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Form **990-EZ**

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)

OMB No 1545-1150

2010

Department of the Treasury
Internal Revenue Service

▶ 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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C THOUSAND OAKS ROTARY FOUNDATION P.O. BOX 1225 THOUSAND OAKS, CA 91360	D Employer identification number 77-0297455
		E Telephone number (805) 497-9796
		F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ N/A

J Tax-exempt status (ck only one) -- 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting 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 ▶ \$ 171,886.

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	71,469.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	13,136.
	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		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	87,281.
c Less: direct expenses from gaming and fundraising events	6c	39,355.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	47,926.	
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		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	132,531.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	113,276.
	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	3,391.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	3,038.
	17 Total expenses. Add lines 10 through 16	17	119,705.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,826.	
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	376,197.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	389,023.

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

Form **990-EZ** (2010)

9-9 M

SCANNED JUN 12 2012

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

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

X

Table with columns for question number, description, and Yes/No boxes. Rows include questions 33 through 41 regarding organizational activities, financial reporting, and tax compliance.

42a The organization's books are in care of JUDY ST, JOHN CPA. Located at 123 HODENCAMP ROAD SUITE 203 THOUSAND OAKS CA. Telephone no. (805) 379-1174. ZIP + 4 91360.

Table for questions 42b and 42c regarding foreign financial accounts and offices. Includes Yes/No columns and a space for foreign country names.

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. N/A

Table for questions 44a through 44d regarding donor advised funds, hospital facilities, and indoor tanning services. Includes Yes/No columns.

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a 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 inst.)		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		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

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

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: *Victoria Cinda* Date: *5.11.12*
 Type or print name and title: *President*

Paid Preparer Use Only
 Print/Type preparer's name: DAVID L. WENDER CPA
 Preparer's signature: *David Wender* Date: 2/16/12
 Check if self-employed PTIN: N/A
 Firm's name: WENDER AND MCLAIN CPAS
 Firm's address: 100 E. THOUSAND OAKS BLVD, SUITE 196 THOUSAND OAKS, CA 91360
 Firm's EIN: N/A
 Phone no: (805) 497-9796

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

2010

Open to Public
Inspection

Name of the organization THOUSAND OAKS ROTARY FOUNDATION	Employer identification number 77-0297455
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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 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?

	Yes	No
(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?		

(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) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants').	49,270.	130,875.	142,117.	38,421.	71,469.	432,152.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	49,270.	130,875.	142,117.	38,421.	71,469.	432,152.
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)...						0.
6 Public support. Subtract line 5 from line 4						432,152.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	49,270.	130,875.	142,117.	38,421.	71,469.	432,152.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,802.	18,132.	9,966.	7,775.	9,547.	59,222.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11 Total support. Add lines 7 through 10						491,374.
12 Gross receipts from related activities, etc (see instructions)					12	0.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	88.0 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	86.7 %

16a **33-1/3% support test – 2010.** 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 – 2009.** 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 – 2010.** 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 – 2009.** 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 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	49,270.	130,875.	142,117.	38,421.	71,469.	432,152.
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						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	49,270.	130,875.	142,117.	38,421.	71,469.	432,152.
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)						432,152.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	49,270.	130,875.	142,117.	38,421.	71,469.	432,152.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,802.	18,132.	9,966.	7,775.	9,547.	59,222.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	13,802.	18,132.	9,966.	7,775.	9,547.	59,222.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (Add lns 9, 10c, 11, and 12)	63,072.	149,007.	152,083.	46,196.	81,016.	491,374.

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 2010 (line 8, column (f) divided by line 13, column (f))	15	88.0 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	86.7 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	12.1 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	13.3 %

19a 33-1/3% support tests – 2010. 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 – 2009. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	WINE & ART FUN (event type)	(event type)	(total number)	(add column (a) through column (c))	
1	Gross receipts	87,281.		87,281.	
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	87,281.		87,281.	
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	39,355.		39,355.
	10	Direct expense summary Add lines 4- through 9 in column (d)			39,355.
11	Net income summary Combine line 3, column (d), and line 10			47,926.	

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
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

2010

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

THOUSAND OAKS ROTARY FOUNDATION

Employer identification number

77-0297455

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE SCHOLARSHIP AWARDS TO INDIVIDUALS AND GRANTS TO OTHER NON PROFIT ORGANIZATIONS.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

CLIENT 106

THOUSAND OAKS ROTARY FOUNDATION

77-0297455

2/16/12

11:15AM

**FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

DONEE'S NAME:	SCHOLARSHIPS		
DONEE'S ADDRESS:	VARIOUS		
	VARIOUS, CA 91360		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	12,000.
CLASS OF ACTIVITY:	PUBLIC		
DONEE'S NAME:	HOSPICE OF THE CONEJO		
DONEE'S ADDRESS:	80 EAST HILLCREST DR.		
	THOUSAND OAKS, CA 91360		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	10,000.
CLASS OF ACTIVITY:	PUBLIC		
DONEE'S NAME:	VENTURA CNTY SPECIAL OLYMPICS		
DONEE'S ADDRESS:	1559 SPINNAKER DRIVE		
	VENTURA, CA 93001		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	24,000.
CLASS OF ACTIVITY:	PUBLIC		
DONEE'S NAME:	ROTARY INTL FOUNDATION		
DONEE'S ADDRESS:	14280 COLLECTIONS CENTER DR.		
	CHICAGO, IL 60693		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	31,442.
CLASS OF ACTIVITY:	PUBLIC		
DONEE'S NAME:	YMCA		
DONEE'S ADDRESS:	100 E. THOUSAND OAKS BLVD. # 295		
	THOUSAND OAKS, CA 91360		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	5,031.
CLASS OF ACTIVITY:	PUBLIC		
DONEE'S NAME:	CHILDREN OF PROMISE INTERNATIONAL		
DONEE'S ADDRESS:	6844 LOOP ROAD		
	CENTERVILLE, OH 45459		
RELATIONSHIP OF DONEE:	NONE		
DESCRIPTION OF PROPERTY:	2006 15-PASS VAN		
DATE OF GIFT:	6/27/2011		
BOOK VALUE:	12,500.		
METHOD USED TO DETERMINE BV:	ACTUAL COST		
FAIR MARKET VALUE:			12,500.
METHOD USED TO DETERMINE FMV:	ACTUAL COST		
CLASS OF ACTIVITY:	PUBLIC		
DONEE'S NAME:	ROTARY FOREST		
DONEE'S ADDRESS:	4031 N MOORPARK RD		
	THOUSAND OAKS, CA 91360		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	12,053.

