

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013Open to Public
Inspection**A** For the 2013 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**MOUNTAIN VIEW COUNTRY CLUB, INC**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 97

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

GREENSBORO, VT 05841**F** Name and address of principal officer: **STEPHANIE S HERRICK****314 COUNTRY CLUB ROAD, GREENSBORO, VT 05841****D** Employer identification number**03-0143495****E** Telephone number**802-533-7477****G** Gross receipts \$ **246,512.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(7) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.MVCCVT.COM****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1898** **M** State of legal domicile: **VT****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: RECREATION & SOCIAL ACTIVITIES FOR MEMBERS, GUESTS AND VISITORS.
	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 12
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 12
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 14
	6	Total number of volunteers (estimate if necessary) 6 25
		7a
7b		Net unrelated business taxable income from Form 990-T, line 34 -131.
Revenue	8	Contributions and grants (Part VIII, line 1h) 822. 1,774.
	9	Program service revenue (Part VIII, line 2g) 241,180. 228,617.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 370. 1,001.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,647. 3,499.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 245,019. 234,891.
	Expenses	13
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) 117,217. 132,937.
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) 116,039. 122,748.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 233,256. 255,685.
	19	Revenue less expenses. Subtract line 18 from line 12 11,763. -20,794.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 769,952. 731,841.
	21	Total liabilities (Part X, line 26) 136,259. 119,244.
	22	Net assets or fund balances. Subtract line 21 from line 20 633,693. 612,597.

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	Signature of officer <i>Stephanie Herrick</i>	Date 5/15/14
	STEPHANIE S HERRICK, TREASURER	
Paid Preparer Use Only	Print/Type preparer's name JENNIFER LUCAS	Preparer's signature <i>Jennifer Lucas</i>
	Firm's name JENNIFER LUCAS	Date 5-9-14
	Firm's address 6 SOUTH STREET BURLINGTON, VT 05401	Check if self-employed <input checked="" type="checkbox"/> PTIN P01432688
	Firm's EIN 20-5878731	Phone no. 802-658-4080

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

332001 10-29-13

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,504.	1	2,361.
	2 Savings and temporary cash investments	87,966.	2	82,851.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	628.	4	1,805.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,192.	8	3,855.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,027,580.		
	b Less: accumulated depreciation	10b 386,611.		
		676,662.	10c	640,969.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	769,952.	16	731,841.	
Liabilities	17 Accounts payable and accrued expenses	2,231.	17	2,417.
	18 Grants payable		18	
	19 Deferred revenue	377.	19	189.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	56,335.	23	49,227.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	77,316.	25	67,411.
	26 Total liabilities. Add lines 17 through 25	136,259.	26	119,244.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.		*	
	30 Capital stock or trust principal, or current funds	28,000.	30	26,800.
	31 Paid-in or capital surplus, or land, building, or equipment fund	517,049.	31	517,948.
	32 Retained earnings, endowment, accumulated income, or other funds	88,644.	32	67,849.
	33 Total net assets or fund balances	633,693.	33	612,597.
	34 Total liabilities and net assets/fund balances	769,952.	34	731,841.

Form 990 (2013)

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0687

2013

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

For calendar year 2013 or other tax year beginning _____, and ending _____

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MOUNTAIN VIEW COUNTRY CLUB, INC		D Employer identification number (Employees' trust, see instructions.) 03-0143495	
B Exempt under section <input checked="" type="checkbox"/> 501(c)(7) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 97 City or town, state or province, country, and ZIP or foreign postal code GREENSBORO, VT 05841		E Unrelated business activity codes (See instructions.) 713910	
C Book value of all assets at end of year 731,841.		F Group exemption number (See instructions.) ▶ _____ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Describe the organization's primary unrelated business activity. ▶ VISITOR GOLF AND TENNIS FEES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
 If "Yes," enter the name and identifying number of the parent corporation. ▶ _____

J The books are in care of ▶ JENNIFER LUCAS Telephone number ▶ 802-658-4080

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 859.			
b	Less returns and allowances			
c	Balance ▶	1c	859.	
2	Cost of goods sold (Schedule A, line 7)	2	656.	
3	Gross profit. Subtract line 2 from line 1c	3	203.	203.
4a	Capital gain net income (attach Form 8949 and Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	255.	255.
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule.) STATEMENT 1	12	8,771.	8,771.
13	Total. Combine lines 3 through 12	13	9,229.	9,229.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	7,219.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	852.
20	Charitable contributions (See instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 2	28	1,289.
29	Total deductions. Add lines 14 through 28	29	9,360.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-131.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-131.
33	Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-131.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **35c** 0.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions **37****38 Alternative minimum tax** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.**Part IV Tax and Payments****40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a****b** Other credits (see instructions) **40b****c** General business credit. Attach Form 3800 **40c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d****e** Total credits. Add lines 40a through 40d **40e****41** Subtract line 40e from line 39 **41** 0.**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **42****43** Total tax. Add lines 41 and 42 **43** 0.**44a** Payments: A 2012 overpayment credited to 2013 **44a** 615.**b** 2013 estimated tax payments **44b** 190.**c** Tax deposited with Form 8868 **44c****d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d****e** Backup withholding (see instructions) **44e****f** Credit for small employer health insurance premiums (Attach Form 8941) **44f****g** Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total **44g****45** Total payments. Add lines 44a through 44g **45** 805.**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **46****47** Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47****48** Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 805.**49** Enter the amount of line 48 you want: Credited to 2014 estimated tax Refunded **49** 805.**Part V Statements Regarding Certain Activities and Other Information** (see instructions)**1** At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No** X**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes** **No** X**3** Enter the amount of tax-exempt interest received or accrued during the tax year **\$****Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A****1** Inventory at beginning of year **1** 0. **6** Inventory at end of year **6** 0.**2** Purchases **2** 656. **7** Cost of goods sold. Subtract line 6**3** Cost of labor **3** from line 5. Enter here and in Part I, line 2 **7** 656.**4a** Additional section 263A costs (att. schedule) **4a****b** Other costs (attach schedule) **4b****5** Total. Add lines 1 through 4b **5** 656. **8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes** **No** X

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign HereSignature of officer *Stephanie Herrick* Date *5/15/14* Title **TREASURER**May the IRS discuss this return with the preparer shown below (see instructions)? ☒ **Yes** ☐ **No****Paid Preparer Use Only**Print/Type preparer's name **JENNIFER LUCAS** Preparer's signature *Jennifer Lucas* Date *5-9-14* Check ☒ if self-employed PTIN **P01432688**
Firm's name **JENNIFER LUCAS** Firm's EIN **20-5878731**
Firm's address **6 SOUTH STREET BURLINGTON, VT 05401** Phone no. **802-658-4080**