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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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.

OMB No 1545-1150

2009**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginning **JULY 1**, 2009, and ending **JUNE 30**, 20 **10****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 - LA CROSSE VALLEY VIEW**

Number and street (or P O box, if mail is not delivered to street address) Room/suite

P O BOX 545

City or town, state or country, and ZIP + 4

LA CROSSE, WI 54602-0545**D** Employer identification number**39-1436076****E** Telephone number**NONE****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).

G Accounting Method: ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶ **WWW.VALLEYVIEWROTARY.ORG****J** Tax-exempt status (check only one) — ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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 ▶ \$ **58108****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	1211
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	23215
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	47297
	b	Less: direct expenses other than fundraising expenses	6b	13659
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	33638	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ▶ PINS & MISC)	8	44	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	58108	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	8943
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	0
	16	Other expenses (describe ▶ SEE SCHEDULE)	16	28122
	17	Total expenses. Add lines 10 through 16	17	37065
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	21043
	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	38361
	20	Other changes in net assets or fund balances (attach explanation)	20	1898
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	61302

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	40062	22 63408
23 Land and buildings	0	23 0
24 Other assets (describe ▶ _____)	0	24
25 Total assets	40062	25 63408
26 Total liabilities (describe ▶ DUE TO OTHER ORGANIZATIONS)	1701	26 2106
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	38361	27 61302

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2009)

SCANNED DEC 17 2010

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Expenses

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

28	PROVIDE HUMANITARIAN, COMMUNITY & INTERNATIONAL SERVICE		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	37065
29			
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	

[illegible]

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	<input checked="" type="checkbox"/>
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, attach a statement explaining why the organization did not report the income on Form 990-T.		
a 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?	35a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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	36	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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 period covered by this return?	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. 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	40b	<input checked="" type="checkbox"/>
c 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 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e 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.	40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ DICK SPENCER Telephone no. ▶ 608-784-7737 Located at ▶ 500 S 2ND ST., LA CROSSE, WI ZIP + 4 ▶ 54602-0545		
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)?	42b	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input type="checkbox"/>
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<input checked="" type="checkbox"/>
45 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	45	<input checked="" type="checkbox"/>

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.

46	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	46	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		
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 **NONE**

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

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

Date

11/14/10

RICHARD W SPENCER, TREASURER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no

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

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

ROTARY INTERNATIONAL - LA CROSSE VALLEY VIEW

Employer identification number

39 : 1436076

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 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.

(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
		Yes	No			
Total						

- 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.

[illegible]

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
		Kringle sales (event type)	(event type)	2 (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	19992		2175	22167
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	19992		2175	22167
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0			
	6 Rent/facility costs	0			
	7 Food and beverages	0			
	8 Entertainment	0			
	9 Other direct expenses	12805		199	13004
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(13004)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				9163

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			25130	25130
Direct Expenses	2 Cash prizes		0	
	3 Noncash prizes		0	
	4 Rent/facility costs		500	500
	5 Other direct expenses		155	155
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(655)
8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				24475

 9 Enter the state(s) in which the organization operates gaming activities. WISCONSIN

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

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
9a	✓	
10a		✓
11	✓	
12		✓

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility	13a	0 %
b	An outside facility	13b	100 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶ DICK SPENCER, TREASURER			
Address ▶ 500 S 2ND ST, LA CROSSE, WI 54601			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	✓
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 of the third party.		
Name ▶ _____			
Address ▶ _____			
16	Gaming manager information:		
Name ▶ (NONE)			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?	17a	✓
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ NONE		

VALLEY VIEW ROTARY CLUB
June 30, 2010
990-EZ SUPPORTING SCHEDULES

39-1436076

CONTRIBUTIONS - PART 1 LINE 1

MCKINNEY MEMORIAL CONTRIBUTIONS	\$862	
KWIK TRIP REBATE DONATED	\$349	
		\$1,211

DUES & ASSESSMENTS - PART 1 LINE 3

DUES	\$20,412	
VISITORS	392	
ASSESSMENTS	2,411	
TOTAL - LINE 3		\$23,215

FUND RAISERS - PART 1 LINE 6a

KRINGLES REV	19,992	
CAR RAFFLE REV	25,130	
WAFFLE BREAKFAST REV	1,815	
FOUR WAY TEST BANQUET	360	
TOTAL - LINE 6a		\$47,297

FUND RAISERS - PART 1 LINE 6b

KRINGLES EXP	\$12,805	
CAR RAFFLE EXP	\$655	
FOUR WAY TEST BANQUET	\$199	
TOTAL - LINE 6b		\$13,659

MISCELLANEOUS - PART 1 LINE 8

PINS & OTHER MISC	\$44	
TOTAL - LINE 8		\$44

\$58,107

GRANTS AND SIMILAR AMOUNTS PAID - PART 1 LINE 10

COMMUNITY SERVICE DONATIONS

ROTARY INTERNATIONAL FOUNDATION - UNDESIGNATED	\$1,150	ROTARY CLUB OR FOUNDATION
ROTARY INTERNATIONAL - DISTRICT 6250	\$100	ROTARY CLUB OR FOUNDATION
LA CROSSE ROTARY WORKS FOUNDATION	\$4,000	ROTARY CLUB OR FOUNDATION
LA CRESCENT ROTARY CLUB - WATER PROJECT	\$1,000	ROTARY CLUB OR FOUNDATION
SIRKALI ORPHANS - INDIA	\$25	NO RELATIONSHIP
SHELTERBOX/HAITI RELIEF	\$600	NO RELATIONSHIP
COULEE JUBILEE / ROTARY LIGHTS	1,500	NO RELATIONSHIP
LA CROSSE COUNTY FOSTER CHILDREN PROGRAM	68	NO RELATIONSHIP
JUNIOR ACHIEVEMENT OF LA CROSSE	500	NO RELATIONSHIP
TOTAL - LINE 10	\$8,943	

OTHER EXPENSES - PART 1 LINE 16

MEETING MEALS	\$12,816	
CLUB ADMINISTRATION	2,867	
Less Postage, Printing - Part 1 Line 15	0	
INTERNATIONAL YOUTH EXCHANGE	3,674	
ROTARY FEES		
ROTARY INTERNATIONAL	4,342	
ROTARY DISTRICT 6250	1,960	
EQUIPMENT	0	
CLUB SERVICE		
OTHER MISC	216	
WEBSITE	422	
PARADE FLOAT	61	699
CHRISTMAS PARTY	932	
FAMILY PICNIC/FAMILY NIGHT	832	
TOTAL - LINE 16		\$28,122

OTHER CHANGES IN NET ASSETS - PART 1 LINE 20

UNREALIZED GAIN (LOSS) ON INVESTMENTS	\$1,892	
MISC ROUNDING DIFFERENCE	\$0	
VOIDED PRIOR YEAR TRANSACTIONS (net)	\$6	
TOTAL - LINE 20		\$1,898