,723.	8,015.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	68,037.	76,429.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

SCANNED JUL 09 2010

PZ

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49 a	
b If 'Yes,' was the related organization(s) a section 527 organization?	49 b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

Total number of other independent contractors receiving over \$100,000		

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: *[Handwritten Signature]* Date: 5-14-10
 Type or print name and title: Kurt L. Kofford, Treasurer

Paid Preparer's Use Only
 Preparer's signature: Jennifer E. Farnsworth, CPA Date: 5/11/10
 Firm's name (or yours if self employed), address, and ZIP + 4: Farnsworth & Associates, P.C., 4164 Austin Bluffs Pkwy, Box 216, Colorado Springs, CO 80918
 Check if self employed: Preparer's identifying number (See instructions): N/A
 EIN: N/A Phone no: (719) 266-6454

May the IRS discuss this return with the preparer shown above? See instructions Yes No
 BAA Form 990-EZ (2008)

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Meetings (event type)	(event type)	(total number)	(Add col (a) through col (c))
REVENUE	1	Gross receipts	97,371.		97,371.
	2	Less Charitable contributions			
	3	Gross revenue (line 1 minus line 2)	97,371.		97,371.
DIRECT EXPENSES	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	71,235.		71,235.
	8	Direct expense summary Add lines 4- through 7 in column (d)			71,235.
	9	Net income summary Combine lines 3 and 8 in column (d)			26,136.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
		(Add col (a) through col (c))			
REVENUE	1	Gross revenue			
	2	Cash prizes			
DIRECT EXPENSES	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			
	8	Net gaming income summary Combine lines 1 and 7 in column (d)			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' Explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' Explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		YES	NO						
13 Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">13a</td> <td style="width:80%;"></td> <td style="width:10%; text-align: center;">%</td> </tr> <tr> <td>13b</td> <td></td> <td style="text-align: center;">%</td> </tr> </table>	13a		%	13b		%		
13a		%							
13b		%							
14 Provide 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 contact 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 Name ▶ _____ Address ▶ _____	15a								
16 Gaming manager information Name ▶ _____ Gaming manager compensation ▶ \$ _____ Description of services provided ▶ _____ <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____	17a								

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	International - World Community Colorado Springs, CO		
Cash Amount Given:		\$	2,000.
Donee's Name:	Roteract - American Cancer Society Colorado Springs, CO		
Cash Amount Given:		\$	250.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion		\$	64.
Board/Working Meetings			33.
Club - Awards/Badges/Banners			1,551.
Conferences, Conventions, and Meetings			3,017.
Contract Labor			13,650.
D&O Insurance			1,055.
Depreciation			1,248.
Dues & Subscriptions			13,040.
Gifts			300.
Information Technology			5.
Insurance			511.
International - GSE			35.
International - Scholarships			69.
Licenses			206.
Miscellaneous			156.
Office Expenses			3,157.
Program Expenses			133.
Repairs/Maintenance			170.
Socials			999.
Web Site			693.
		Total \$	<u>40,092.</u>

Statement 3
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

Adj after taxes filed for FYE 6/30/08		\$	432.
		Total \$	<u>432.</u>

Statement 4
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment	\$ 2,772.	\$ 3,476.
Total	<u>\$ 2,772.</u>	<u>\$ 3,476.</u>

Statement 5
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Due to Rotary - CSF	\$ 3,513.	\$ 26.
RI Dues Payable	3,269.	7,681.
Wells Fargo Credit Card	7,941.	308.
Total	<u>\$ 14,723.</u>	<u>\$ 8,015.</u>

Statement 6
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Sponsorship for Local Not-for-Profit Organizations.

Statement 7
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Jack Donley Colorado Springs, CO	Past President 5.00	\$ 0.	\$ 0.	\$ 0.
Kurt Kofford Colorado Springs, CO	Treasurer 5.00	0.	0.	0.
Charlie Brown Colorado Springs, CO	President 5.00	0.	0.	0.
Bart Givens Colorado Springs, CO	Secretary 5.00	0.	0.	0.

Statement 7 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Wayne Bland Colorado Springs, CO	Director 5.00	\$ 0.	\$ 0.	\$ 0.
Erick Anderson Colorado Springs, CO	Director 5.00	0.	0.	0.
Matt Otten Colorado Springs, CO	Director 5.00	0.	0.	0.
Donna Dell'Olio Colorado Springs, CO	Director 5.00	0.	0.	0.
Wendy Shaw Colorado Springs, CO	Director 5.00	0.	0.	0.
John Rodgers Colorado Springs, CO	Director 5.00	0.	0.	0.
Tony Cerato Colorado Springs, CO	Director 5.00	0.	0.	0.
Craig Engelage Colorado Springs, CO	President-Elect 5.00	0.	0.	0.
Maile Foster Colorado Springs, CO	Director 5.00	0.	0.	0.
Ron Rubin Colorado Springs, CO	Director 5.00	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- ☉ If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box
 - ☉ If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only
All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization Rotary Club of Colorado Springs fka Rotary International-Colorado Spring	Employer identification number 84-0394934
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P.O. box, see instructions P.O. Box 1558	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Colorado Springs, CO 80901-1558	

Check type of return to be filed (file a separate application for each return)

- | | | |
|-------------------------------------------------|----------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

☉ The books are in the care of ▶ The Organization -----

Telephone No ▶ 719-473-1995 FAX No. ▶ -----

- ☉ If the organization does not have an office or place of business in the United States, check this box
- ☉ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 20__ or
- ▶ tax year beginning 7/01, 20 08, and ending 6/30, 20 09

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print <small>File by the extended due date for filing the return. See instructions</small>	Name of Exempt Organization Rotary Club of Colorado Springs fka Rotary International-Colorado Spring	Employer identification number 84-0394934
	Number, street, and room or suite number. If a P O box, see instructions Farnsworth & Associates, P.C. 4164 Austin Bluffs Pkwy, Box 216	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Colorado Springs, CO 80918	

Check type of return to be filed (File a separate application for each return)

- | | | | |
|-------------------------------------------------|----------------------------------------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of The Organization
 Telephone No 719-473-1995 FAX No
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 5/15, 20 10
- 5 For calendar year _____, or other tax year beginning 7/01, 20 08, and ending 6/30, 20 09
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date