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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Department 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, 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 Jul 1, 2010, and ending Jun 30, 2011

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Rotary Club of Broadmoor District</u>		D Employer identification number <u>84-6035804</u>
	Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>PO Box 38572</u>		E Telephone number <u>(719) 380-7422</u>
	City or town, state or country, and ZIP + 4 <u>Colorado Springs CO 80937</u>		F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.rotarybroadmoor.com **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 527

K 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

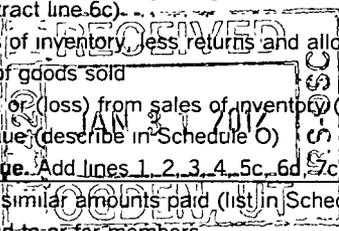
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 85,830.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	1,700.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	56,211.
	4	Investment income	4	
	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	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	24,332.
6c	Less direct expenses from gaming and fundraising events	6c	11,283.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	13,049.	
EXPENSES	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 in Schedule O) See Form 990-EZ, Part I, Line 8 Other Revenue	8	3,587.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	74,547.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O) See L-10 Stmt	10	16,659.
	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	800.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	54,888.
	17	Total expenses. Add lines 10 through 16	17	72,347.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,200.
NET ASSETS	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	28,083.
	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	30,283.

SCANNED FEB 07 2012



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

Form 990-EZ (2010)

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Part II Balance Sheets. (see the instructions for Part II.)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	27,718.	30,283.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O) <u>See L-24 Stmt</u>	365.	0.
25 Total assets	28,083.	30,283.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	28,083.	30,283.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

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

What is the organization's primary exempt purpose? Service Organization for performing charity work
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 <u>Charitable Projects Organized by Club Committees</u> <u>(Dictionary project, Champions, Interact)</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	9,110.
29 <u>Scholarships awarded to students</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	2,885.
30 <u>Contributions to various charitable organizations</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	4,664.
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	16,659.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>William Barns</u> PO Box 38572 Colorado Springs CO80937	Past President 5.00	0.	0.	0.
<u>Mark Burris</u> PO Box 38572 Colorado Springs CO80937	President 10.00	0.	0.	0.
<u>Bill Robie</u> PO Box 38572 Colorado Springs CO80937	Vice President 5.00	0.	0.	0.
<u>Gary Kimes</u> PO Box 38572 Colorado Springs CO80937	Secretary 10.00	0.	0.	0.
<u>Robert McAdams</u> PO Box 38572 Colorado Springs CO80937	Treasurer 10.00	0.	0.	0.
<u>Jennifer Hicks</u> PO Box 38572 Colorado Springs CO80937	President elect 5.00	0.	0.	0.
<u>Tracy Lee</u> PO Box 38572 Colorado Springs CO80937	Sargent at arms 3.00	0.	0.	0.
<u>Craig Mirkovich</u> PO Box 38572 Colorado Springs CO80937	Membership chair 5.00	0.	0.	0.
<u>Brad Brackel</u> PO Box 38572 Colorado Springs CO80937	Administration chair 5.00	0.	0.	0.
<u>See List of Officers, Directors, Trustees, & Key Employees Stmt</u>				

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
33	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
34	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
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, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	a 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
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37 a"/> 0.		
37b	b Did the organization file Form 1120-POL for this year?		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 tax year covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved <input type="text" value="38 b"/>		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 <input type="text" value="39 a"/>		
39b	b Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39 b"/>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> ; section 4912 <input type="text"/> , section 4955 <input type="text"/>		
40b	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		X
40c	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 <input type="text"/>		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
40e	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		X
41	List the states with which a copy of this return is filed <input type="text" value="Colorado"/>		

42a The organization's books are in care of Telephone no
 Located at CO ZIP + 4

		Yes	No
42b	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: <input type="text"/>		X
42c	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: <input type="text"/>		X

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

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

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X
- 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)

	Yes	No
45 a		X
- 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
46		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

	Yes	No
47		
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

	Yes	No
48		
- 49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49 a		
- b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
49 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.

