

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)
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. 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.

OMB No 1545-1150

Open to Public Inspection

Α	For th	ne 2012 calendar year, or tax year beginning JUL 1 , 2012 and ending JUN	<u>30,</u>	2013	
В	Check if applicat	D C Name of organization	Employer	identification number	
	_ Addr	ess change GOLETA NOONTIME ROTARY CLUB CHARITABLE			
	Nam	e change FUND	<u>77-0</u>	247643	
	Initia	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E	E Telephone number		
	Term	Inated P. O. BOX 164	805-	964-7806	
	Ame	nded return City or town, state or country, and ZIP + 4	Group Exe	emption	
	Applic	ation pending GOLETA, CA 93116-0164	Number	>	
G	Accour	nting Method: X Cash	Check >	X if the organization is not	
		te: > www.goletanoontimerotary.org		o attach Schedule B	
		tempt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527	-), 990-EZ, or 990-PF).	
	Check				
		10. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions	-	· · · · · · · · · · · · · · · · · · ·	
		n, be sure to file a complete return.	•	· ·	
		ies 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,			
		, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	110,607.	
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct	ions for Pa		
		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	20,155.	
	2	Program service revenue including government fees and contracts	2	, , , , , , , , , , , , , , , , , , , ,	
	3	Membership dues and assessments	3		
	4	Investment income See Schedule O	4	82.	
	5a	Gross amount from sale of assets other than inventory 5a			
	Ь	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	- 50		
4	a	Gross income from gaming (attach Schedule G if greater than			
ž	-	\$15,000)			
Revenue	Ь				
œ	•	from fundraising events reported on line 1) (attach Schedule G if the sum of such			
		gross income and contributions exceeds \$15,000) 6b 90,37	0.		
	C	Less: direct expenses from gaming and fundraising events 6c 52,51			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	37,852.	
<;		Gross sales of inventory, less returns and allowances 7a			
30%	1	Less: cost of goods sold 7b			
~:·	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
نت	8	Other revenue (describe in Schedule O)	8		
دک	1	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	58,089.	
-	10	Grants and similar amounts paid (list in Schedule O)	10	49,069.	
	11	Benefits paid to or for members 3 JAN 2 2014 131	11		
35	12	Benefits paid to or for members Salaries, other compensation, and employee benefits JAN 9 2014	12		
Si	13	Professional fees and other payments to independent contractors	13		
Ö.	14	Occupancy, rent, utilities, and maintenance	14		
Expenses:	15	Printing, publications, postage, and shipping	15		
(4)	16	Other expenses (describe in Schedule O) See Schedule O	16	2,389.	
	17	T. 1. 4.111 40 th E. 40	▶ 17	51,458.	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,631.	
šets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	"		
Ass		(must agree with end-of-year figure reported on prior year's return)	19	73,725.	
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	80,356.	
LHA	For	Paperwork Reduction Act Notice, see the separate instructions.	<u> </u>	Form 990-EZ (2012)	

44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of
	Form 990-F7

- b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-F7
- c Did the organization receive any payments for indoor tanning services during the year?
- d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation
- 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- 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)

Form 990-EZ (2012)

