



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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.

OMB No 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning <u>Jul 1</u>, 2009, and ending <u>Jun 30</u>, 2010													
B Check if applicable <table border="1" style="float: right; border-collapse: collapse; width: 150px;"> <tr><td>Address change</td><td>C Name of organization</td></tr> <tr><td>Name change</td><td>GALLATIN NOON ROTARY FOUNDATION</td></tr> <tr><td>Initial return</td><td>Number and street (or P O box, if mail is not delivered to street address)</td></tr> <tr><td>Termination</td><td>P. O. BOX 182</td></tr> <tr><td>Amended return</td><td>City or town, state or country, and ZIP + 4</td></tr> <tr><td>Application pending</td><td>GALLATIN TN 37066</td></tr> </table>		Address change	C Name of organization	Name change	GALLATIN NOON ROTARY FOUNDATION	Initial return	Number and street (or P O box, if mail is not delivered to street address)	Termination	P. O. BOX 182	Amended return	City or town, state or country, and ZIP + 4	Application pending	GALLATIN TN 37066
Address change	C Name of organization												
Name change	GALLATIN NOON ROTARY FOUNDATION												
Initial return	Number and street (or P O box, if mail is not delivered to street address)												
Termination	P. O. BOX 182												
Amended return	City or town, state or country, and ZIP + 4												
Application pending	GALLATIN TN 37066												
D Employer identification number 20-5072357													
E Telephone number (615) 452-5152													
F Group Exemption Number													
G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►													
H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)													
I Website: ► <u>N/A</u>													
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527													
K Check ► <input type="checkbox"/> 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 ► \$ 195,108.													

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	
1 Contributions, gifts, grants, and similar amounts received 1 69,750. 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 4 1,959. 5a Gross amount from sale of assets other than inventory 5a 60,000. b Less cost or other basis and sales expenses 5b 60,000. 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 type="checkbox"/> a Gross revenue (not including \$ _____ of contributions reported on line 1) 6a 63,399. b Less direct expenses other than fundraising expenses 6b 14,077. c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 49,322. 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 9 121,031.	
10 Grants and similar amounts paid (attach schedule) 10 56,650. 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 255. 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 142. 16 Other expenses (describe ► <u>Legal</u>) 16 527. 17 Total expenses. Add lines 10 through 16 17 57,574.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 63,457. 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 42,286. 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 105,743.	

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)	
22 Cash, savings, and investments (A) Beginning of year (B) End of year 42,286.22 105,743. 23 Land and buildings 0.23 0. 24 Other assets (describe ► _____) 0.24 0. 25 Total assets 42,286.25 105,743. 26 Total liabilities (describe ► _____) 0.26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 42,286.27 105,743.	

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

Form 990-EZ (2009)

6-89011

Part III: Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? **Provide Community Service**

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, or other relevant information for each program title

Expenses

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

28	<u>Gallatin High School Top 30 Banquet to recognize outstanding academic seniors & their parents</u> <u>(Listed in the schedule for line 10.)</u> <u>(Grants \$ 3,390.) If this amount includes foreign grants, check here</u>	<input checked="" type="checkbox"/>	28a	3,390.
29	<u>Providing scholarships for area colleges</u> <u>(Listed in the schedule for line 10.)</u>	<input type="checkbox"/>	29a	9,625.
30	<u>Providing gifts for needy children at Christmas & providing bicycles to area schools for citizenship awards</u> <u>(Listed in the schedule for line 10.)</u> <u>(Grants \$ 26,163.) If this amount includes foreign grants, check here</u>	<input type="checkbox"/>	30a	26,163.
31	Other program services (attach schedule) <u>(Listed in schedule for line 1</u> <u>(Grants \$ 17,472.) If this amount includes foreign grants, check here</u>	<input type="checkbox"/>	31a	17,472.
32	Total program service expenses (add lines 28a through 31a)	<input checked="" type="checkbox"/>	32	56,650.

