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Form **990-EZ**

Department of the Treasury Internal Revenue Service

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)

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

2012

OMB No. 1545-1150

spital facilities, open to Public

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.

Inspection

A For the 2012 calendar year, or tax year beginning , 20 13 July 1 2012, and ending June 30 C Name of organization D Employer identification number B Check if applicable: Address change Rotary Club of Green Valley 88-0282455 Room/suite Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Instal return 10624 S. Eastern Ave **A7** (702) 263-8323 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Application pending Henderson, NV 89052 G Accounting Method: ✓ Cash ☐ Accrual H Check ► if the organization is not Other (specify) ▶ required to attach Schedule B Website: ▶ www.greenvalleyrotary.org (Form 990, 990-EZ, or 990-PF). **527** 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 52995 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I. 1 12674 2 Program service revenue including government fees and contracts 2 3 3 40321 4 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5с Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a of contributions 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 6c Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b) from line 7a) 7c 8 Other revenue (describe in Schedule O). 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 70, and 8 9 9 52995 Grants and similar amounts paid (list in Schedule O) []. U. 2013 10 10 14491 Benefits paid to or for members . . . 11 11 12 12 Salaries, other compensation, and employee benefite: 10 12 M. 10 13 13 Professional fees and other payments to independent-contractors -13 14 14 517 15 15 Printing, publications, postage, and shipping. 454 16 16 37192 17 Total expenses. Add lines 10 through 16 . 17 52654 18 18 341 Net Assets 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 26625 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 26966

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2012)

	00 = (20.2)					i age a
Pa	Balance Sheets (see the instructions					
	Check if the organization used Schedule	e O to respond to a	ny question in this			<u> </u>
			}	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		· · · · · ·	26625		26966
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			26625	25	26966
26	Total liabilities (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·			26	
27	Net assets or fund balances (line 27 of column			26625	27	26966
Par		•				Expenses
140	Check if the organization used Schedule		ny question in this	Part III 🔽		juired for section
Wha	is the organization's primary exempt purpose?	See Schedule O			•	c)(3) and 501(c)(4) inizations and section
	nbe the organization's program service accompli					7(a)(1) trusts; optional
	easured by expenses. In a clear and concise n		e services provided	i, the number of	for o	thers.)
<u> </u>	ons benefited, and other relevant information for e				<u> </u>	
28	Contributions to various programs and causes supp					
	eradication of Polio, Teacher's support programs, Si					
	Group Study Exchange programs, Troop Support bo			s		
	<u> </u>	includes foreign gra		· · · • ·	28a	11591
29	Awards for various programs supported by the club					
	Safety Officers Recognition Awards, Youth Speech	Contest awards and S	tudent of the Month	awards		
	/Ounds &		nto chook boro		-	
	·	includes foreign gra		· · · / ⊔	29a	2750
30	Rotary Leadership training to carry ot the services of					
	Training includes District Assembly, District Conference		nce, President-Elect	training,		
	President Advance training and Potential Rotary Lea	ider's training : includes foreign gra	nto chook boro		30a	
24	(Grants \$) If this amount Other program services (describe in Schedule O)	. includes foreign gra	ints, check here .		30a	3175
31	, ,	includes foreign gra	nte chock boro		31a	
32	Total program service expenses (add lines 28a				32	17516
Par						
ı aı	Check if the organization used Schedule			•	Ju uci	
	Oncor II and organization adda contoadic	1	(c) Reportable	(d) Health benefits,	Ť	· · · · <u></u>
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		Estimated amount of ther compensation
	• •	devoted to position	(if not paid, enter -0-)	deferred compensation		mer compensation
Melir	da Margolis				+	
Presi		6 hrs weekly	1 .		0	0
	arsen	- Cing trooms			1	
Secre		6 hrs weekly	(,	o	0
	Manna			1	1	
Treas		6 hrs weekly	0	1	0	0
	ael Soden					
Presi	dent Elect	6 hrs weekly	İ	1	o	0
Ashle	ey Mahaney					<u> </u>
	per at Large	6 hrs weekly	1 6)	o	0
	Skaggs					
	per at Large	6 hrs weekly	0		o	0
Jim S	ervino					-
Mem	per at Large	6 hrs weekly	i	1	0	0
	tine Smith					
	per at Large	6 hrs weekly			o	0
	Ewing					
	President	6 hrs weekly	c		0	0
					T-	
]				
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		1	I		- 1	

