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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or

OMB No 1545-1150 2nng

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For the 2009 calendar year, or tax year beginning 2009 and ending JUN 2010 Check if C Name of organization D Employer identification number Please use IRS Address change ROTARY CLUB OF FORT COLLINS label or Name Change DOWNTOWN 84-6058576 print or type E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Initial return Room/suite See Specific Termin-ated 970-482-3883 .O. BOX 1206 Instruc-City or town, state or country, and ZIP + 4 Amended Group Exemption tions FORT COLLINS. 80522-1206 Number **►** 0573 CO • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: X Cash Schedule A (Form 990 or 990-EZ) Other (specify) H Check ▶ X If the organization is not Website: ▶ WWW.ROTARYCLUBOFFORTCOLLINS.ORG Tax-exempt status (check only one) $-\mathbf{X}$ 501(c) (4) 4947(a)(1) or __ 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 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. 202,510. 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 7,489. Contributions, gifts, grants, and similar amounts received 1 Program service revenue including government fees and contracts 2 2 173,838. 3 3 Membership dues and assessments 1,220. Investment income 4 Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from said of assets other-than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Sopedule G). If any amount is from gaming, check here Revenue 0 Gross revenue (not including \$ NOV 15 2010 of contributions reported on line 1) l iu Less: direct expenses other than-fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) SEE STATEMENT 3) Other revenue (describe 8 19,963. 8 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 6,375. Salaries, other compensation, and employee benefits 12 138,288 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping 15 15 64,716. SEE STATEMENT 1) 16 Other expenses (describe 16 209,379. 17 Total expenses. Add lines 10 through 16 <6,869.> 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 112,801. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 105,932 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Porm 990-EZ. Part II (See the instructions for Part II.) (B) End of year (A) Beginning of year 126,113. 115,265. Cash, savings, and investments 22 22 23 Land and buildings Other assets (describe 24 24 126,113. 115,265. 25 Total assets 25 <u>9,333.</u> 13,312. 26 Total liabilities (describe SEE STATEMENT 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 801 <u>105,932.</u> 932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ_(2009)

orm 990-EZ (2009) DOWNTOWN	- 10111 0022110		84-60585	76 Page 2
	ce Accomplishments (See the instructions for			xpenses
What is the organization's primary exempt purpose?	EE STATEMENT 5		(Required fo	or section 501(c)(3)
	ganization's exempt purposes. In a clear and conci	se manner, descr	۰۰۰ مار	4) organizations and 7(a)(1) trusts, optional
	efited, and other relevant information for each prog		for others)	(a) il usis, optional
28 PROGRAM SERVICE REVENUE	CONTRIBUTED TO QUALIFIED	501C(3)		
ORGANIZATION. ROTARY CI	UB OF FORT COLLINS ENDOWM	ENT FUND.		
(69,593.70)				
	mount includes foreign grants, check here		28a	
9 ROTARY LOCAL COMMUNITY	SERVICE NEEDS			
(Grants \$) If this a	mount includes foreign grants, check here	>	29a	35,900.
30 INTERNATIONAL SERVICE-E	ROMOTION OF ROTARY FOUNDA	TION		
THROUGH INTERNATIONAL A	ND VOCATIONAL SERVICES			
(Grants \$) If this a	mount includes foreign grants, check here		30a	23,021.
31 Other program services (attach schedule)				
(Grants \$) If this a	mount includes foreign grants, check here		31a	
32 Total program service expenses (add lines 2	28a through 31a)		▶ 32	58,921.
Part IV List of Officers, Directors, T	rustees, and Key Employees. List each one ev	en if not compensated	(See the instructions	for Part IV)
	(h) Title and everage hours	(c) Compensation	(d) Contributions	
(a) Name and address	(b) Title and average hours per week devoted to	(f) compensation	to employee benefit plans &	(e) Expense account and
(-)	position	-0)	deferred	other allowances
	· ·		compensation	
MELANIE CHAMBERLAIN	PRESIDENT			
	20.00	0.	0.	0.
JAN C. BERTHOLF	PAST PRESIDEN			
	10.00	0.	0.	0.
ALAN ASHBAUGH	PRESIDENT ELE			
	10.00	0.	l 0.	0.
DONAL B JOHNSON	SECRETARY			
2 0011111111111111111111111111111111111	20.00	6,375.	0.	0.
BART KINGHAM	TRESURER	57575		
DIMIT THE PROPERTY OF THE PROP	10.00	0.	0.	0.
DAN MACKEY	DIRECTOR	- 0		
DIEN IE ONE	5.00	0.	0.	0.
DON E UNGER	DIRECTOR			•
DON II ONGIN	5.00	0.	l 0.	0.
GARTH MCCANN	DIRECTOR		 	 •
OMITI MOCALIA	5.00	0.	0.	0.
TANIS ROEDER	DIRECTOR	<u>_ </u>	 	
TUMIN WARDEN	5.00	0.	0.	0.
LARRY KUNTER	DIRECTOR		<u> </u>	
DUNT WONTEN		0.	0.	_0.
DAWN DAVIS	DIRECTOR		"	
DAWN DAVIS	5.00	0.	0.	_
	5.00	<u> </u>		0.
			 	
