



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

OMB No. 1545-1150

2011

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2011 calendar year, or tax year beginning		Jul 1	, 2011, and ending	Jun 30	, 2012
B Check if applicable		C Name of organization			D Employer identification number
<input type="checkbox"/> Address change	GALLATIN NOON ROTARY FOUNDATION				20-5072357
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)	Room/suite			E Telephone number
<input type="checkbox"/> Initial return	P. O. BOX 182				(615) 452-5152
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4	TN 37066			F Group Exemption Number
<input type="checkbox"/> Amended return	GALLATIN				
<input type="checkbox"/> Application pending					
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►					H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ► N/A					
J Tax-exempt status (ck only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (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 or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return					
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 78,621.					
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)					
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>					
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	4,640.		
	2 Program service revenue including government fees and contracts	2			
	3 Membership dues and assessments	3			
	4 Investment income	4	2,930.		
	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 Gaming and fundraising events	6a			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	69,143.		
	c Less: direct expenses from gaming and fundraising events	6c	10,561.		
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	58,582.		
	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 in Schedule O)	8	1,908.		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	68,060.		
	10 Grants and similar amounts paid (list in Schedule O)	10	58,398.		
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	6.			
16 Other expenses (describe in Schedule O)	16				
17 Total expenses. Add lines 10 through 16	17	58,659.			
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,401.			
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	109,933.			
20 Other changes in net assets or fund balances (explain in Schedule O)	20	-4,162.			
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	115,172.			

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

Form 990-EZ (2011)

7P

Part II: Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	109,933.	22 59,334.
23 Land and buildings	0.	23 0.
24 Other assets (describe in Schedule O)	0.	24 55,838.
25 Total assets	109,933.	25 115,172.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	109,933.	27 115,172.

Part III: Statement of Program Service Accomplishments (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Provide Community Service	(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title	

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 \$ 2,533.)</u> If this amount includes foreign grants, check here <input type="checkbox"/>	28a 2,533.
29 <u>Providing scholarships for area colleges</u> <u>(Listed in the schedule for line 10.)</u> <u>(Grants \$ 11,500.)</u> If this amount includes foreign grants, check here <input type="checkbox"/>	29a 11,500.
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 \$ 27,918.)</u> If this amount includes foreign grants, check here <input type="checkbox"/>	30a 27,918.
31 Other program services (describe in Schedule O) <small>(Listed in schedule for line 1)</small> <u>(Grants \$ 18,132.)</u> If this amount includes foreign grants, check here <input type="checkbox"/>	31a 16,447.
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32 58,398.

Part IV: List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
William Lamberth 1002 Angus Ct. Cottontown TN 37042	President 1.00	0.	0.	0.
Kathryn Strong 1164 Nashville Pk. Gallatin TN 37066	Pres. Elect 0.50	0.	0.	0.
Scott Vineyard 1003 Nashville Pk. Gallatin TN 37066	Secretary 1.00	0.	0.	0.
William Draper 211 Odoms Bend Rd. Gallatin TN 37066	Treasurer 1.00	0.	0.	0.
Lori Johnson 1480 Nashville Pk. Gallatin TN 37066	Director 0.50	0.	0.	0.
Chuck Barnett P. O. Box 1914 Gallatin TN 37066	Director 0.50	0.	0.	0.
Dale Bennett 1202 Langwood Ct. Gallatin TN 37066	Director 0.50	0.	0.	0.
Frank Etlinger 1100 S. Water Gallatin TN 37066	Director 0.50	0.	0.	0.
Phillip Bennett 485 Bay Point Dr. Gallatin TN 37066	Director 0.50	0.	0.	0.
Bonnie Bender 136 Shute Ln Old Hickory TN 37138	Director 0.50	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III 35c X

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 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0. 37b X

b Did the organization file Form 1120-POL for this year? 38a X

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 tax year covered by this return? 38b

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 39a

39 Section 501(c)(7) organizations. Enter: 39b

a Initiation fees and capital contributions included on line 9 40a

b Gross receipts, included on line 9, for public use of club facilities 40b X

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0. ; section 4912 ► 0. , section 4955 ► 0. 40c

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40d

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 40e X

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40f

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 40g

41 List the states with which a copy of this return is filed ► 40h

42a The organization's books are in care of ► William Draper Telephone no. ► (615) 452-5152
Located at ► 135 Jones St. Gallatin, TN ZIP + 4 ► 37066 42b X

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: 42c X

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 ? If 'Yes,' enter the name of the foreign country: 43

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

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44a X

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45a X

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		X
48		X
49a		X
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

e 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		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

► Yes No

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	► <i>William Draper</i>	Date <i>9/24/12</i>			
	Signature of officer				
Paid Preparer Use Only	► <i>William Draper</i>	Type or print name and title			
	Print/Type preparer's name GLENDA BYRD	Preparer's signature <i>Glenda Byrd</i>	Date <i>9-24-12</i>	Check <input type="checkbox"/> if self-employed	PTIN <i>P01219441</i>
Firm's name ► GLENDA BYRD P.C.			Firm's EIN ► 62-1511406		
Firm's address ► PO BOX 1233 GALLATIN			Phone no (615) 452-6565		
TN 37066					

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

► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

GALLATIN NOON ROTARY FOUNDATION

Employer identification number

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 a 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 <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III – Functionally integrated	d <input type="checkbox"/> 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?

