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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)

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

OMB No 1545-1150

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012

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

C Name of organization: ROTARY CLUB OF BROADMOOR DISTRICT. Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 38572. City or town, state or country, and ZIP + 4: COLORADO SPRINGS, CO 80937

D Employer identification number: 84-6035804. E Telephone number: (719) 380-7422. F Group Exemption Number

G Accounting method: [X] Cash [] Accrual [] Other (specify)

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

I Website: www.rotarybroadmoor.com

J Tax-Exempt status (check only one): [] 501(c)(3) [X] 501(c)(4) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 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 \$ 91,891

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 [X]

Table with 3 columns: Description, Line Number, Amount. Rows include Revenue (Contributions, Program service, Membership, Investment, Gaming, Sales of inventory, Other revenue) and Expenses (Grants, Benefits, Salaries, Professional fees, Occupancy, Printing, Other expenses). Total revenue: 76,012. Total expenses: 83,498. Net assets at end of year: 22,797.

Part II Balance Sheets

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

(See the instructions for Part II)

| | (A) Beginning of year | | (B) End of year |
|--|-----------------------|-----------|-----------------|
| 22 Cash, savings, and investments | 30,283 | 22 | 22,797 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | | 24 | |
| 25 Total assets | 30,283 | 25 | 22,797 |
| 26 Total liabilities (describe in Schedule O) | | 26 | |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 30,283 | 27 | 22,797 |

Part III Statement of Program Service Accomplishments

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

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

What is the organization's primary exempt purpose?

Service Organization for performing charity work

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

| | |
|--|------------|
| 28 CHARITABLE PROJECTS ORGANIZED BY CLUB COMMITTEES (DICTIONARY PROJECT, CHAMPIONS, INTERACT) (Grants \$ 13,694) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a |
| 29 SCHOLARSHIPS AWARDED TO STUDENTS (Grants \$ 4,500) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |
| 30 CONTRIBUTIONS TO VARIOUS CHARITABLE ORGANIZATIONS (Grants \$ 1,633) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |
| 32 Total program service expenses (add lines 28a through 31a) | 32 |

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 & deferred compensation | (e) Expense account and other allowances |
|---------------------------|--|--|---|--|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | No |
| 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) | | No |
| 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 | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | No |
| 35b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | | No |
| 35c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | No |
| 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 | | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text"/> | | |
| 37b | Did the organization file Form 1120-POL for this year? | | No |
| 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? | | No |
| 38b | If "Yes," complete Schedule L, Part II and enter the total amount involved | | |
| 39 | Section 501(c)(7) organizations. Enter | | |
| 39a | Initiation fees and capital contributions included on line 9 | | |
| 39b | Gross receipts, included on line 9, for public use of club facilities | | |
| 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 | 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 | | No |
| 40c | 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 | | |
| 40d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | |
| 40e | 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 | | No |
| 41 | List the states with which a copy of this return is filed <input type="text"/> <u>CO</u> | | |
| 42a | The organization's books are in care of <input type="text"/> <u>ROBERT MCADAMS</u> Telephone no <input type="text"/> <u>(719) 380-7422</u> 6760 CORPORATE DR Located at <input type="text"/> <u>COLORADO SPRINGS, CO</u> ZIP + 4 <input type="text"/> <u>80919</u> | | |
| 42b | 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"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | Yes | No |
| 42c | 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"/> | | No |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/> 43 | | |
| 44a | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. | Yes | No |
| 44b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | No |
| 44c | Did the organization receive any payments for indoor tanning services during the year? | | No |
| 44d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | No |
| 45b | 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 instructions) | | No |

| | | |
|-----------|-----|----|
| | Yes | No |
| 46 | | |

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

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.

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

| | | |
|------------|-----|----|
| | Yes | No |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school 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?

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 & 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 | ***** Signature of officer | 2012-11-14 Date |
| | ROBERT MCADAMS TREASURER Type or print name and title | |

| | | | | |
|---------------------------------|---|------------------------------|---|---|
| Paid Preparer's Use Only | Preparer's signature <input type="checkbox"/> GRAEME CLOUTTE CPA | Date 2012-11-15 | Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number (See instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> CLOUTTE & ASSOCIATES PC 620 SOUTH CASCADE AVE SUITE 300 COLORADO SPRINGS, CO 80903 | EIN <input type="checkbox"/> | | |
| | Phone no <input type="checkbox"/> (719) 633-6150 | | | |