Part						
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	ran	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	. 63	V		
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)					
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		1		
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		_ <u>`</u> _		
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		✓		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ [37a] 0					
b	Did the organization file Form 1120-POL for this year?	37b		✓_		
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b n/a					
39	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on line 9					
ь 40а	Gross receipts, included on line 9, for public use of club facilities					
. a	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					
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization					
е	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		. 🗸		
41	List the states with which a copy of this return is filed ▶ n/a					
42a	The organization a books are in care or	02-26 890	3-8323 152	3		
b	Located at ► 10624 S. Eastern Ave A7, Henderson, NV ZIP + 4 ► 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.					
C	If "Yes," enter the name of the foreign country: ▶					
43	Section 4947(a)(1) nonexempt charatable 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	• •	. •	▶ □		
4.0	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No		
44a	completed instead of Form 990-EZ	44a		✓		
Ь	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		√		
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓		
d	explanation in Schedule O	44d				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√		
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		1		

Form 99	0-EZ (20	012)		_						Page 4
46		ne organization engage, directly or i						46	Yes	No
Part	All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51						es			
		Check if the organization used So	hedule O to respond	d to any question	n this Part	VI	• •	•	Yes	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Pa		section 501(h) elec	ction in effe	ct during the	tax	47	100	✓
48 Is the organization a school as described in section 170(b49a Did the organization make any transfers to an exempt no				* * *				48 49a		√
b 50	If "Yes," was the related organization a section 527 organization?									
	<u>-</u>	Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) He contribution benefit pla	Health benefits, butions to employee (e)		(e) Estimated amount of other compensation		
					_					
									<u>.</u>	
			1							
f 51	Comp	number of other employees paid ovolete this table for the organization ,000 of compensation from the organization	's five highest comp	ensated independe	la ent contract	- ors who each	rece	ived	more	than
(a) i	(a) Name and address of each independent contractor paid more than \$100,000			(b) Type of	(c)	(c) Compensation				
				-						
				-			·-····			
				-						
	Total	number of other independent contr	octore each recoving	Over \$100,000			n/a			
52	Did th	number of other independent contr ne organization complete Schedule xempt charitable trusts must attach	A? Note : All section 5	601(c)(3) organizatio	ons and 494		. –	Yes	▽ •	No.
Under po	enalties rect, an	of perjury, I declare that I have exampled this d complete. Declaration of preparer other that	return, including accompar n officer) is based on all info	lying schedules and state	ements, and to rer has any kno	the best of my kr wiedge.	nowledg	je and	belief,	ıt ıs
		March				9/12	<i> 13</i>	3		
Sign Here	Signature of officer W PRESIDENT Date									_
		Type or print name and title	Preparer's signature		Date	<u> </u>	, P	ΠN		
Paid Prepa	arer	Print/Type preparer's name				Check L self-emplo	If			
Use (Firm's name ▶	Firm's EIN ▶							
May th	ne IRS	Firm's address ▶ discuss this return with the prepare	r shown above? See	instructions		Phone no	▶ □	Yes		No

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

Rotary Club of Green Valley	88-0282455
Part I	
Line 10 - the amount of \$14,491 represents both local and world contribution to various programs supp	ported by our club. These
include Eradicated of Polio, Shelter Boxes for Relief programs, Music and Band Awards, Speech Award	
classrooms, Student of the Month Awards, School Health Fair donations, Local Library donations, San	
and International girls school supplies sponsored by Rotary International.	
Line 16 - The amount of \$37,192 represents all expenses to include: Rotary District Dues, Rotary Intern	national Dues, Rotary International
Foundation contributions, Membership Training and club expenses such as meals, program expense,	event supplies and membership drive
expenses.	
Part III	
Organization's primary exempt purpose:	
To Encourage and Foster:	
The ideal of service as a basis of worthy enterprise	
2. The development of acquaintance as an opportunity for service	
3. High Ethical standards in business and professions	·
4. The application of the ideal of service in personal, business and community life	
5. The advancement of International understanding, goodwill, and peace through a world of fellowship	of business and professional
persons united in the ideal of service.	