CLIENT 106

THOUSAND OAKS ROTARY FOUNDATION

77-0297455

2/16/12

11:15AM

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

ATTORNEY GENERAL FEE RRF-1	\$	25.
FRANCHISE TAX BOARD		10.
OFFICE EXPENSES		3.
THOUSAND OAKS ROTARY REIMB.		3,000.
TOTAL	\$	<u>3,038.</u>

**FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 0.	\$ 6,000.
TOTAL	<u>\$ 0.</u>	<u>\$ 6,000.</u>

**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 0.	\$ 1,000.
TOTAL	<u>\$ 0.</u>	<u>\$ 1,000.</u>

**FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>PROGRAM SERVICE EXPENSES</u>
CONEJO SENIOR CONCERNS - TO PROVIDE FUNDS TO HELP THE SENIORS IN THE THOUSAND OAKS AREA. INCLUDES FOREIGN GRANTS: NO	5,000.	
TO PROVIDE FUNDS FOR THE LOCAL YMCA INCLUDES FOREIGN GRANTS: NO	5,031.	
TO PROVIDE SUPPORT FOR THE CHILDREN OF PROMISE ORPHANAGE INCLUDES FOREIGN GRANTS: NO	12,500.	
TO PROVIDE FUNDS FOR THE ROTARY FOREST WHICH PLANTS TREES TO HONOR INDIVIDUALS OR ORGANIZATIONS AT THE YMCA INCLUDES FOREIGN GRANTS: NO	12,053.	
TO PROVIDE CONTRIBUTIONS TO OTHERS SUCH AS THE CABRILLO THEATER (\$250), WESTMINSTER FREE CLINIC (\$500), AND MANY MANSIONS (\$500). INCLUDES FOREIGN GRANTS: NO	1,250.	
HOSPICE OF THE CONEJO INCLUDES FOREIGN GRANTS: NO	10,000.	
TOTAL	<u>\$ 45,834.</u>	<u>\$ 0.</u>

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization THOUSAND OAKS ROTARY FOUNDATION	Employer identification number 77-0297455
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P.O. box, see instructions P.O. BOX 1225	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions THOUSAND OAKS, CA 91360	

Enter the Return code for the return that this application is for (file a separate application for each return) 03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ JUDY ST, JOHN CPA -----

Telephone No. ▶ (805) 379-1174 ----- FAX No. ▶ (805) 371-4525 -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20____ or
- ▶ tax year beginning 7/01, 20 10, and ending 6/30, 20 11.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of exempt organization THOUSAND OAKS ROTARY FOUNDATION	Employer identification number 77-0297455
	Number, street, and room or suite number. If a P.O. box, see instructions. WENDER AND MCLAIN CPAS 100 E. THOUSAND OAKS BLVD, SUITE 196	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. THOUSAND OAKS, CA 91360	

Enter the Return code for the return that this application is for (file a separate application for each return) 03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **JUDY ST, JOHN CPA**
Telephone No. **(805) 379-1174** FAX No **(805) 371-4525**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 5/15, 20 12

5 For calendar year _____, or other tax year beginning 7/01, 20 10, and ending 6/30, 20 11.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension DATA FOR COMPLETE AND ACCURATE PREPARATION OF RETURN NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

AUTHORIZED AGENT

Signature [Signature] Title _____ Date 2/13/12

BAA FIFZ0502L 11/15/10 Form 8868 (Rev 1-2011)

2/16/12

11 15AM

**SPECIAL EVENTS
GROSS RECEIPTS
WINE & ART FUNDRAISER**

TICKET SALES	\$	2,165.
SILENT AUCTION		41,127.
RAFFLE TICKET SALES		11,689.
SPONSORS AND DONORS		32,300.
	TOTAL \$	<u>87,281.</u>

**SPECIAL EVENTS
OTHER DIRECT EXPENSES
WINE & ART FUNDRAISER**

SILENT AUCTION ITEMS	\$	5,759.
RAFFLE TICKET EXPENSES		2,050.
CENTERPIECES		2,011.
SUPPLIES		537.
EVENT FACILITY		17,142.
CREDIT CARD DISCOUNTS		3,564.
PRINTING AND STATIONERY		4,500.
ADVERTISING		1,506.
TAX AND LICENSE		126.
WINE/BEER EXPENSE		2,160.
	TOTAL \$	<u>39,355.</u>

**STMT. OF FUNCTIONAL EXPENSES (990)
ACCOUNTING FEES**

TAX PREPARATION	\$	1,185.
	TOTAL \$	<u>1,185.</u>