



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code**
(except black lung benefit trust or private foundation)

▶ 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 \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C
ROTARY INTERNATIONAL
THOMPSON VALLEY ROTARY
P.O. BOX 7093
LOVELAND, CO 80537-0093**D** Employer identification number

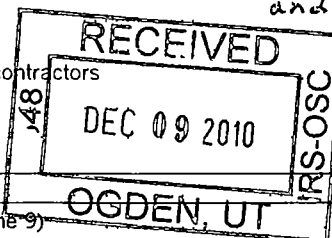
84-1124036

E Telephone number

970-669-7200

F Group Exemption Number▶ **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: ▶ WWW.ROTARY5440.ORG/THOMPSONVALLEYCO/**J** Tax-exempt status (check only one) — ☒ 501(c) (4) (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ▶ \$ 52,867.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	9,417.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	21,770.
	4	Investment income	4	46.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	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)	6a	21,634.
	6b	Less: direct expenses other than fundraising expenses	6b	1,587.
EXPENSES	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	20,047.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ _____)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	51,280.
	10	Grants and similar amounts paid (attach schedule)	10	19,665.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	250.
ASSETS	14	Occupancy, rent, utilities, and maintenance	14	660.
	15	Printing, publications, postage, and shipping	15	88.
	16	Other expenses (describe ▶ <u>SEE STATEMENT 2</u>)	16	24,162.
	17	Total expenses. Add lines 10 through 16	17	44,825.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,455.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	14,943.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (Combine lines 18 through 20)	21	21,398.

SEE STATEMENT 1
and schedule**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 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	13,599.	21,932.
23 Land and buildings		
24 Other assets (describe ▶ <u>SEE STATEMENT 3</u>)	1,832.	3,266.
25 Total assets	15,431.	25,198.
26 Total liabilities (describe ▶ <u>SEE STATEMENT 4</u>)	488.	3,800.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,943.	21,398.

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

Form 990-EZ (2009)

SCANNED JAN 05 2011

8P

Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A , section 4955 N/A		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 40b X		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e X		
41 List the states with which a copy of this return is filed NONE		

42a The organization's books are in care of **REBECCA MCQUEEN** Telephone no. **970-669-7200**
 Located at **P.O. BOX 7093 LOVELAND CO** ZIP + 4 **80537-0093**

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: _____	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: _____	42c	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization a section 527 organization?	49b	

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

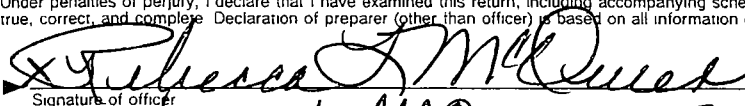
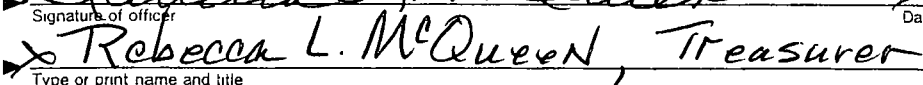
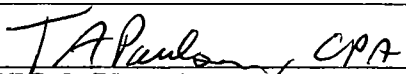
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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

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

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

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

Sign Here	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.			
	 Signature of officer		Date 12/6/10	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature ▶	 Date 12/3/10	Check if self employed ▶ <input type="checkbox"/>	Preparer's Identifying Number (See instructions) 558-62-9432
	Firm's name (or yours if self employed), address, and ZIP + 4 ▶	THOMAS A PAULSON JR CPA, P.C. 873 N CLEVELAND AVE LOVELAND, CO 80537		
		EIN ▶ 84-1292091	Phone no ▶ (970) 667-5316	

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

Open to Public Inspection

Employer identification number
84-1124036

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

- ☐
- Mail solicitations

☐ Internet and email solicitations

☐ Phone solicitations☐ In-person solicitations☐ Solicitation of non-government grants☐ Solicitation of government grants

☒ Special fundraising events

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2009

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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		VALENTINE HEARTS (event type)	GOVERNOR'S ART SHOW (event type)	(total number)	(Add col (a) through col (c))
REVENUE	1 Gross receipts	11,420.	10,214.		21,634.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	11,420.	10,214.		21,634.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,587.			1,587.
	10 Direct expense summary Add lines 4- through 9 in column (d)				1,587.
	11 Net income summary Combine lines 3, column (d) and line 10				20,047.

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.

	(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				
DIRECT EXPENSES				
	2 Cash prizes			
	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, column (d) and line 7				

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

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain

11 Does the organization operate gaming activities with nonmembers?

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?