Part-IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)

(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 and deferred compensation	(e) Expense account and other allowances
William Draper	President	0.	0.	0.
211 Odoms Bend Rd.	1.00			
Gallatin	TN 37066			
Dale Bennett	Vice President	0.	0.	0.
1202 Langwood Ct.	1.00			
Gallatin	TN 37066			
Steve Sudbury	Sec./Treasurer	0.	0.	0.
1325 E. Main St.	1.00			
Gallatin	TN 37066			

Part V Other Information (Note the statement requirements in the instrs 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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a <u>0.</u>	37a	<u>0.</u>
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	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► <u>0.</u> , section 4912 ► <u>0.</u> , section 4955 ► <u>0.</u>		
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	0.	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	0.	
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 ► <u>William Draper</u> Telephone no ► <u>(615) 452-5152</u> Located at ► <u>135 Jones St., Gallatin, TN</u> ZIP + 4 ► <u>37066</u>		
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 ►	42b	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c 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 ►	42c	<input checked="" type="checkbox"/>
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"/>	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.

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

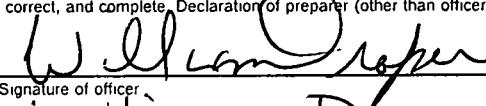
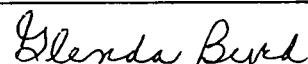
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

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
None		

d Total number of other independent contractors each receiving over \$100,000 ► _____

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	10/5/10
►  Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	►  Glenda Byrd	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4	► GLENDA BYRD P.C. ► PO BOX 1233 GALLATIN	10-4-10
		TN 37066	Check if self-employed ► <input type="checkbox"/> Preparer's Identifying Number (See instructions)
		EIN ►	
		Phone no ► (615) 452-6565	

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

GALLATIN NOON ROTARY FOUNDATION

20-5072357

Part I: Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state _____
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III – Functionally integrated d Type III – Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Yes	No
11g (i)	
11g (ii)	
11g (iii)	

h Provide the following information about the supported organizations

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

BAA

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support**Calendar year (or fiscal year beginning in) ►**

- 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')
- 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf
- 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge
- 4 **Total.** Add lines 1-through 3
- 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)
- 6 **Public support.** Subtract line 5 from line 4

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
6						

Section B. Total Support**Calendar year (or fiscal year beginning in) ►**

- 7 Amounts from line 4
- 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources
- 9 Net income from unrelated business activities, whether or not the business is regularly carried on
- 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)
- 11 **Total support.** Add lines 7 through 10
- 12 Gross receipts from related activities, etc (see instructions) 12
- 13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7						
8						
9						
10						
11						
12						
13						

Section C. Computation of Public Support Percentage

- 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %
- 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %
- 16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ►
- b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ►
- 17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ►
- b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ►
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►

1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')
 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose
 3 Gross receipts from activities that are not an unrelated trade or business under section 513
 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
 5 The value of services or facilities furnished by a governmental unit to the organization without charge
 6 **Total.** Add lines 1 through 5
 7a Amounts included on lines 1, 2, 3 received from disqualified persons
 b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year
 c Add lines 7a and 7b
 8 **Public support** (Subtract line 7c from line 6)

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1		5,500.	3,280.	7,160.		15,940.
2		58,960.	56,691.	46,273.		161,924.
3						
4						
5						
6 Total.	64,460.	59,971.	53,433.			177,864.
7a		0.	0.	0.		0.
b		0.	0.	0.		0.
c		0.	0.	0.		0.
8 Public support (Subtract line 7c from line 6)						177,864.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

9 Amounts from line 6
 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975
 c Add lines 10a and 10b
 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on
 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)
 13 **Total support.** (add Ins 9, 10c, 11, and 12)

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9		64,460.	59,971.	53,433.		177,864.
10a		325.	1,330.	674.		2,329.
b		325.	1,330.	674.		2,329.
13 Total support. (add Ins 9, 10c, 11, and 12)						180,193.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))
 16 Public support percentage from 2008 Schedule A, Part III, line 15

15	%
16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))
 18 Investment income percentage from 2008 Schedule A, Part III, line 17

17	%
18	%

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

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.