<input type="checkbox"/> (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?	Yes <input type="checkbox"/>
<input type="checkbox"/> (ii) A family member of a person described in (i) above?	No <input type="checkbox"/>
<input type="checkbox"/> (iii) A 35% controlled entity of a person described in (i) or (ii) above?	Yes <input type="checkbox"/>
<input type="checkbox"/> (iv) Is the organization in column (i) listed in your governing document?	No <input type="checkbox"/>
<input type="checkbox"/> (v) Did you notify the organization in column (i) of your support?	Yes <input type="checkbox"/>
<input type="checkbox"/> (vi) Is the organization in column (i) organized in the U.S.?	No <input type="checkbox"/>
<input type="checkbox"/> (vii) Amount of support	
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization 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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2011. 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		<input type="checkbox"/>
b 33-1/3% support test – 2010. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2011. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test – 2010. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►

	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	3,280.	7,160.	69,750.	4,410.	4,640.	89,240.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	56,691.	46,273.	49,322.	54,934.	58,582.	265,802.
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	59,971.	53,433.	119,072.	59,344.	63,222.	355,042.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						355,042.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	59,971.	53,433.	119,072.	59,344.	63,222.	355,042.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,330.	674.	1,959.	3,047.	2,930.	9,940.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,330.	674.	1,959.	3,047.	2,930.	9,940.
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 lines 9, 10c, 11, and 12)	61,301.	54,107.	121,031.	62,391.	66,152.	364,982.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	97.28 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	2.72 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33-1/3% support tests – 2011. 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		<input type="checkbox"/>
b 33-1/3% support tests – 2010. If the organization did not check a box on line 14 or line 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		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

**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.

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 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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d 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 and address 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 column (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No				
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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 column (a) through column (c))
	1 Gross receipts	57,966.	6,970.		64,936.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	57,966.	6,970.		64,936.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,000.	2,393.		8,393.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				8,393.
	11 Net income summary. Combine line 3, column (d), and line 10		...		56,543.

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 column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
	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?

Yes No

b If 'No,' explain:

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

Yes No

b If 'Yes,' explain:

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► **Attach to Form 990 or 990-EZ.**

Name of the organization

GALLATIN NOON ROTARY FOUNDATION

Employer identification number
20-5072357

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

Principal from installment sale of house 1,908.

Total

1,908.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
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 type="checkbox"/> Christmas for Kids	None	
			24,401.

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	
			3,517.

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

Description of Property Bicycles

Date of Gift Various

Book Value 3,517.	How Book Value Determined Cost
FMV 3,517.	How FMV Determined Cost

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid Continued

Purpose of Payment

To provide scholarships

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>Volunteer State Community College</u> <u>Nashville Pike</u>	None	
	<u>Gallatin</u> <u>TN</u> <u>37066</u>		
			<u>9,500.</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		

Purpose of Payment

To provide scholarships

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>University of Tennessee</u>	None	
	<u>Knoxville</u> <u>TN</u> _____		
			<u>1,000.</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		

Purpose of Payment

To provide scholarships

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>Cumberland University</u>	None	
	<u>Lebanon</u> <u>TN</u> _____		
			<u>1,000.</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		

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
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 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	
			5,000.

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		

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
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>Top "30" Banquet</u> <u>Gallatin High School</u>	None	
	<u>Gallatin</u> <u>TN</u> <u>37066</u>		
			<u>2,533.</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 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>	None	
	<u>Gallatin</u> <u>TN</u> <u>37066</u>		
			<u>2,050.</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>	None	
	<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		

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid Continued

Purpose of Payment		<u>To promote cultural exchange</u>	
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>Rotary Exchange Student Visit</u>	<u>None</u>	<u>148.</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		<u>To aid in organization's purpose</u>	
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>NOAH'S Promise</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		

Purpose of Payment		<u>To promote learning</u>	
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>ictionaries for 5th Grade</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		

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid Continued

Purpose of Payment		<u>To aid in organization's purpose</u>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Charitable	Business <input type="checkbox"/> Person <input type="checkbox"/> RYLA	None	
			460.

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		<u>To aid in organization's purpose</u>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Charitable	Business <input type="checkbox"/> Person <input type="checkbox"/> Honor Flight	None	
			1,289.

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		<u>To aid in organization's purpose</u>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scientific	Business <input type="checkbox"/> Person <input type="checkbox"/> Arthritis Foundation	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		

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part I, Line 20

Description	Amount
<u>House principal payments</u>	<u>-4,162.</u>
Total	<u><u>-4,162.</u></u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
<u>Installment Note Receivable from House Sale</u>		<u>55,838.</u>
Total		<u><u>55,838.</u></u>