X

44b

44c

44d

45a

orm 990-EZ (2	GOLETA NOONTIN	ME ROTARY CLU	JB CHARI	TABLE		77-0	24764	12	Page 4
0111 990-62 (2	2012) FUND					11-0	<u> </u>		No
6 Did the or	ganization engage, directly or indirectly, in	nolitical campaign activities	on hehalf of or i	n annasitia	n to candidates for oi	iblic offic	e?	1.00	1.10
-	omplete Schedule C, Part I	political campaign activities	on bonan or or i	поррозню	ii to canalaataa ta pt		I .	6	x
	Section 501(c)(3) organizatio	ns only							
	All section 501(c)(3) organizations mus		9b and 52, and	d complet	e the tables for line	s 50 and	151		
	Check if the organization used Schedi						_		
								Yes	No
7 Did the or	ganization engage in lobbying activities or	have a section 501(h) electi	on ın effect durir	ig the tax ye	ear? If "Yes," complete	Sch. C, I	Part II 4	7_	X
	anization a school as described in section							8	X
9a Did the or	ganization make any transfers to an exemp	t non-charitable related org	anızation?				4	9a	X
b If "Yes," w	as the related organization a section 527 o	rganization?					4	9b	<u> </u>
0 Complete	this table for the organization's five highes	t compensated employees (other than office	rs, director	s, trustees and key er	nployees	who each	received	more
than \$100	0,000 of compensation from the organization	on. If there is none, enter "No	one."						
	(a) Name and title of each employ	ee	(b) Average		(C) Reportable	(d) Health		(e) Estin	
	paid more than \$100,000		per week dev		compensation (Forms W-2/1099-MISC)	employe	e benefit	amount o	
	N	ONE	positio	11		compe		compens	alion
							T		
				_					
							l		
				-					
						ľ			
f Total nun	nber of other employees paid over \$100,00	0		·					-
1 Complete	this table for the organization's five highes	t compensated independent	contractors who	o each rece	ived more than \$100,	000 of co	mpensatio	on from th	е
organizat	ion. If there is none, enter "None."	ONE							
(a) Name and	d address of each independent contractor p	aid more than \$100,000		(b) Type o	of service		(c) Co	mpensatio	n
						- 1			
					<u> </u>				
d Total num	nber of other independent contractors each	receiving over \$100,000			>				
2 Did the or	ganization complete Schedule A? Note: All	section 501(c)(3) organizat	ions and 4947(a)(1) nonexe	empt				
charitable	trusts must attach a completed Schedule	Α ,					$\triangleright \mathbf{x}$	Yes 🗌	□ No
nder penalties of eclaration of prej	perjury, I deplate that I have examined this return, parer (other than officer) is based on all information	including accompanying schedu of which preparer has any know	les and statements ledge	, and to the b	est of my knowledge and	belief, it is	true, correc	t, and comp	lete
	. What The	while				1/	20/1	7	
Sign Iere	Sygnature of officer					Date		· -	
	MICHAEL GALT	IKE, TREAS	UKER						
	Type or print name and title	· ·							
	Print/Type preparer's name	Preparer's signature		Date	Check	ıf P	TIN		
Paid					self- emplo	yed			
reparer	SELF-AREAARED			}					
lse Only	Firm's name		-		Firm's EIN				
-	Firm's address				Phone no.				_
					i none no.				
av the IRS dis	cuss this return with the preparer shown a	hove? See instructions						Yes	No
-, monto dis	and the return with the proparer shown a	2010 Oco monuciono			·····		Eor	m 990-EZ	
							1 01	23V-FY	(4012)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

GOLETA NOONTIME ROTARY CLUB CHARITABLE

Employer identification number

			FUND						1.	7	7-	<u>0247</u>	643	i
Pa	rt I	Reason	for Public Char	rity Status (All organiz	ations mu	st comple	te this par	t.) See ins	tructions.					
The o	organi	zation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)		_				
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 hosp	ital service organization	described	in section	170(b)(1)	(A)(iii).						
4		A medical res	search organization	operated in conjunction	with a hos	spital desc	ribed ın se	ection 170	(b)(1)(A)(i	ii). Enter	the h	hospita	l's nan	10,
		city, and stat	te:											
5		An organizat	on operated for the	benefit of a college or ui	niversity o	wned or o	perated by	a governi	mental un	t describ	ed ir	n		
		section 170	(b)(1)(A)(iv). (Compl	ete Part II.)										
6		A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	on 170(b)(1)(A)(v).						
7		An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general	publ	lic desc	ribed	ın
		section 170((b)(1)(A)(vi). (Comple	ete Part II.)										
8		A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)								
9	X	An organizati	ion that normally red	eives: (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembershi	p fees, a	ınd g	ross re	ceipts	from
		activities rela	ated to its exempt fu	nctions - subject to certa	aın excepti	ons, and (2) no more	than 33	1/3% of its	support	t fron	n gross	inves	tment
		income and u	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	ısinesses a	acquired b	y the orga	ınızatıon	after	r June 3	30, 197	75.
		See section	509(a)(2). (Complete	e Part III.)										
10		An organizati	ion organized and o	perated exclusively to te	st for publ	ıc safety.	See sect io	on 509(a)(4	4).					
11		An organizati	ion organized and o	perated exclusively for th	ne benefit	of, to perfe	orm the fu	nctions of,	or to carr	y out the	pur	poses o	of one	or
		more publicly	y supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2) See se e	ction 509(a)(3). Ch	ieck f	the box	that	
		describes the	e type of supporting	organization and comple	ete lines 1	1e through	n 11h.							
		a Type	ı ь∟ т	ype II c L T <u>y</u>	ype III - Fu	nctionally	integrated	١	з 🔲 Тур	e III - No	n-fur	nctional	ly inte	grated
е	Ш	By checking	this box, I certify that	at the organization is not	controlled	durectly o	r indirectly	by one o	r more dis	qualified	pers	sons oth	ner tha	เท
		foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	sect	tion 509	}(a)(2).	
f		If the organiz	ration received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					_
		supporting o	rganızatıon, check tl	nis box										
g		_		organization accepted ar			-		• •					
				lirectly controls, either al	one or tog	ether with	persons o	described	ın (ıı) and (iii) below	′ , г		Yes	No
		_		upported organization?				•				11g(i)	-	 -
				n described in (i) above?				•		-		11g(ii)	· 	<u> </u>
		• •		person described in (i) o	• •	••					Ĺ	11g(iii)	<u> </u>	L
h		Provide the fo	ollowing information	about the supported org	ganization	(s).								
	-		1	T	<u> </u>		T		6.23.1-	46				
(i)		of supported	(ii) EIN	1 ()	(iv) is the c				organization	(vi) Is the nization in col. (vii) Amount			netary	
	orga	nızatıon			in col. (i) listed in your organization in col. governing document? (i) of your support?		(i) organiz	i) organized in the U.S.?		sup	port			
				(see instructions))	Yes	No	Yes	No		r	ł			
					163	140	165	140	Yes	No	\vdash			
										1				
							 			-	 			
					l									
	_										\vdash			
			_								_			
_						İ				 				
<u>otal</u>														