Sign Here	▶ <i>Robert C. McAdams</i> Signature of officer	01/19/12 Date			
	▶ Robert McAdams Type or print name and title	TREASURER			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Graeme Cloutte CPA	<i>Graeme Cloutte</i>	01/23/12		P00341885
	Firm's name ▶ Cloutte & Associates, P.C.	Firm's address ▶ 620 South Cascade Ave., Suite 300 Colorado Springs CO 80903		Firm's EIN ▶ 84-1487595	Phone no (719) 633-6150

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

BAA

Part II 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	(b) Event #2	(c) Other events	(d) Total events
	Golf Tournament (event type)	(event type)	(total number)	(add column (a) through column (c))
1	Gross receipts	24,332.		24,332.
2	Less Charitable contributions	0.		0.
3	Gross income (line 1 minus line 2)	24,332.		24,332.
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes		
	6	Rent/facility costs		
	7	Food and beverages	11,283.	11,283.
	8	Entertainment		
	9	Other direct expenses		
	10	Direct expense summary Add lines 4 through 9 in column (d)		
11	Net income summary Combine line 3, column (d), and line 10			13,049.

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
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: _____

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

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

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

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? Yes No

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? Yes No

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 ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

Bat/Fines	2,762.
Raffle	825.
Total	3,587.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

Bank charges	463.
District Expense	1,623.
Fidelity Bond	125.
Meals/Board Meetings	40,549.
Membership Dues	6,442.
Miscellaneous	100.
Post Office Box	61.
Rotary event	100.
Rotary International dues	593.
Supplies	4,720.
Telephone	13.
Website maintenance	99.
Total	54,888.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Toby Gannett PO Box 38572 Colorado Springs CO 80937 Foreign city _____ Foreign country _____	Title Service Chair Hours/Week 5.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Don Hastings PO Box 38572 Colorado Springs CO 80937 Foreign city _____ Foreign country _____	Title Foundation Chair Hours/Week 5.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Jason Twitchell PO Box 38572 Colorado Springs CO 80937 Foreign city _____ Foreign country _____	Title Program chair Hours/Week 5.00	0.	0.	0.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment To Support ongoing operations

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Community grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Pikes Peak Community Foundation	None	530.
	730 N Nevada Ave. Colorado Springs CO 80903		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment To support ongoing charitable objectives

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Charitable grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Rotary Foundation	None	85.
	1560 Sherman Ave. Evanston IL 60201		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Improve child literacy

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
School support	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Districts 2, 3 & 12	None	6,585.
	1820 Main St. Colorado Springs CO 80911		

If property other than cash was given, the following additional information needs to be provided:

Description of Property Dictionaries
 Date of Gift 09/01/11

Book Value	How Book Value Determined
6,385.	Purchase price
FMV	How FMV Determined
6,385.	Purchase price

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment Support tornado victims

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Disaster relief	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> The Rotary Club of Joplin	None	99.
	PO Box 1771 Joplin MO 64802		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Support local students

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Community grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Interact	None	514.
	c/o Cheyenne Mountain High School Colorado Springs CO 80906		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Support High school student athletes

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Community grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Champions program	None	2,011.
	c/o Cheyenne Mountain High School Colorado Springs CO 80906		

If property other than cash was given, the following additional information needs to be provided:

Description of Property Banquet food expense

Date of Gift 10/01/11

Book Value	How Book Value Determined
2,011.	Actual food cost
FMV	How FMV Determined
2,011.	Actual price paid

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment Community grant

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Community Grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	None	2,900.
	Pikes Peak area Rotary endowment		
	Garden of the Gods		
	Colorado Springs CO 80919		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Support leadership training for youth

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Community grant	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	None	1,050.
	Rotary Youth Leadership conference		
	Corporate Drive		
	Colorado Springs CO 80919		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Scholarships

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarships	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>	None	2,885.
	Cheyenne Mountain High School		
	1775 LaClede St.		
	Colorado Springs CO 80905		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
Membership dues	365.	
Total	<u>365.</u>	

Supporting Statement of:

Form 990-EZ/Line 1

Description	Amount
Membership project revenue	1,200.
New member fund revenue	500.
Total	<u>1,700.</u>

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
Tax return preparation	800.
Total	<u>800.</u>