			 	
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932172 02-08-10			Form	990-EZ (2009)

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Page 3

Nos No 3 Did the organization engage in any activity not previously reported to the IRS? If Yes,* attach a detailed description of each activity 4. Were any changes made to the organization of powering documents? If Yes,* attach a conformed copy of the changes 1 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 990-1, attach a statement explaining why the organization did not report the income on Form 990-1. 3 but the organization had income from 990-1 for the year? 3 but the organization in Form 990-1 for the year? 3 but the organization in Form 990-1 for the year? 3 but the organization of Profession of Prof	Ра	TY Other Information (Note the statement requirements in the instructions for Part V)		14	
34 Were any changes made to the organization of poverning documents? If "res," attach a conformed court the changes of the ch				Yes	
35. If the organization hard income from business activities, such as those reported on fines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach is takement explaining why the organization of lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach is takement explaining why the organization of not report the income on Form 990-T. 1. Did the organization have unrelated business gross income of 5,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 2. If If yes, "complete applicable parts of Sch. N 3. If If yes, "complete applicable parts of Sch. N 3. If entire amount of political expenditures, direct or indirect, as described in the instructions. 3. If entire amount of political expenditures, direct or indirect, as described in the instructions. 3. If entire amount of political expenditures, direct or indirect, as described in the instructions. 3. If entire amount of political expenditures, direct or indirect, as described in the instructions. 3. If entire amount of political expenditures, direct or indirect, as described in the instructions. 3. If entire amount of political expenditures, direct or indirect, as described in the instructions. 3. If entire amount of political expenditures, direct or indirect, as described in the instructions. 3. If entire amount of political expenditures, direct or indirect, as described in the instructions and an an an an an analyse of the period or expenditures of the period or expenditures of the indirect or indirect an analyse of the expenditures. 3. If If expenditures are an an expenditures of the expenditures of the expenditures of the organization during the year under section, 9412 by 10 political expenditures, 10 po				<u></u>	X
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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? 38b N/A 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39b N/A 40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A 5 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A 5 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 organizations's prior Forms 990 or 990-EZ? If Yes,* complete Schedule L, Part I 6 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 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year under sections 4912, 4955, and 4958 7 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year under sections 4912, 4955, and 4958 8 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of 10 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(4) or			-1 1		
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	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			
Form 990-EZ (2009)		completed instead of Form 990-EZ	45		<u> </u>
			Form 9	90-EZ	(2009)

84-6058576

Page 4

Par	t VI	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51.									
46	Did the	organization engage in direct or indirect political campaign activities	s on behalf of or in opposition	to candidates for	public			Yes	No		
,	office? If "Yes," complete Schedule C, Part I										
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E											
49a	Did the	organization make any transfers to an exempt non-charitable relate	d organization?				19a				
	-	was the related organization a section 527 organization?					19b		<u> </u>		
		ete this table for the organization's five highest compensated employ 100,000 of compensation from the organization. If there is none, ent		tors, trustees and	key employe	ees) who ead	h red	eived	more		
		(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average how per week devoted to position	irs (c) Compens	ation to	ontributions employee efit plans & deferred npensation	à	e) Expe ecount er allov			
	Total a	umber of other employees paid over \$100,000									
51	Comple	ete this table for the organization's five highest compensated indeperation. If there is none, enter "None." ${f N/A}$	ndent contractors who each re	eceived more than	\$100,000 o	f compensat	on fr	om th	e		
		(a) Name and address of each independent contractor paid mor	e than \$100,000	(b) Type	of service	(c)	Com	pensa	tion		
_											
						+					
_											
	Total n	umber of other independent contractors each receiving over \$100,0 Under penalties of perjury, I declare that I have examined this return, including	accompanying schedules and state	ments, and to the be	st of my knowl	edge and belie	fitis	true			
Sign Here		Signature of Officer Type or print name and title	Il information of which preparer has	any knowledge	,Qate	10/10					
Paid Prepa Use 0	rer's	Preparer's signature		Check if self- employed	Preparer's	dentifying num	ber (S	See inst	r)		
VSE U	, i	Firm's name (or yours of seff-employed), address, and ZIP + 4		Phone ► no.							
May t	he IRS	discuss this return with the preparer shown above? See instruction	S			▶ X			No (2009)		

FORM 990-EZ ·	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
CLUB SERVICE II CLUB SERVICE III COMMUNITY SERVICE INTERNATIONAL SERVICE VOCATIONAL SERVICE CLUB SERVICE I			15 2,08 36,33 16,73 5,88 3,55	14. 26. 31.
TOTAL TO FORM 990-EZ, LINE 16			64,7	16.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
PAUL HARRIS AND GRANT PAYABLES		13,312.	9,33	33.
TOTAL TO FORM 990-EZ, LINE 26		13,312.	9,33	33.
FORM 990-EZ	OTHER REVENUE		STATEMENT	3
DESCRIPTION			AMOUNT	
4-WAY TEST VIDEO INCOME FUNDRAISING REVENUES ADVERTISING			18,53 1,0°	
TOTAL TO FORM 990-EZ, LINE 8			19,90	53.

FOI	RM 990-EZ	•			RMATIO HTIW							_	ACTS				STATE	MEN	T	4
A)	DID THE C DIRECTLY BENEFIT C	OR :	INDIRE	CTLY	, TO P	AY P	REM	IUM	S OI	A I	PER	SON	AL	-		[]] YES	[x]	NO
B)	DID THE C													•	•	[]] YES	[X]	NO

990-EZ PG,2 .

STATEMENT

5

ROTARY DISTRICT AND PROJECTS, SUPPORT ETHICAL BUSINESS PRACTICES AND GOODWILL.