

**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)

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

**A** For the 2010 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization A BROADER VIEW VOLUNTEERS CORP	<b>D</b> Employer identification number 26-0594308
	Doing Business As	<b>E</b> Telephone number (215) 780-1845
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1001 DELL LANE	
	City or town, state or country, and ZIP + 4 WYNCOTE PA 19095	<b>G</b> Gross receipts \$ 436,714
<b>F</b> Name and address of principal officer: Sarah Comitale 7813 Lister Street, Philadelphia, PA 19152		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ www.abroaderview.org		<b>L</b> Year of formation: 2008
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>M</b> State of legal domicile: PA

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: Arrange volunteer projects in developing countries.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	2
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	2
	<b>6</b> Total number of volunteers (estimate if necessary)	6	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)		436,714
	<b>9</b> Program service revenue (Part VIII, line 2g)		0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	436,714
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		256,820
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		108,591
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		91,986
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	0	457,397	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	0	-20,683	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	43,235	21,809
	<b>21</b> Total liabilities (Part X, line 26)	4,309	3,566
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	38,926	18,243

**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.

<b>Sign Here</b>	Signature of officer <i>Sarah Comitale</i>	Date 5/13/11
	Type or print name and title Sarah Comitale	

<b>Paid Preparer's Use Only</b>	Print/Type preparer's name Anthony Marinelli	Preparer's signature <i>Anthony Marinelli</i>	Date 5/12/2011	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01044953
	Firm's name ▶ Anthony Marinelli	Firm's EIN ▶	Phone no. (856) 663-6233		
	Firm's address ▶ 6728 Park Ave, Pennsauken, NJ 08109				

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