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

Schedule A (Form 990 or 990-EZ) 2012

	Complete ask of your shooks	_					
	(Complete only if you checke fails to qualify under the tests			_	on failed to quality	under Fart III. II til	e organization
50	ction A. Public Support	- ilsted below, pied	ase complete Fait				
		(a) 2008	(b) 2009	(-) 2010	(d) 2011	(e) 2012	(f) Total
	endar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2006	(6) 2009	(c) 2010	(d) 2011	(e) 2012_	(i) rotar
•	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							
Ū	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		-		·		
5	The portion of total contributions						
	by each person (other than a				1		
	governmental unit or publicly						
	supported organization) included				i		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4			<u> </u>		<u> </u>	
Se	ction B. Total Support				1.		
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,	İ					
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources	-					
9	Net income from unrelated business				:		
	activities, whether or not the						
40	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)		l				
11	Total support. Add lines 7 through 10		· · · · · · ·		<u> </u>		
	Gross receipts from related activities,	etc (see instructi	ione)	<u> </u>	l	12	
	First five years. If the Form 990 is for	•	,		 ax vear as a secti	<u> </u>	
	organization, check this box and stor	•	5 mot, 5555ma, tim		ax your as a soon	011 00 1(0)(0)	▶□
Sec	ction C. Computation of Publ		rcentage	•		 .	
14	Public support percentage for 2012 (I	ine 6, column (f) d	livided by line 11, o	column (f))		14	9
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	9
16a	33 1/3% support test - 2012. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			. ▶□
b	33 1/3% support test - 2011. If the c	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/39	% or more, check th	nis box
	and stop here. The organization qual	•					▶□
17a	10% -facts-and-circumstances test						·
	and if the organization meets the "fac					art IV how the orgar	nization
	meets the "facts-and-circumstances"	-					. ▶∟
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the "facts-and-circ				-	• • •	
<u> 18</u>	Private foundation. If the organizatio	n did not check a	<u>00x on line 13, 16</u>	<u>a, 1</u> 6b, 17a, or 17t	o, check this box	and see instruction	s ▶∟

232022 12-04-12 Schedule A (Form 990 or 990-EZ) 2012

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.)

_	quality under the tests listed be	now, piease comp	nete Fart II.j				
<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶ [(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not					00 155	101 061
	include any "unusual grants.")	18,047.	18,627.	19,864.	24,371.	20,155.	101,064.
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	80,152.	76,026.	83,934.	77,734.	90,370.	408,216.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
А	Tax revenues levied for the organ-				-		
*	ization'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				į		
6	Total. Add lines 1 through 5	98,199.	94,653.	103 798.	102,105.	110,525.	509,280.
	Amounts included on lines 1, 2, and		74,033.	103,130.	102,103.	110,525.	303,200.
	3 received from disqualified persons						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.
c	: Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						509,280.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	98,199.	94,653.	103,798.	102,105.	110,525.	509,280.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,073.	487.	295.	147.	82.	2,084.
b	Unrelated business taxable income					<u> </u>	
_	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	1,073.	487.	295.	147.	82.	2,084.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	99,272.	95,140.	104,093.	102,252.	110,607.	511,364.
14	First five years. If the Form 990 is for	the organization's	first, second, third	i, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						
Sec	tion C. Computation of Public	c Support Per	centage				
15	Public support percentage for 2012 (lir	ne 8, column (f) di	vided by line 13, c	olumn (f))		15	99.59 %
16	Public support percentage from 2011	Schedule A, Part I	II, line 15			16	99.49 %
	tion D. Computation of Inves						
	Investment income percentage for 201			e 13, column (f))		17	.41 %
	Investment income percentage from 2					18	.51 %
	33 1/3% support tests - 2012. If the c				15 is more than 3		
	more than 33 1/3%, check this box and	d stop here. The	organization qualif	ies as a publicly s	upported organiza	ation	. ▶ X
	33 1/3% support tests - 2011. If the c	-			•	•	ina 🛌
	line 18 is not more than 33 1/3%, chec Private foundation. If the organization					•	

