

Form **990-EZ**  
Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150  
**2009**  
**Open to Public Inspection**

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

**A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010**

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

**C Name of organization**  
ROTARY CLUB OF MOUNTAIN VIEW  
**Number and street (or P O box, if mail is not delivered to street address) Room/suite**  
PO BOX 493  
**City or town, state or country, and ZIP + 4**  
MOUNTAIN VIEW, MO 65548

**D Employer identification number**  
91-1825451  
**E Telephone number**  
**F Group Exemption Number** 0573

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).** Accounting method:  Cash  Accrual

**I Website:** **H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J Tax-Exempt status** (check only one)  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 \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** \$ 28,591

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

Revenue	
1	Contributions, gifts, grants, and similar amounts received 2,205
2	Program service revenue including government fees and contracts
3	Membership dues and assessments 2,785
4	Investment income 197
5a	Gross amount from sale of assets other than inventory
5b	Less cost or other basis and sales expenses
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>
6a	Gross revenue (not including \$ of contributions reported on line 1) 17,182
6b	Less direct expenses other than fundraising expenses 2,059
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 15,123
7a	Gross sales of inventory, less returns and allowances
7b	Less cost of goods sold
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8	Other revenue (describe ) 6,222
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 26,532
Expenses	
10	Grants and similar amounts paid (attach schedule) 11,979
11	Benefits paid to or for members 332
12	Salaries, other compensation, and employee benefits
13	Professional fees and other payments to independent contractors 75
14	Occupancy, rent, utilities, and maintenance 1,808
15	Printing, publications, postage, and shipping 40
16	Other expenses (describe ) 9,895
17	<b>Total expenses.</b> Add lines 10 through 16 24,129
Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 2,403
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) 22,258
20	Other changes in net assets or fund balances (attach explanation)
21	Net assets or fund balances at end of year Combine lines 18 through 20 24,661

**Part II Balance Sheets**—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	21,175	23,715
23 Land and buildings		
24 Other assets (describe )	1,083	946
25 <b>Total assets</b>	22,258	24,661
26 <b>Total liabilities</b> (describe )		
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	22,258	24,661



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		<b>Yes</b>	<b>No</b>
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>		No
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>		No
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining 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 subject to section 6033 (e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>		
<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 . . . . .	<b>36</b>		No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <span style="float:right"><b>37a</b></span> _____			
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>		No
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .	<b>38a</b>		No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>		
<b>39</b> <i>Section 501(c)(7) organizations.</i> Enter			
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>		
<b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
<b>b</b> <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>		No
<b>c</b> <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____			
<b>d</b> <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____			
<b>e</b> <i>All organizations.</i> 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>		No
<b>41</b> List the states with which a copy of this return is filed ▶ _____			
<b>42a</b> The organization's books are in care of ▶ <u>CARLA YARBER</u> Telephone no ▶ <u>(417) 934-1234</u> 621 EAST 5TH Located at ▶ <u>MOUNTAIN VIEW, MO</u> ZIP + 4 ▶ <u>65548</u>			
<b>b</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 ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	<b>42b</b>	<b>Yes</b>	<b>No</b>
<b>c</b> 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 ▶ _____	<b>42c</b>		No
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <span style="float:right"><b>43</b></span> _____			
<b>44</b> Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	<b>44</b>	<b>Yes</b>	<b>No</b>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	<b>45</b>		No

**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 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49b</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

**50(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

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**Please Sign Here**

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.

Signature of officer: \*\*\*\*\* Date: 2010-11-11

STEVEN VINES, TREASURER  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: ANGELA LEDGERWOOD Date: 2010-11-11 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Angela Ledgerwood CPA, 104 East Fifth St PO Box 280, Mountain View, MO 655480280

Preparer's identifying number (See instructions): EIN: Phone no: (417) 934-5889

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

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 91-1825451  
**Name:** ROTARY CLUB OF MOUNTAIN VIEW

## Form 990EZ, Part III - Statement of Program Service Accomplishments

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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<b>28</b> SCHOLARSHIPS GIVEN TO MULTIPLE HIGH SCHOOL GRADUATES (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	6,000
<b>29</b> LHS BAND PROJECT HUNDREDS BENEFITED (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	2,598
<b>30</b> MOUNTAIN VIEW FAMILY YOUTH CENTER HUNDREDS BENEFITED (Grants \$ 1,500) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	1,500
Other program services (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		1,881

