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## Form **990-EZ**

OMB No 1545-1150

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)
Sponsoring organizations of dohor 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. 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

		he 2011 calendar year, or tax year beginning JUL 1, 2011 and ending	JUN	30,	2012
В	Check is applicat	C Name of organization	DE	mployer	identification number
	Addr	ress change GOLETA NOONTIME ROTARY CLUB CHARITABLE	- 1		
	Nam	ne change FUND	77-0247643		
	Initia	al return Number and street (or P.O. box, if mail is not delivered to street address) Room	Telephone number		
	Term	minated P. O. BOX 164	805-964-7806		
	Ame	ended return City or town, state or country, and ZIP + 4	F	Group Exe	emption
	Applic	cabon pending GOLETA, CA 93116-0164		Number 🕽	<b></b>
		inting Method: X Cash Accrual Other (specify) ▶	н с	Check 🕨	f the organization is not
1	Websi	ite: ▶ www.goletanoontimerotary.org			attach Schedule B
<u>J</u>	Tax-ex	xempt status (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert no.) 4947(a)(1) or	527 (	Form 990	), 990-EZ, or 990-PF).
K	Check	If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and	d its gross	receipts	are normally not more than
	\$50,00	00. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see ins	structions).	. But if the	e organization chooses to file
	a retur	rn, be sure to file a complete return.			
L	Add lın	nes 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,		
		5, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>&gt;</b> \$	102,252.
P	<u>art l</u>	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	Instructio	ns for Pa	rt I.)
	·	Check if the organization used Schedule O to respond to any question in this Part I			X
	1	Contributions, gifts, grants, and similar amounts received		1	24,371.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income See Schedule	0	4	147.
	5a			_	
	þ			4	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
e	a	and the second s			
Revenue	1.	\$15,000)		_	
æ	b	Gross income from fundraising events (not including \$ of contributions			
	1	from fundraising events reported on line 1) (attach Schedule G if the sum of such			
		gross income and contributions exceeds \$15,000)  6b 7'	7,734	•	
	0		2,100		05 604
	0	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d_	25,634.
	7a				
	b			┥_ ╴	
	8	Gross profit or (loss) from sales of inventory (Subtract-line-7b-from line-7a)  Other revenue (describe in Schedule O)		7c	
	9	The state of the s		8	E0 1E2
	10	Grants and similar amounts paid (list in Schedule 0)  Benefits paid to or for members  Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  JAN 25 2013 See Schedule	0	9 10	50,152. 58,243.
	11	Benefits and to or for members	J	11	30,243.
S	12	Salaries, other compensation, and employee benefits		12	
Expenses	13	Professional fees and other payments to independent confactor FN LIT		13	
ē	14	Occupancy, rent, utilities, and maintenance		14	
ũ	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule 0)  See Schedule	0	16	2,743.
	17	Total expenses. Add lines 10 through 16	` <b>&gt;</b>	. 17	60,986.
<u></u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-10,834.
Set	19	Net assets or fund balances at beginning of year (from line 27, column (A))			
As		(must agree with end-of-year figure reported on prior year's return)		19	84,559.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)		20	0.
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	73,725.
LHZ	A For	r Panerwork Reduction Act Notice, see the senarate instructions			Form <b>990-F7</b> (2011)

