

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)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning _____, **and ending** _____

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

C Name of organization A BROADER VIEW VOLUNTEERS CORP
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
236 GLEN PLACE
 City or town, state or country, and ZIP + 4
ELKINS PARK PA 19027

D Employer identification number 26-0594308
E Telephone number (215) 780-1845

F Name and address of principal officer:
Sarah Comitale 7813 Lister Street, Philadelphia, PA 19152

G Gross receipts \$ 488,157

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.abroaderview.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2008 **M State of legal domicile:** PA

H(c) Group exemption number ▶ _____

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Arrange volunteer projects in developing countries.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	2
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	436,714	488,157
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	436,714	488,157
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	256,820	306,430
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	108,591	130,120
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	91,986	56,241
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	457,397	492,791	
19 Revenue less expenses. Subtract line 18 from line 12	-20,683	-4,634	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 21,809	End of Year 18,860
	21 Total liabilities (Part X, line 26)	3,566	5,251
	22 Net assets or fund balances. Subtract line 21 from line 20	18,243	13,609

Part II Signature Block

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 ▶ Sarah Comitale Signature of officer Date 5/14/12

▶ Sarah Comitale Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Anthony Marinelli Preparer's signature: _____ Date: 5/12/2012 Check if self-employed PTIN: P01044953

Firm's name ▶ Anthony Marinelli Firm's EIN ▶ 20-0782272

Firm's address ▶ 6728 Park Ave, Pennsauken, NJ 08109 Phone no. (856) 663-6233

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No