## 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
DAVID BOHM 270 CR 2930 MOUNTAIN VIEW, MO 65548	PRESIDENT 2	0	0	0
STUART SMITH 1015 SASSAFRAS WILLOW SPRINGS, MO 65793	PRES ELECT 2	0	0	0
MARY ZITTER PO BOX 861 MOUNTAIN VIEW, MO 65548	SECRETARY 2	0	0	0
CARLA YARBER 621 EAST 5TH MOUNTAIN VIEW, MO 65548	TREASURER 2	0	0	0

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

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 MOUNTAIN VIEW

Employer identification number 91-1825451

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 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... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (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. Includes a Total row at the bottom.

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. MO

**Part III 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
		<b>GOLF TOURN</b> (event type)	<b>AUCTION</b> (event type)	<b>3</b> (total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	8,021	6,563	2,598	17,182
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	8,021	6,563	2,598	17,182
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	1,059	1,000		2,059
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				2,059
<b>11</b> Net income summary Combine lines 3, column d, and line 10. . . . . ▶				15,123	

**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))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
<b>Direct Expenses</b>	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> 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		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," Explain _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> 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? . . . . .	<b>12</b>	

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in			
<b>a</b> The organization's facility . . . . .	<b>13a</b>		
<b>b</b> An outside facility . . . . .	<b>13b</b>		
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .		<b>15a</b>	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
<b>c</b> If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .		<b>17a</b>	
<b>b</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 ▶ \$ _____			

## TY 2009 Grants and Similar Amounts Paid Schedule

**Name:** ROTARY CLUB OF MOUNTAIN VIEW

**EIN:** 91-1825451

<b>Item No.</b>	1
<b>Class of Activity</b>	SCHOLARSHIP
<b>Donee's Name</b>	D FOULK
<b>Donee's Address</b>	GENERAL DELIVERY MOUNTAIN VIEW, MO 65548
<b>Amount (FMV)</b>	2,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	2
<b>Class of Activity</b>	SCHOLARSHIP
<b>Donee's Name</b>	A NOBLE
<b>Donee's Address</b>	GENERAL DELIVERY MOUNTAIN VIEW, MO 65548
<b>Amount (FMV)</b>	2,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	3
<b>Class of Activity</b>	SCHOLARSHIP
<b>Donee's Name</b>	L MCEWEN
<b>Donee's Address</b>	GENERAL DELIVERY MOUNTAIN VIEW, MO 65548
<b>Amount (FMV)</b>	2,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	4
<b>Class of Activity</b>	LHS BAND PROJECT
<b>Donee's Name</b>	JACKS FORK COMMUNITY FOUNDATION
<b>Donee's Address</b>	GENERAL DELIVERY MOUNTAIN VIEW, MO 65548
<b>Amount (FMV)</b>	2,598
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	5
<b>Class of Activity</b>	VARIOUS COMMUNITY PROJECTS
<b>Donee's Name</b>	VARIOUS ORGANIZATIONS
<b>Donee's Address</b>	GENERAL DELIVERY MOUNTAIN VIEW, MO 65548
<b>Amount (FMV)</b>	1,881
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	6
<b>Class of Activity</b>	DISTRICT ROTARY GRANT
<b>Donee's Name</b>	MOUNTAIN VIEW FAMILY YOUTH CENTER
<b>Donee's Address</b>	GENERAL DELIVERY MOUNTAIN VIEW, MO 65548
<b>Amount (FMV)</b>	1,500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

**TY 2009 Other Assets Schedule**

**Name:** ROTARY CLUB OF MOUNTAIN VIEW

**EIN:** 91-1825451

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	1,083	946

## TY 2009 Other Expenses Schedule

**Name:** ROTARY CLUB OF MOUNTAIN VIEW

**EIN:** 91-1825451

Description	Amount
DUES	2,206
ROTARY FOUNDATION	2,463
MEALS	4,014
OPERATING SUPPLIES	851
BAD DEBTS	361

**TY 2009 Other Revenues Schedule**

**Name:** ROTARY CLUB OF MOUNTAIN VIEW

**EIN:** 91-1825451

Description	Amount
MEALS	6,222