GOLETA NOONTIME ROTARY CLUB CHARITABLE

	1990-EZ (2011) <b>FUND</b>			<u> 77-0</u>	<u> 2476</u>	43 Page 2
Pa	Irt II Balance Sheets. (see the instructions for Part II.	)				
	Check if the organization used Schedule O to re-	spond to any ques	tion in this Part II			
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		84,559	. 22		73,725.
23	Land and buildings			23		
24	Other assets (describe in Schedule O)			24		
25	Total assets		84,559	<del></del>		73,725.
26	Total liabilities (describe in Schedule 0)		0.			0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		84,559			73,725
Pa	rt III Statement of Program Service Accomplishme	nts (see the instru	ctions for Part III.)	1	Ex	penses
	Check if the organization used Schedule O to re-	spond to any ques	tion in this Part III	$\mathbf{x}$	Required	for section
What	t is the organization's primary exempt purpose?See Schedule (					and 501(c)(4) ons and section
Descr	ribe the organization's program service accomplishments for each of its three largest program or, describe the services provided, the number of persons benefited, and other relevant infor	services, as measured by expe	enses in a clear and concise	4		) trusts; optional
	Donations to community nonprofit ar		anizations			,
	with an emphasis in serving local y			_		
-		<u> </u>			1	
(	(Grants \$ 37, 243.) If this amount includes foreign	grants, check here		<sub>28</sub>	Ba	
29 ]	Donation to Rotary International Fo	oundation Ev	anston, IL			
	to further affiliated programs with			_		
_				_		
(	(Grants \$ 13,575.) If this amount includes foreign	grants, check here	<b>&gt;</b>	29	a	
30	Scholarships - Community Service Av	vards - High	School			
	students			_		
-				_	-	
(	(Grants \$ 7,425.) If this amount includes foreign	grants, check here	<b>•</b>	30	)a	
-	Other program services (describe in Schedule O)	granto, oncon noro .	·		,,,,	
	(Grants \$ ) If this amount includes foreign	orante chack hara		□   <sub>31</sub>		
-	Total program service expenses (add lines 28a through 31a)	grants, check here		▶ 3		0.
	retar program our vioc capenaço (ada mico coa imoagin o ia)					
Pa	rt IV List of Officers, Directors, Trustees, and Key E	Employees, List and a	ne even if not compensated /s	an the ine	tructions 6	Port IVA
Pa	rt IV List of Officers, Directors, Trustees, and Key E	Employees. List each o	ne even if not compensated (s	ee the ins	tructions fo	or Part IV)
Pa	Check if the organization used Schedule O to res	spond to any ques	tion in this Part IV	ee the ins	tructions fo	or Part IV)
Pa	Check if the organization used Schedule O to res	spond to any ques (b) Title and average hor	tion in this Part IV	ee the ins  (d) Health  contribu	tructions for	or Part IV) (e) Estimated
Pa	rt IV List of Officers, Directors, Trustees, and Key E	spond to any ques	tion in this Part IV  UTS (C) Reportable compensation (Forms W-2/1099-MISC)	ee the ins  (d) Health contribu employee	tructions for the benefits, tions to be benefit deferred	or Part IV)
Pa	Check if the organization used Schedule O to res  (a) Name and address	(b) Title and average how per week devoted to position	tion in this Part IV  Urs (c) Reportable (compensation (Forms W-2/1099-MISC)	ee the ins  (d) Health  contribu  employee	tructions for the benefits, tions to be benefit deferred	(e) Estimated amount of other
Pa Mi	Check if the organization used Schedule O to resched	(b) Title and average hor per week devoted to position  Treasurer	tion in this Part IV US (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	ee the ins  (d) Health contribu employee	benefits, tions to e benefit d deferred nsation	(e) Estimated amount of other compensation
Mic 56	Chack if the organization used Schedule O to rescheded J. Gartzke 69 Calle Real, Goleta, CA 93117	(b) Title and average hor per week devoted to position  Treasurer 4.00	tion in this Part IV  UTS (C) Reportable compensation (Forms W-2/1099-MISC)	ee the ins  (d) Health contribu employee	tructions for the benefits, tions to be benefit deferred	(e) Estimated amount of other
Mic 56 Sur	Check if the organization used Schedule O to rescheded J. Gartzke 69 Calle Real, Goleta, CA 93117 nanda Bhargava, 4596 Sierra Madre,	(b) Title and average hore per week devoted to position  Treasurer  4.00  President	tion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	ee the ins  (d) Health contribu employee	benefits, tions to be benefit deferred asstron	(e) Estimated amount of other compensation
Mi Sau	Check if the organization used Schedule O to resched J. Gartzke 69 Calle Real, Goleta, CA 93117 nanda Bhargava, 4596 Sierra Madre, nta Barbara, CA 93111	(b) Title and average hore per week devoted to position  Treasurer  4.00  President  10.00	tion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	ee the ins  (d) Health contribu employee	benefits, tions to e benefit d deferred nsation	(e) Estimated amount of other compensation
Mic 566 Sur Sar Pa	Check if the organization used Schedule O to resched J. Gartzke  69 Calle Real, Goleta, CA 93117  nanda Bhargava, 4596 Sierra Madre, nta Barbara, CA 93111  tricia Fabing	(b) Title and average hor per week devoted to position  Treasurer 4.00  President 10.00  Past-Presid	tion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	ee the ins  (d) Health contribu employee	benefits, trons to a benefits tons to a benefit deferred esation	(e) Estimated amount of other compensation
Mi 656 Sur Pate 656	Check if the organization used Schedule O to resched J. Gartzke  69 Calle Real, Goleta, CA 93117  nanda Bhargava, 4596 Sierra Madre, nta Barbara, CA 93111  tricia Fabing  47 El Colegio, Goleta, CA 93117	spond to any ques  (b) Title and average hor per week devoted to position  Treasurer  4.00  President  10.00  Past-Presid  3.00	tion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	ee the ins  (d) Health contribu employee	benefits, tions to be benefit deferred asstron	(e) Estimated amount of other compensation
Mic 56 Sur Sar Pac 65 Rey	Check if the organization used Schedule O to resched J. Gartzke  69 Calle Real, Goleta, CA 93117  nanda Bhargava, 4596 Sierra Madre, nta Barbara, CA 93111  tricia Fabing  47 El Colegio, Goleta, CA 93117  yne Stapelmann, 104 Santa Cruz	(b) Title and average hor per week devoted to position  Treasurer 4.00 President 10.00 Past-President 3.00 Secretary	tion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  ent	ee the ins  (d) Health contribu employee	tructions for the tructions for the tructions to be benefit a deferred insation	(e) Estimated amount of other compensation  0
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#### GOLETA NOONTIME ROTARY CLUB CHARITABLE

