



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



► The organization may have to use a copy of this return to satisfy state reporting requirements

F Group Exemption
Number 

Form **990-EZ** (2010)

Part II

Balance Sheets

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

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	25,751	22	36,703
23	Land and buildings	65,114	23	63,228
24	Other assets (describe in Schedule O)	824	24	588
25	Total assets	91,689	25	100,519
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)	91,689	27	100,519

Part III

Statement of Program Service Accomplishments

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

☒

What is the organization's primary exempt purpose? TO PROMOTE COMMUNITY SERVICE THROUGH FUND RAISING AND OTHER ACTIVITIES		Expenses (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	MISCELLANEOUS CHARITABLE DONATIONS TO OTHER NON PROFIT ORGANIZATIONS (Grants \$) If this amount includes foreign grants, check here ☐	28a	9,014
29			
	(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses (add lines 28a through 31a)	32	9,014

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) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

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

Check if the organization used Schedule O to respond to any question in this Part V ☐ ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
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	No
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, explain in Schedule O 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
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	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
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?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ☐ _____, section 4912 ☐ _____, section 4955 ☐ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or 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	40b	No
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	No
41	List the states with which a copy of this return is filed ☐ _____		
42a	The organization's books are in care of ☐ MICHAEL GAY Telephone no ☐ (252) 321-3341 514 SE GREENVILLE BLVD Located at ☐ GREENVILLE, NC ZIP + 4 ☐ 27858		
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 ☐ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
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	No
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? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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 within the meaning of section 512(b)(13)?	45a	No
45b	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	

		Yes	No
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		
46			No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

		Yes	No
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		
48	Is the organization a school 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?		
49b	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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

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

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

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	***** Signature of officer		2012-11-14 Date		
	MICHAEL GAY TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	ROBIN T MITCHELL CPA	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions) P00876702
	Firm's name (or yours if self-employed), address, and ZIP + 4	MCGLADREY LLP 1702 E ARLINGTON BLVD SUITE C GREENVILLE, NC 278587843			EIN 42-0714325
					Phone no (252) 355-7702

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

Yes No

Additional Data

Software ID:
Software Version:
EIN: 56-1491072
Name: GREENVILLE NOON ROTARY CLUB

Form 990-EZ, Special Condition Description:

Special Condition Description

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

(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 & deferred compensation	(E) Expense account and other allowances
CHRIS TAYLOR 605 KENSINGTON DRIVE GREENVILLE,NC 27858	PRESIDENT 10 00	0	0	0
CARL JOYNER 106 HEARTHSIDE DRIVE GREENVILLE,NC 27834	PRESIDENT ELECT 5 00	0	0	0
MICHAEL GAY 806 BREMERTON DRIVE GREENVILLE,NC 27858	TREASURER 5 00	0	0	0
BRAD GRIFFIN 2010 CROOKED CREEK ROAD GREENVILLE,NC 27858	SECRETARY 5 00	0	0	0
DAVE HOLEC 201 KENILWORTH DRIVE GREENVILLE,NC 27858	PAST PRESIDENT 5 00	0	0	0

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization GREENVILLE NOON ROTARY CLUB	Employer identification number 56-1491072
---	--

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 16
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION CART (COINS FOR ALZHEIMER'S RESEARCH TRUST) AMOUNT 257 DESCRIPTION RAFFLE FUNDS AMOUNT 678 DESCRIPTION MISCELLANEOUS INCOME AMOUNT 200 DESCRIPTION GUEST MEALS AMOUNT 85 DESCRIPTION REIMBURSEMENT FOR FOUNDATION DINNER AMOUNT 75 DESCRIPTION REIMBURSEMENT FOR DISTRICT CONFERENCE AMOUNT 90 TOTAL TO FORM 990-EZ, LINE 8 1,385
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME SHOP WITH A COP DATE OF GIFT 09/09/11 AMOUNT GIVEN 1,514
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME END OF LIFE COALITION DATE OF GIFT 09/09/11 AMOUNT GIVEN 525
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ROTORACT DATE OF GIFT 06/04/12 AMOUNT GIVEN 1,004
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME REAL CRISIS DATE OF GIFT 06/04/12 AMOUNT GIVEN 550
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME CART (COINS FOR ALZHEIMER'S RESEARCH TRUST) AMOUNT GIVEN 246
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME HUMANE SOCIETY DATE OF GIFT 06/04/12 AMOUNT GIVEN 550
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME LITERACY VOLUNTEERS DATE OF GIFT 06/04/12 AMOUNT GIVEN 400
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME MUSIC ACADEMY DATE OF GIFT 06/04/12 AMOUNT GIVEN 200
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME STUDENT SCHOLARSHIPS DATE OF GIFT 07/22/11 AMOUNT GIVEN 3,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ROCKING HORSE RANCH DATE OF GIFT 06/04/12 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME ROTARY YOUTH LEADERSHIP ACADEMY DATE OF GIFT 03/05/12 AMOUNT GIVEN 525 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 9,014
OCCUPANCY, RENT, UTILITIES AND MAINTENENCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 2,122 DESCRIPTION OTHER EXPENSES AMOUNT 6,083 TOTAL TO FORM 990-EZ, LINE 14 8,205
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION INTERNATIONAL DUES AMOUNT 5,936 DESCRIPTION DISTRICT DUES AMOUNT 2,340 DESCRIPTION MEALS AMOUNT 26,591 DESCRIPTION SUPPLIES AMOUNT 754 DESCRIPTION PETS AND DISTRICT CONFERENCES AMOUNT 1,275 DESCRIPTION THE ROTARY FOUNDATION (EREY) AMOUNT 11,875 DESCRIPTION BOX RENTAL AMOUNT 74 DESCRIPTION SOCIAL AMOUNT 372 DESCRIPTION BANK SERVICE CHARGE AMOUNT 12 DESCRIPTION MISCELLANEOUS EXPENSES AMOUNT 205 TOTAL TO FORM 990-EZ, LINE 16 49,434
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 824 END OF YEAR AMOUNT 588

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: GREENVILLE NOON ROTARY CLUB

EIN: 56-1491072

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.