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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 private foundation)

OMB No 1545-1150

2010

Department of the Treasury  
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

- B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C

ROTARY INTERNATIONAL  
THOMPSON VALLEY ROTARY  
P.O. BOX 7093  
LOVELAND, CO 80537-0093

D Employer identification number

84-1124036

E Telephone number

970-227-5040

F Group Exemption Number

G Accounting Method. ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ WWW.THOMPSONVALLEYROTARY.ORG

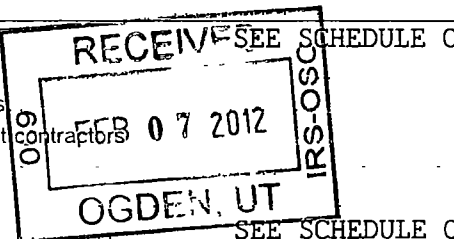
H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 501(c) ( 4 ) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 75,902.

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

1	Contributions, gifts, grants, and similar amounts received	1	7,108.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	19,526.
4	Investment income	4	28.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	49,240.
c	Less direct expenses from gaming and fundraising events	6c	15,986.
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	33,254.
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	59,916.
10	Grants and similar amounts paid (list in Schedule O)	10	25,200.
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	
14	Occupancy, rent, utilities, and maintenance	14	1,080.
15	Printing, publications, postage, and shipping	15	23.
16	Other expenses (describe in Schedule O)	16	25,259.
17	<b>Total expenses.</b> Add lines 10 through 16	17	51,562.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,354.
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	21,398.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	29,752.



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

Form 990-EZ (2010)

P n



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
<b>35</b> 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, explain in Schedule O why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)-notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?		
<b>36</b> 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		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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 tax year covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>38b</b> N/A, section 4912 <b>39a</b> N/A, section 4955 <b>39b</b> N/A		
<b>b</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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I <b>40b</b>		X
<b>c</b> 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 <b>40c</b> 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>40d</b> 0.		
<b>e</b> 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 <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>41</b> NONE		

**42a** The organization's books are in care of **PATTI STICKLER** Telephone no **970-227-5040**  
 Located at **P.O. BOX 7093 LOVELAND CO** ZIP + 4 **80537-0093**

**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)? **42b**

If 'Yes,' enter the name of the foreign country

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.? **42c**

If 'Yes,' enter the name of the foreign country

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here **43** ☐ N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

	Yes	No
<b>44a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O <b>44d</b>		

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
<b>45</b>		X
<b>45a</b>		X
<b>46</b>		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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 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 related organization?
- b** If 'Yes,' was the related organization a section 527 organization?

	Yes	No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

- 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 **▶** \_\_\_\_\_

- 52** Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

**▶** ☐ Yes ☐ No

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.

<b>Sign Here</b>	<i>Patricia Sockler</i> Signature of officer	<i>2/27/12</i> Date			
	<i>PATRI SOCKLER, TREASURER</i> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name THOMAS A. PAULSON, JR., CPA	Preparer's signature <i>T. Paulson CPA</i>	Date <i>1/27/12</i>	Check <input type="checkbox"/> if self employed	PTIN PO1410833
	Firm's name <b>▶</b> Thomas A. Paulson, Jr., CPA, P.C.			Firm's EIN <b>▶</b> 84-1292019	
	Firm's address <b>▶</b> 873 N CLEVELAND AVE LOVELAND, CO 80537			Phone no (970) 667-5316	
	May the IRS discuss this return with the preparer shown above? See instructions <b>▶</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

BAA

Form 990-EZ (2010)

**Part III Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 COMMUNITY PARTY (event type)	(b) Event #2 VALENTINE HEARTS (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	25,140.	12,161.	11,939.	49,240.
	2 Less Charitable contributions	-	-	-	-
	3 Gross income (line 1 minus line 2)	25,140.	12,161.	11,939.	49,240.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	7,146.			7,146.
	8 Entertainment	2,000.			2,000.
	9 Other direct expenses	4,290.	561.	1,989.	6,840.
	10 Direct expense summary Add lines 4- through 9 in column (d)				15,986.
	11 Net income summary Combine line 3, column (d), and line 10				33,254.

**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 column (a) through column (c))
	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? ☐ Yes ☐ No

b If 'No,' explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain \_\_\_\_\_

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization **ROTARY INTERNATIONAL  
THOMPSON VALLEY ROTARY**

Employer identification number  
**84-1124036**

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

**TO BENEFIT YOUTH, COMMUNITY, ENVIRONMENTAL AND INTERNATIONAL CAUSES.**

ROTARY INTERNATIONAL  
 THOMPSON VALLEY ROTARY

84-1124036

 FORM 990-EZ, PART I, LINE 10  
 GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

 DONEE'S NAME: SEE SCHEDULE ATTACHED.  
 CASH AMOUNT GIVEN: \$ 25,200.