	990-EZ (2011) FUND 77-0247			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requiremen			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in the	ıs Pa		X
			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 0	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
35 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	3T /	X
	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	N/	<u>A</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	35c		x
36	requirements during the year? If "Yes," complete Schedule C, Part III  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	350		
30	complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	$\overline{}$		<u> </u>
	Did the organization file Form 1120-POL for this year?	37b		X
	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	*	x
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 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities  39b  N/A			1
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			İ
	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		X
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			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			1
_	organization   All propagations At any time district the account of the control o			
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	400	ı	x
41	List the states with which a copy of this return is filed. $ ightharpoonup CA$	40e		
	The organization's books are in care of Michael J. Gartzke, CPA  Telephone no. > 805-96	4-7	806	
724	Located at ▶ 5669 Calle Real #A, Goleta, CA  ZIP+4 ▶ 9			
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u> </u>	•	
-	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	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	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
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		
			Yes	No
44 a	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
D	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
	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44c		Х
a	in Schedule O	امما		
45 0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		х
	Did the organization have a controlled entity within the meaning of section 312(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	408		^
.,,,	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		Form 9	00-E7	/2011

77-0247643 Page 3

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#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

Open to Public Inspection

Employer identification number

GOLETA NOONTIME ROTARY CLUB CHARITABLE **FUND** 77-0247643 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). 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. 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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. b \_\_\_\_ Type II a \_\_\_\_ Type I c Type III - Functionally integrated 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (i) Name of supported (iv) Is the organization (v) Did you notify the (ii) EIN (vii) Amount of organization organizátion in col. in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes **Total** 

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011

	edule A (Form 990 or 990-EZ) 2011						Page 2
Pa	rt II Support Schedule for	-					-
	(Complete only if you checked				n failed to qualify	under Part III. If the	e organization
	fails to qualify under the tests	s listed below, plea	se complete Part	101.)			
Sec	tion A. Public Support						
Cale	ndar 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 organ-						
	ization'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						
	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		•				
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	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.)					<u> </u>	
11	Total support. Add lines 7 through 10				<u></u>	<u> </u>	
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	_
	organization, check this box and stor						
Sec	ction C. Computation of Publ					<del>T T</del>	
14	Public support percentage for 2011 (		•	column (f))		14	%
15	Public support percentage from 2010					15	%
16a	33 1/3% support test - 2011. If the				14 is 33 1/3% or i	more, check this be	ox and
	stop here. The organization qualifies		-	•			. ▶∟
b	33 1/3% support test - 2010. If the	•			d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual	· ·	-			•	▶∟∟
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac			-		art IV how the orga	nization
	meets the "facts-and-circumstances"						▶∟
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the						9
	organization meets the "facts-and-circ		_	•			▶⊨
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	6a, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 FUND

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

77-0247643 Page 3

(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 year beginning in) (e) 2011 (a) 2007 (b) 2008 (c) 2009 (d) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 13,286. 18,047 18,627. 19,864. 24,371 94,195. 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 93,819. 80,152. 76,026. 83,934. 77,734. 411,665. 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 107,105. 98,199. 94,653. 103,798. 102,105 505,860. 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons 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 0. amount on line 13 for the year c Add lines 7a and 7b 0. 505,860. B Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2007 Calendar year (or fiscal year beginning in) (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 107,105 98,199 94,653. 103,798 102,105 505,860. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 597 295. 1,073. 487. 147. 2,599. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 597. 1,073 487. 295 147. 2,599. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 95,140. 104,093. 107,702. 99,272. 102,252. 13 Total support (Add lines 9, 10c, 11, and 12) 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 99.49 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) % 15 16 Public support percentage from 2010 Schedule A, Part III, line 15 99.42 16 <u>%</u> Section D. Computation of Investment Income Percentage .51 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2010 Schedule A, Part III, line 17 18 .58 % 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 ▶X 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 - 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 132023 01-24-12 Schedule A (Form 990 or 990-EZ) 2011

#### **SCHEDULE G**

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. GOLETA NOONTIME ROTARY CLUB CHARITABLE

**Employer identification number** 

Name of the organization 77-0247643 FUND Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants Internet and email solicitations f X Solicitation of government grants Phone solicitations g X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes □No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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. CA

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

Schedule G (Form 990 or 990-EZ) 2011

#### GOLETA NOONTIME ROTARY CLUB CHARITABLE

Schedule G (Form 990 or 990-EZ) 2011 FUND 77-0247643 Page 2 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Fireworks Goleta Teen None (add col. (a) through <u>Festival-ComBooths-Lemon</u> col. (c)) (event type) (event type) (total number) Revenue 74,845. 2,889. <u>77,734.</u> Gross receipts 2 Less: Chantable contributions 74,845. Gross income (line 1 minus line 2) 2,889. 77,734. Cash prizes 2,920. Noncash prizes 2,920. Direct Expenses 6 Rent/facility costs 250. 250. 7 Food and beverages 10,746. 8 Entertainment 10,746. 36,609. 38,184. 9 Other direct expenses 52,100; 10 Direct expense summary. Add lines 4 through 9 in column (d) 25,634. 11 Net income summary Combine line 3, column (d), and line 10 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes 6 Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

132082 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

# GOLETA NOONTIME ROTARY CLUB CHARITABLE Schedule G (Form 990 or 990-EZ) 2011 FUND 11 Does the organization operate gaming activities with nonmembers? 12 \ls the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: a The organization's facility **b** An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name > Address > b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Gaming manager information: Name > Gaming manager compensation ▶ \$ \_\_\_\_\_ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, Part IV lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2011

(Form 990 or 990-EZ)

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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.

2011
Open to Public Inspection

Name of the organization

GOLETA NOONTIME ROTARY CLUB CHARITABLE

Employer identification number 77-0247643

Form 990-EZ, Part I, Line 4, Other Investment Income	<u>:</u>
Description of Property:	_Amount:
Interest Income	147.
Form 990-EZ, Part I, Line 10, Grants and Allocations	:
Activity Classification: International	
Grantee Name: Rotary Foundation	
Grantee Address: One Rotary Center Evanston, IL 60203	1
Property Description: Cash	
Date of Gift: 02/08/12	
Amount Given:	13,575.
Activity Classification: Youth	
Grantee Name: Rotary Youth Leadership	
Grantee Address: 3394 Bryan Ave Simi Valley, CA 9306	3
Property Description: Cash	
Date of Gift: 09/27/11	
Amount Given:	1,065.
Activity Classification: Youth	
Grantee Name: Isla Vista School PTA	
Grantee Address: 6875 El Colegio Rd Goleta, CA 93117	
Property Description: Cash	
Date of Gift: 09/27/11	
Amount Given:  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	500 .

132211 01-23-12

#### **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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

GOLETA NOONTIME ROTARY CLUB CHARITABLE

Employer identification number 77-0247643

Activity Classification: Community
Grantee Name: Santa Barbara County Food Bank
Grantee Address: 4554 Hollister Av Santa Barbara, CA 93110
Property Description: Cash
Date of Gift: 04/03/12
Amount Given: 1,000.
Activity Classification: Youth
Grantee Name: Goleta Union School District
Grantee Address: 401 N. Fairview Goleta, CA 93117
Property Description: Purchase Books - School Libraries
Date of Gift: 12/30/11
Amount Given: 1,932.
Activity Classification: Youth
Grantee Name: Los Prietos Boys Camp
Grantee Address: 3900 Paradise Rd Santa Barbara, CA 93105
Property Description: Cash
Date of Gift: 04/24/12
Amount Given: 4,300.
Activity Classification: Community
Grantee Name: South Coast Railroad Museum
Grantee Address: 300 N. Los Carneros Rd Goleta, CA 93117
Property Description: Cash  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2011)  132211 01-23-12

## 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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

GOLETA NOONTIME ROTARY CLUB CHARITABLE

Employer identification number 77 – 0247643

	17-0247043
Date of Gift: 03/12/12	
Amount Given:	350.
Activity Classification: Youth	
Grantee Name: Civil Air Patrol, Santa Barbara Chapter	•
Grantee Address: 600 Firestone Santa Barbara, CA 9311	17
Property Description: Cash	
Date of Gift: 04/10/12	
Amount Given:	500.
Activity Classification: Goleta Teen	
Grantee Name: Various Community Groups	
Grantee Address: P. O. Box 164 Goleta, CA 93116	
Property Description: Cash	
Date of Gift: 11/25/11	
Amount Given:	
Activity Classification: Goleta Teen Scholarships	
Property Description: Cash	
Date of Gift: 12/07/11	
Amount Given:	7,425.
Activity Classification: Community	
Grantee Name: Goleta Valley Historical Society	
Grantee Address: 304 N. Los Carneros Rd Goleta, CA 93	3117
Property Description: Cash	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  132211 01-23-12	Schedule O (Form 990 or 990-EZ) (2011)

(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 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

GOLETA NOONTIME ROTARY CLUB CHARITABLE

Employer identification number

FUND	<u> 77-0247643</u>
Date of Gift: 03/29/12	
Amount Given:	1,500.
Activity Classification: Youth	
Grantee Name: Academy at Dos Pueblos	
Grantee Address: 7266 Alameda Goleta, CA 93117	·····
Property Description: Cash	
Date of Gift: 08/09/11	
Amount Given:	300.
Activity Classification: Community	
Grantee Name: Rotary Club of Goleta	
Grantee Address: P. O. Box 51 Goleta, CA 93116	<del></del>
Property Description: Cash	
Date of Gift: 11/07/11	
Amount Given:	13,943.
Activity Classification: International - Exchange Stud	dent
Property Description: Cash	
Date of Gift: 08/22/11	
Amount Given:	1,100.
Activity Classification: Youth	
Grantee Name: El Camino School	
Grantee Address: 5020 San Simeon Dr Santa Barbara, CA	93111
Property Description: Cash  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2011)

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

GOLETA NOONTIME ROTARY CLUB CHARITABLE

Employer identification number 77 – 0247643

FUND	177-0247643	
Date of Gift: 09/27/11		
Amount Given:		500.
Activity Classification: International		
Grantee Name: PACE Universal		
Grantee Address: 1 N. Calle Cesar Chavez #102 Santa Ba	rbara, CA 93101	
Property Description: Cash		
Date of Gift: 06/26/12		
Amount Given:		600.
Activity Classification: Community		
Grantee Name: Learning Ally		. <u> </u>
Grantee Address: 5638 Hollister Goleta, CA 93117		
Property Description: Cash		
Date of Gift: 06/12/12		
Amount Given:		500.
Activity Classification: International		
Grantee Name: Women2Women International		
Property Description: Cash		
Date of Gift: 06/26/12	<u>.</u>	
Amount Given:	<del></del>	500.
Activity Classification: Diasater Aid		
Grantee Name: Disaster Aid USA		
Grantee Address: 9817 Lanham Severn Rd Lanham, MD 2070 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	6 Schedule O (Form 990 or 990-E	 EZ) (2011)