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in.**a** The organization's facility**13a** %**b** An outside facility**13b** %**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 contact with a third party from whom the organization receives gaming revenue?**15a****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?**17a****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 ▶ \$ _____

2009

FEDERAL STATEMENTS

PAGE 1

CLIENT TAP-RCLB

ROTARY INTERNATIONAL
THOMPSON VALLEY ROTARY

84-1124036

12/02/10

07 11PM

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAIDDONEE'S NAME: SEE SCHEDULE ATTACHED.
CASH AMOUNT GIVEN: \$ 19,665.STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK CHARGES	\$ 4.
CATERING AND LUNCH EXPENSES	15,555.
CLUB FUNCTION EXPENSE	1,612.
CONFERENCES	900.
ENTRY FEES	145.
LICENSE/PERMIT	62.
MEMBERSHIP DUES-DISTRICT 5440	1,476.
MEMBERSHIP DUES--ROTARY INTL	2,527.
OFFICE EXPENSE	359.
PAUL HARRIS GIFT	500.
PROGRAM EXPENSE	371.
RECOGNITION AWARD	138.
SOCIAL GATHERING EXPENSE	317.
SUPPLIES AND BADGES	146.
VISIONING	50.
TOTAL	\$ 24,162.

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE	\$ 1,832.	\$ 1,431.
PREPAID EXPENSES AND DEFERRED CHARGES	0.	1,835.
TOTAL	\$ 1,832.	\$ 3,266.

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 488.	\$ 3,800.
TOTAL	\$ 488.	\$ 3,800.

2009

FEDERAL STATEMENTS

PAGE 2

CLIENT TAP-RCLB

ROTARY INTERNATIONAL
THOMPSON VALLEY ROTARY

84-1124036

12/01/10

04 20PM

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO BENEFIT YOUTH, COMMUNITY AND INTERNATIONAL CAUSES.

STATEMENT 6
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
WE CONTRIBUTED TO PROGRAMS FOSTERING INTERNATIONAL ECONOMIC DEVELOPMENT.	5,930.	
INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 5,930.	\$ 0.

Rotary Club of Thompson Valley, Inc.
Transaction Detail By Account
 July 2009 through June 2010

Part III Schedule
84-1124036

Type	Date	Num	Name	Memo	Debit	Credit	Balance
Contributions							
Community Oriented Contribution							
Check	8/3/2009	2718	Cresset Community Farm		235 00		235 00
Check	12/17/2009	2742	House of Neighborly Service		500 00		735 00
Check	5/11/2010	2776	Project Self Sufficiency		1,000 00		1,735 00
Check	5/11/2010	2777	Hearts and Horses		500 00		2,235 00
Check	5/12/2010	2780	House of Neighborly Service	food bank	1,000 00		3,235 00
Check	5/13/2010	2783	Friends of Lvid Library		1,000 00		4,235 00
Check	5/13/2010	2784	Loveland Pool Fund		500 00		4,735 00
			Total Community Oriented Contribution		4,735 00	0 00	4,735 00
Environment Oriented							
Check	1/6/2010	2744	Unless Design Collaborative		500 00		500 00
Check	5/6/2010	2773	Trees, Water & People		1,100 00		1,600 00
Check	5/6/2010	2774	loveland Youth Gardeners		1,000 00		2,600 00
			Total Environment Oriented		2,600 00	0 00	2,600 00
Foundation Contribution							
Check	5/20/2010	2785	thompson valley rotary Foundation		2,600 00		2,600 00
			Total Foundation Contribution		2,600 00	0 00	2,600 00
International Contributions							
Shelter Box							
Deposit	1/21/2010			Deposit		233 00	-233 00
Deposit	1/28/2010			Deposit		67 00	-300 00
Deposit	2/4/2010			Deposit		63 00	-363 00
Deposit	2/11/2010			Deposit		49 00	-412 00
Deposit	2/25/2010			Deposit		58 00	-470 00
Check	2/26/2010	2761	Shelter Box		1,000 00		530 00
			Total Shelter Box		1,000 00	470 00	530 00
International Contributions - Other							
Check	12/17/2009	2741	Trailblazer Foundation	sewing machine	200 00		200 00
Check	3/24/2010	2766	Trinity Lutheran	Somoto stove project	1,500 00		1,700 00
Check	5/11/2010	2779	Rotary Foundation	Pollo plus	1,100 00		2,800 00
			Total International Contributions - Other		2,800 00	0 00	2,800 00
			Total International Contributions		3,800 00	470 00	3,330 00
Youth Oriented Contributions							
Rotary Art Scholarship Expense							
Check	8/3/2009	2721	CSU Fort Collins		1,000 00		1,000 00
Check	1/20/2010	2749	CSU Fort Collins		1,000 00		2,000 00
			Total Rotary Art Scholarship Expense		2,000 00	0 00	2,000 00
RYLAYYoung RYLA							
Check	1/27/2010	2751	RYLA		2,400 00		2,400 00
			Total RYLAYYoung RYLA		2,400 00	0 00	2,400 00

Rotary Club of Thompson Valley, Inc.
Transaction Detail By Account
 July 2009 through June 2010

84-1124036

Type	Date	Num	Name	Memo	Debit	Credit	Balance
Youth Oriented Contributions - Other							
Check	5/11/2010	2778	Thompson R2-J School District	Helping kids succeed	1,000 00		1,000 00
Check	5/13/2010	2782	Thompson Valley National Honor S	ScCit Prom/heart painting	1,000 00		2,000 00
					2,000 00	0 00	2,000 00
Total Youth Oriented Contributions - Other							
					6,400 00	0 00	6,400 00
Total Youth Oriented Contributions							
					20,135 00	470 00	19,665 00
TOTAL							
					20,135.00	470.00	19,665.00