 FORM 990-EZ, PART I, LINE 16  
 OTHER EXPENSES

ADVERTISING	\$ 146.
BANK CHARGES	52.
CATERING AND LUNCH EXPENSES	14,296.
COFFEE EXPENSE	394.
EDUCATION	430.
ENTRY FEES	350.
FUNDRAISING EXPENSE	46.
LICENSE/PERMIT	20.
MEETING ROOM EXPENSE	75.
MEMBERSHIP DUES-DISTRICT 5440	1,353.
MEMBERSHIP DUES--ROTARY INTL	2,187.
MISS VALENTINE EXPENSE	525.
OFFICE EXPENSE	2,073.
PAUL HARRIS GIFT	400.
PROFESSIONAL SERVICES	250.
RECOGNITION AWARD	438.
ROTARY FUNCTION	684.
ROTARY SUPPLIES	38.
SANTA PARTY EXPENSE	1,302.
SOCIAL GATHERING EXPENSE	200.
<b>TOTAL</b>	<b>\$ 25,259.</b>

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

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 1,431.	\$ 0.
PREPAID EXPENSES AND DEFERRED CHARGES	1,835.	0.
<b>TOTAL</b>	<b>\$ 3,266.</b>	<b>\$ 0.</b>

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

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 3,800.	\$ 287.
DEFERRED REVENUE	0.	6,329.
<b>TOTAL</b>	<b>\$ 3,800.</b>	<b>\$ 6,616.</b>



2010

## SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 3

ROTARY INTERNATIONAL  
THOMPSON VALLEY ROTARY

84-1124036

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.	10,900.	-
INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 10,900.	\$ 0.

2010 Form 990-E2  
Schedule D  
84-1124036

**Rotary Club of Thompson Valley, Inc.**  
**Transaction Detail By Account**  
July 2010 through June 2011

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
<b>Contributions</b>								
<b>Community Oriented Contribution</b>								
General Journal	9/20/2010	Adj						
Check	3/8/2011	2864	House of Neighborl..	reclass		Youth Oriente	3,000.00	3,000.00
Check	6/17/2011	2891	Food Bank for Lari..	food bank		Home State B...	500.00	3,500.00
Check	6/17/2011	2892	House of Neighborl..	Donation		Home State B...	500.00	4,000.00
				Donation		Home State B	500.00	4,500.00
Total Community Oriented Contribution							4,500.00	4,500.00
<b>Environment Oriented</b>								
Check	3/8/2011	2861	Trees, Water & Peo...			Home State B...	1,000.00	1,000.00
Check	3/8/2011	2862	loveland Youth Gar ..			Home State B...	1,000.00	2,000.00
Total Environment Oriented							2,000.00	2,000.00
<b>Foundation Contribution</b>								
General Journal	8/26/2010	Adj				-SPLIT-		
Total Foundation Contribution							4,000.00	4,000.00
<b>International Contributions</b>								
<b>Medical Supplies</b>								
Check	1/23/2011	2852	IMA World Health	Medical Supp...		Home State B	400.00	400.00
Total Medical Supplies							400.00	400.00
<b>Shelter Box</b>								
Check	6/17/2011	2894	Shelter Box	donation 1 box		Home State B.	1,000.00	1,000.00
Total Shelter Box							1,000.00	1,000.00
<b>International Contributions - Other</b>								
Check	10/7/2010	2823	Rotary International	Polio Plus		Home State B	1,000.00	1,000.00
Check	12/2/2010	2835	ERSLA	Water filter pf...		Home State B...	500.00	1,500.00
Check	2/3/2011	Auto	Roongrahee Sangsin	Children of T		Home State B...	2,000.00	3,500.00
Check	3/8/2011	2863	Rotary International	Polio		Home State B...	1,000.00	4,500.00
Check	6/24/2011	2899	ERSLA	Nicaragua wa		Home State B	1,000.00	5,500.00
Total International Contributions - Other							5,500.00	5,500.00
Total International Contributions							6,900.00	6,900.00
<b>Youth Oriented Contrirbutions</b>								
<b>Rotary Art Scholarship Expense</b>								
Check	8/3/2010	2801	Front Range Comm	Jeremiah Wo		Home State B	1,000.00	1,000.00
Check	12/20/2010	2845	Front Range Comm	Jeremiah Wo		Home State B..	1,000.00	2,000.00
Total Rotary Art Scholarship Expense							2,000.00	2,000.00
<b>RYLA/Young RYLA</b>								
Deposit	11/18/2010			refund TV Sc...		Home State B...	-800.00	-800.00
Check	2/1/2011	2854	Rocky Mountain RY..	4ryla/2ryla		Home State B...	2,400.00	1,600.00
Total RYLA/Young RYLA							1,600.00	1,600.00

2010 Form 990-EZ  
Schedule D  
84-1124036

**Rotary Club of Thompson Valley, Inc.  
Transaction Detail By Account  
July 2010 through June 2011**

Type	Date	Num	Name	Memo	Clr	Split	Amount	Balance
<b>Youth Oriented Contributions - Other</b>								
Check	7/29/2010	2799	LHS Band booster	Pedal cab		Home State B.	200.00	200.00
General Journal	8/26/2010	Adj		J Buffet		Foundation Co.	6,000.00	6,200.00
General Journal	9/20/2010	Adj		reclass		Community Or	-3,000.00	3,200.00
Check	5/5/2011	2881	Thompson Valley N	Hearts painti		Home State B.	1,000.00	4,200.00
<b>Total Youth Oriented Contributions - Other</b>							<b>4,200.00</b>	<b>4,200.00</b>
<b>Total Youth Oriented Contributions</b>							<b>7,800.00</b>	<b>7,800.00</b>
<b>Total Contributions</b>							<b>25,200.00</b>	<b>25,200.00</b>
<b>TOTAL</b>							<b>25,200.00</b>	<b>25,200.00</b>