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

2011
Open to Public Inspection

Name of the organization

GOLETA NOONTIME ROTARY CLUB CHARITABLE

Employer identification number 77 – 0 2 4 7 6 4 3

FUND	77-0247643
Property Description: Cash	
Date of Gift: 06/26/12	
Amount Given:	1,500.
Activity Classification: Community	
Grantee Name: Girsh Park Foundation	
Grantee Address: 7050 Phelps Rd Goleta, CA 93117	
Property Description: Cash	
Date of Gift: 07/04/11	
Amount Given:	5,000.
Activity Classification: Community	
Grantee Name: Various Community Groups	
Property Description: Cash	
Date of Gift: 07/04/11	
Amount Given:	1,328.
Total included on Form 990-EZ, line 10	58,243.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
Award Night Costs - Goleta Teen	1,901.
Operating Expenses - Goleta Teen	797.
Other Operating Expenses - Charitable Fund	45.
Total to Form 990-EZ, line 16	2,743.

Form 990-EZ, Part III, Primary Exempt Purpose - To support community

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211

Schedule O (Form 990 or 990-EZ) (2011)

#### 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 990-EZ 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

GOLETA NOONTIME ROTARY CLUB CHARITABLE FUND

Employer identification number 77-0247643

nonprofit activities, Rotary International Foundation scholarships and
programs and local Rotary programs through net donations.
Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:
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.

#### Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

	The disept	a atc appi	TOURION TO CACHTECATA			
-	re filing for an Automatic 3-Month Extension, complete	•	• • •			▶ 🕱
	re filing for an Additional (Not Automatic) 3-Month Ex					
	emplete Part II unless you have already been granted a					
Electronic	<b>c filing (e-file).</b> You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	months for	a corporation
required to	o file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically f	ile Form 88	68 to reque	est an extension
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers A	ssociated \	With Certain
Personal B	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the elec	tronic filing	of this form,
	irs gov/efile and click on e-file for Charities & Nonprofits					<del></del>
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		<del></del>
A corporation of the corporation	tion required to file Form 990-T and requesting an autor ,	natic 6-mo	onth extension - check this box and	complete		▶ □
All other c	corporations (including 1120-C filers), partnerships, REM ome tax returns.	 ICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of time	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	ıdentıficatı	on number (EIN) or
print	GOLETA NOONTIME ROTARY CLUI	3 CHAI	RITABLE			
File by the	FUND			X	<u>77-02</u>	47643
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so P. O. BOX 164	ee instruc	tions.	Social se	curity numb	er (SSN)
return See instructions	City, town or post office, state, and ZIP code. For a fo	reign add	ress see instructions			
	GOLETA, CA 93116-0164	orongir add	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	, , , , , , , , , , , , , , , , , , , ,					
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1
Application	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)	-		07
Form 990	-BL	02	Form 1041-A			08
Form 990	·EZ	01	Form 4720			09
Form 990	·PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
	Michael J. Gart	tzke,	CPA			
<ul><li>The bo</li></ul>	ooks are in the care of <b>5669 Calle Rea</b>	L #A	<u>- Goleta, CA 93117</u>			
Teleph	one No. ► 805-964-7806		FAX No. 🕨			
	organization does not have an office or place of busines					▶ □
_	s for a Group Return, enter the organization's four digit	•				-
box 🕨 L	. If it is for part of the group, check this box	and atta	ich a list with the names and EINs o	f all memb	ers the exte	ension is for.
	quest an automatic 3-month (6 months for a corporation					
	February 15, 2013, to file the exemp	t organıza	tion return for the organization name	ed above.	The extensi	on
ıs fo	or the organization's return for:					
▶ļ	calendar year or					
►L	X tax year beginning JUL 1, 2011	, an	id ending <u>JUN 30, 2012</u>		_ ·	
2 If th	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final retur	n	
0- 15 41		0000		<u> </u>		<del></del>
	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any		•	0
	refundable credits. See instructions.			3a	_\$	0.
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	•			•	0
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa	•	•	0.5	<b>&amp;</b>	0
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$ EQ for pour	0.
	If you are going to make an electronic fund withdrawal v			om 88/9-		
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	ucuons.		rorm (	8868 (Rev. 1-2012)
123841 01-04-12						