Open to Public
Inspection

Name of the organization

Employer identification number

GALLATIN NOON ROTARY FOUNDATION

20-5072357

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ 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

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Internet and email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

2a Did the organization have 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

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

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.

REVENUE		(a) Event #1 DINNER/AUCTION (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
		51,241.	7,893.		59,134.
1	Gross receipts				
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	51,241.	7,893.		59,134.
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	10,685.	2,364.		13,049.
10	Direct expense summary Add lines 4- through 9 in column (d)				13,049.
11	Net income summary Combine lines 3, column (d) and line 10				46,085.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % No	<input type="checkbox"/> Yes _____ % No	<input type="checkbox"/> Yes _____ % No	
7	Direct expense summary Add lines 2 through 5 in column (d)				
8	Net gaming income summary Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

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

b If 'No,' explain

YES	NO
9a	

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

b If 'Yes,' explain

YES	NO
10a	

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
11	
12	

13 Indicate the percentage of gaming activity operated in
 a The organization's facility
 b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

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 ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

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?

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 ► \$ _____

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Purpose of Payment

To provide christmas gifts for needy children

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Charitable	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Christmas for Kids	None	
			22,336.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

To promote citizenship by giving bikes as awards

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Charitable	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Citizenship award winners at area elementary schools	None	
			3,827.

If property other than cash was given, the following additional information needs to be provided:

Description of Property BicyclesDate of Gift Various

Book Value 3,827.	How Book Value Determined
FMV 3,827.	How FMV Determined

Purpose of Payment

To provide scholarships

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Educational	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Volunteer State Community college Nashville Pike Gallatin TN 37066	None	
			9,625.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment

To encourage community service

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Charitable	Business <input type="checkbox"/> Person <input type="checkbox"/> Boy Scouts of America	None	
			500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

To aid in finding a cure

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scientific	Business <input type="checkbox"/> Person <input type="checkbox"/> Multiple Sclerosis Organization	None	
			500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

To aid in organization's purpose

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Charitable	Business <input type="checkbox"/> Person <input type="checkbox"/> Compass Group	None	
			250.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment

To aid in fight against drugs

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Charitable	Business <input type="checkbox"/> Person <input type="checkbox"/> Sumner Anti-Drug Coalition	None	
			500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

Water project in Honduras

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Charitable	Business <input type="checkbox"/> Person <input type="checkbox"/> Middle TN Mission Outreach	None	
			5,050.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

To recognize outstanding seniors & their parents

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Educational	Business <input type="checkbox"/> Person <input type="checkbox"/> Top "30" Banquet	None	
	Gallatin High School		
	Gallatin TN 37066		
			3,390.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment To recognize outstanding seniors & their parents

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Educational</u>	Business <input type="checkbox"/> Person <input type="checkbox"/> <u>Vocational Banquet</u> <u>Gallatin High School</u>	<u>None</u>	
	<u>Gallatin</u> <u>TN</u> <u>37066</u>		<u>2,261.</u>

If property other than cash was given, the following additional information needs to be provided

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Educational experience for student abroad

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Educational</u>	Business <input type="checkbox"/> Person <input type="checkbox"/> <u>International Youth Exchange</u>	<u>None</u>	
			<u>2,911.</u>

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment To assist in activities for needy children

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Charitable</u>	Business <input type="checkbox"/> Person <input type="checkbox"/> <u>Shalom Zone</u>	<u>None</u>	
	<u>Gallatin</u> <u>TN</u> <u>37066</u>		<u>5,000.</u>

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid

Purpose of Payment

To provide dictionaries

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Educational</u>	Business <input type="checkbox"/> Person <input type="checkbox"/> <u>Area 3rd grade schools</u>	<u>None</u>	
			<u>500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined