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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 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.

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization  
ROTARY INTERNATIONAL SPRINGFIELD SOUTHEAST CLUBNumber and street (or P. O. box, if mail is not delivered to street address) Room/suite  
2250 S CEDARBROOK AVECity or town, state or country, and ZIP + 4  
SPRINGFIELD, MO 65804D Employer identification number  
23-7405637E Telephone number  
(417) 300-4937

F Group Exemption Number

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

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► SPRINGFIELDSOUTHEASTROTARY ORG

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 ► \$ 171,789

## 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 . . . . .	1	
	2 Program service revenue including government fees and contracts . . . . .	2	
	3 Membership dues and assessments . . . . .	3	167,674
	4 Investment income . . . . .	4	4,115
	5a Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less cost or other basis and sales expenses . . . . .	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►		
	a Gross revenue (not including \$ of contributions reported on line 1) . . . . .	6a	
	b Less direct expenses other than fundraising expenses . . . . .	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	
	7a Gross sales of inventory, less returns and allowances . . . . .	7a	
	b Less cost of goods sold . . . . .	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
	8 Other revenue (describe ►) . . . . .	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	171,789
Expenses	10 Grants and similar amounts paid (attach schedule) . . . . .	10	
	11 Benefits paid to or for members . . . . .	11	
	12 Salaries, other compensation, and employee benefits . . . . .	12	25,804
	13 Professional fees and other payments to independent contractors . . . . .	13	
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	
	15 Printing, publications, postage, and shipping . . . . .	15	349
	16 Other expenses (describe ►) . . . . .	16	135,900
	17 Total expenses. Add lines 10 through 16 ►	17	162,053
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	9,736
	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	49,658
	20 Other changes in net assets or fund balances (attach explanation) ►	20	1,544
	21 Net assets or fund balances at end of year Combine lines 18 through 20 ►	21	60,938

## 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 . . . . .	50,387	22	61,676
23 Land and buildings . . . . .		23	
24 Other assets (describe ►) . . . . .		24	
25 Total assets . . . . .	50,387	25	61,676
26 Total liabilities (describe ►) . . . . .	729	26	738
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	49,658	27	60,938



<b>Part V Other Information</b> (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 ►	<b>37a</b>		
<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>	<b>Section 501(c)(7) organizations.</b> Enter	<b>39a</b>		
<b>a</b>	Initiation fees and capital contributions included on line 9	<b>39b</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities			
<b>40a</b>	<b>Section 501(c)(3) organizations.</b> Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►			
<b>b</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►			
<b>d</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax on line 40c reimbursed by the organization ►			
<b>e</b>	<b>All organizations.</b> 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 ► <b>THERESA ROBERTSON</b> Telephone no ► (417) 300-4937			
	2250 S CEDARBROOK AVE			
	Located at ► <b>SPRINGFIELD, MO</b> ZIP + 4 ► 658043406			
<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)?		<b>42b</b>	No
	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>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<b>42c</b>	No
	If "Yes," enter the name of the foreign country ►			
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ►	<b>43</b>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		<b>44</b>	No
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		<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.

		<b>Yes</b>	<b>No</b>
<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>46</b>	
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
	<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	
<b>50</b>	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."		

<b>(a)</b> Name and address of each employee paid more than \$100,000	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> 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."

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation

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

<b>Please Sign Here</b>	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 P MICHAEL PRUETT CPA TREASURER Type or print name and title	2011-02-15 Date	

<b>Paid Preparer's Use Only</b>	Preparer's signature P MICHAEL PRUETT	Date 2011-01-25	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ELLIOTT ROBINSON AND COMPANY LLP 1736 EAST SUNSHINE SUITE 913 SPRINGFIELD, MO 65804			EIN <input checked="" type="checkbox"/>

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-7405637  
**Name:** ROTARY INTERNATIONAL SPRINGFIELD  
 SOUTHEAST CLUB

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

<b>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.</b>		<b>Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</b>
<b>28 CLUB SERVICE - PREPARED AND ARRANGED FOR WEEKLY PROGRAMS FOR REGULAR AND SPECIAL CLUB MEETINGS MAINTAINING A PROPER BALANCE ON ALL ASPECTS OF ROTARY AND MADE CERTAIN THAT THE PROGRAMS WERE AT ALL TIMES IN KEEPING WITH THE DIGNITY OF ROTARY (Grants \$ )</b>	If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	49,986 <b>28a</b>
<b>29 INTERNATIONAL SERVICE - THE WORLD COMMUNITY SERVIE COMMITTEE ADVANCED THE ROTARY GOALS OF WORLD PEACE AND UNDERSTANDING BY ORGANIZING AND FUNDING A COMMUNITY SERVICE PROJECT IN MEXICO COORDINATED AN INTERNATIONAL YOUTH EXCHANGE AND ADULT GROUP-STUDY EXCHANGE (Grants \$ )</b>	If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	23,529 <b>29a</b>
<b>30 PROJECTS COMMITTEE - PROVIDED GRANTS TO VARIOUS ORGANIZATIONS IN SUPPORT OF ROTARY'S OVERALL PURPOSE (Grants \$ )</b>	If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	15,205 <b>30a</b>
<b>CLUB FELLOWSHIP - PROVIDED FOR SPECIAL SOCIAL EVENTS AND RECOGNITION OF MEMBERS ACCOMPLISHMENTS REPRESENTED THE LOCAL ORGANIZATION AT THE INTERNATIONAL CONVENTION (Grants \$ )</b>	If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	18,169

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
BRAD TOFT 2250 S CEDARBROOK AVE SPRINGFIELD, MO 65804	PRESIDENT 0	0		
LAURA WARD 2250 S CEDARBROOK AVE SPRINGFIELD, MO 65804	SECRETARY 0	0		
MIKE PRUETT 2250 S CEDARBROOK AVE SPRINGFIELD, MO 65804	TREASURER 0	0		
RICK VAN PELT 2250 S CEDARBROOK AVE SPRINGFIELD, MO 65804	DIRECTOR 0	0		
JIM CONLEY 2250 S CEDARBROOK AVE SPRINGFIELD, MO 65804	DIRECTOR 0	0		
ANNE BROWN 2250 S CEDARBROOK AVE SPRINGFIELD, MO 65804	DIRECTOR 0	0		
DAVID COMPERE 2250 S CEDARBROOK AVE SPRINGFIELD, MO 65804	DIRECTOR 0	0		
JOHN HORTON 2250 S CEDARBROOK AVE SPRINGFIELD, MO 65804	DIRECTOR 0	0		
ANNE SOOTS 2250 S CEDARBROOK AVE SPRINGFIELD, MO 65804	DIRECTOR 0	0		

## TY 2009 Compensation Explanation

**Name:** ROTARY INTERNATIONAL SPRINGFIELD  
SOUTHEAST CLUB  
**EIN:** 23-7405637

Person Name	Explanation
BRAD TOFT	
LAURA WARD	
MIKE PRUETT	
RICK VAN PELT	
JIM CONLEY	
ANNE BROWN	
DAVID COMPERE	
JOHN HORTON	
ANNE SOOTS	

## TY 2009 Other Changes in Net Assets Schedule

**Name:** ROTARY INTERNATIONAL SPRINGFIELD  
SOUTHEAST CLUB  
**EIN:** 23-7405637

Description	Amount
INCREASE IN K-PARK RESERVES	-2,515
REDUCTION IN TWIN CLUB RESERVES	3,059
CHANGES IN OTHER SHORT-TERM RESERVES	1,000

## TY 2009 Other Expenses Schedule

**Name:** ROTARY INTERNATIONAL SPRINGFIELD  
SOUTHEAST CLUB  
**EIN:** 23-7405637

Description	Amount
EXPENSES	
OFFICE AND ADMINISTRATION	6,088
INSURANCE	492
CONVENTIONS & CONFERENCES	1,495
DUES	20,936
PRESIDENT ELECT	15,746
INTERNATIONAL SERVICES	23,529
VOCATIONAL SERVICES	2,423
COMMUNITY SERVICES	15,205
CLUB SERVICES	49,986

## TY 2009 Other Liabilities Schedule

**Name:** ROTARY INTERNATIONAL SPRINGFIELD  
SOUTHEAST CLUB  
**EIN:** 23-7405637

Description	Beginning of Year Amount	End of Year Amount
PAYROLL TAXES PAYABLE	729	738
	729	738