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

Additional Data**Software ID:****Software Version:****EIN:** 84-6035804**Name:** ROTARY CLUB OF BROADMOOR DISTRICT**Form 990-EZ, Special Condition Description:****Special Condition Description****Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

| (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 & deferred compensation | (E) Expense account and other allowances |
|---|---|---|--|---|
| MARK BURRIS PO BOX 38572 COLORADO SPRINGS, CO 80937 | Past President 5 00 | 0 | | |
| JENNIFER HICKS PO BOX 38572 COLORADO SPRINGS, CO 80937 | President 10 00 | 0 | | |
| BILL ROBIE PO BOX 38572 COLORADO SPRINGS, CO 80937 | Vice President 5 00 | 0 | | |
| GARY KIMES PO BOX 38572 COLORADO SPRINGS, CO 80937 | Secretary 10 00 | 0 | | |
| ROBERT MCADAMS PO BOX 38572 COLORADO SPRINGS, CO 80937 | Treasurer 10 00 | 0 | | |
| JIM ANDERS PO BOX 38572 COLORADO SPRINGS, CO 80937 | President elect 5 00 | 0 | | |
| TRACY LEE PO BOX 38572 COLORADO SPRINGS, CO 80937 | Sargent at arms 3 00 | 0 | | |
| CRAIG MIRKOVICH PO BOX 38572 COLORADO SPRINGS, CO 80937 | Membership chair 5 00 | 0 | | |
| BRAD BRACKEL PO BOX 38572 COLORADO SPRINGS, CO 80937 | Administration chair 5 00 | 0 | | |
| TOBY GANNETT PO BOX 38572 COLORADO SPRINGS, CO 80937 | Service Chair 5 00 | 0 | | |
| DON HASTINGS PO BOX 38572 COLORADO SPRINGS, CO 80937 | Foundation Chair 5 00 | 0 | | |
| JASON TWITCHELL PO BOX 38572 COLORADO SPRINGS, CO 80937 | Program chair 5 00 | 0 | | |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization ROTARY CLUB OF BROADMOOR DISTRICT

Employer identification number 84-6035804

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a 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. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (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.

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.

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 |
|--|---|--|-----------------------|-------------------------|-------------------------------|
| | | <u>Golf Tournament</u> (event type) | _____ (event type) | _____ (total number) | (Add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 29,663 | | | 29,663 |
| | 2 Less Charitable contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 29,663 | | | 29,663 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Non-cash prizes | 3,207 | | | 3,207 |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | 9,812 | | | 9,812 |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 2,860 | | | 2,860 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d). ▶ | | | | (15,879) |
| 11 Net income summary Combine lines 3 and 10 in column (d). ▶ | | | | 13,784 | |

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 and 7 in column (d). ▶ | | | | | |

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 _____

- 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 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 contract 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
ROTARY CLUB OF BROADMOOR DISTRICT

Employer identification number

84-6035804

| Identifier | Return Reference | Explanation |
|------------------------------|------------------|--|
| Pt V, Line 35b | | The organization had no unrelated business gross income |
| Form 990EZ, Part I, Line 8 | | BAT/FINES 3686 RAFFLE 1409 TRAP SHOOT 140 |
| Form 990EZ, Part I, Line 10 | | TO SUPPORT ONGOING CHARITABLE OBJECTIVES CHARITABLE GRANTS ROTARY FOUNDATION NONE 35 IMPROVE CHILD LITERACY SCHOOL SUPPORT SCHOOL DISTRICTS 2,3 & 12 NONE 10360 SUPPORT TORNADO VICTIMS DISASTER RELIEF THE ROTARY CLUB OF JOPLIN NONE 225 SUPPORT HIGH SCHOOL STUDENT ATHLETES SCHOOL SUPPORT CHAMPIONS PROGRAM NONE 1000 SUPPORT LEADERSHIP TRAINING FOR YOUTH SCHOOL SUPPORT ROTARY YOUTH LEADERSHIP CONFERENCE NONE 1030 SCHOLARSHIPS SCHOOL SUPPORT CHEYENNE MOUNTAIN HIGH SCHOOL NONE 4500 SCHOOL SUPPOR |
| Form 990EZ, Part I, Line 16 | | BANK CHARGES 623 DISTRICT EXPENSE 6164 MEALS/BOARD MEETINGS 47506 POST OFFICE BOX 58 ROTARY INTERNATIONAL DUES 2021 SUPPLIES 5130 SEND OUT CARDS 314 WEBSITE MAINTENANCE 121 ROTARY EVENT 834 |
| Form 990EZ, Part II, Line 24 | | MEMBERSHIP DUES |