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

GOLETA NOONTIME ROTARY CLUB CHARITABLE

Employer identification number

FUND					77-02 <u>4</u> 7	643
	Complete if the organization answert	ered "Y	es" to	Form 990, Part IV, I		
 Indicate whether the organization rais a X Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations a Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e X Solicita f X Solicita g X Special or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) purs	ition of ition of I fundra I (includ profess	non-g gover ising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						·
						<u> </u>
otal 3 List all states in which the organization	n is registered or licensed to solicit	 contrib	▶ ⊔tions	or has been notified	I it is exempt from re	gistration
or licensing.						
						
				···		
						
						

232081 01-07-13 Schedule G (Form 990 or 990-EZ) 2012

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

GOLETA NOONTIME ROTARY CLUB CHARITABLE

		of fundraising event contributions and gi	ross income on Form 990			pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Fireworks	Goleta Teen	None	(add col. (a) through
			Festival-Com	Booths-Lemon		col (c))
Ð			(event type)	(event type)	(total number)	(0)/
Revenue						
ě	1	Gross receipts	87,075.	3,295.		90,370.
ш						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	87,075.	3,295.		90,370.
						1 500
	4	Cash prizes	1,500.			1,500.
"	5	Noncash prizes				-
Se						
per	6	Rent/facility costs			-	
Oirect Expenses						
9	7	Food and beverages				
Ξ			11 046			11 046
	8	Entertainment	11,246.	1 260	· -	11,246.
	9	Other direct expenses	38,512.	1,260.		39,772.
	10	. ,	, ,			(52,518)
Da	rt l	Net income summary. Combine line 3, columnary. Complete if the organization		900 Part IV line 10 or r	enorted more than	37,852.
		\$15,000 on Form 990-EZ, line 6a.	answered res to roini	1 990, Part IV, IIII 9 19, 01 10	sported more trian	
		\$15,000 011 F01111 990-E2, 11110 0a.	T	(b) Pull tabs/instant		(d) Total gaming (add
Ģ			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue				3		(-)
æ	4	Gross revenue				
		GIOSS TEVERIUE				
	2	Cash prizes				
Ses	-					
Direct Expenses	3	Noncash prizes				
Ж						-
ect	4	Rent/facility costs				
亩	•	· · · · · · · · · · · · · · · · · · ·				-
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	_			,		-
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)		•	1(
			.,			
	8	Net gaming income summary Combine line	1, column d, and line 7		•	
			•			-
9	Ent	er the state(s) in which the organization opera	ites gaming activities:			
		he organization licensed to operate gaming ac	_	states?		Yes No
		No," explain:				•
10a	We	re any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax y	ear?	Yes No
		re any of the organization's gaming licenses re			ear? 	Yes No
					ear?	Yes No
					ear?	Yes No

GOLETA NOONTIME ROTARY CLUB CHARITABLE 77-0247643 Schedule G (Form 990 or 990-EZ) 2012 FUND 11 Does the organization operate gaming activities with nonmembers? 12 Is 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 > Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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: Address > Gaming manager information: Gaming manager compensation ▶ \$ ___ Description of services provided Director/officer 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, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). 232083 01-07-13 Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

Open to Public Inspection

OMB No 1545-0047

GOLETA NOONTIME ROTARY CLUB CHARITABLE **Employer identification number** Name of the organization 77-0247643 **FUND** Form 990-EZ, Part I, Line 4, Other Investment Income: Amount: Description of Property: 82. Interest Income Form 990-EZ, Part I, Line 10, Grants and Allocations: Activity Classification: International Grantee Name: Rotary Foundation Grantee Address: One Rotary Center Evanston, IL 60201 Property Description: Cash Date of Gift: 04/24/13 5,840. Amount Given: Activity Classification: Youth Grantee Name: Rotary Youth Leadership Grantee Address: 3394 Bryan Ave Simi Valley, CA 93063 Property Description: Cash Date of Gift: 10/31/12 710. Amount Given: Activity Classification: Youth Grantee Name: Isla Vista School PTA Grantee Address: 6875 El Colegio Rd Goleta, CA 93117 Property Description: Cash Date of Gift: 04/16/13 Amount Given: 500.

232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

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

SCHEDULE 0

(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.

2012
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

Activity Classification: Community
Grantee Name: Unity Shoppe
Grantee Address: 110 W. Sola Santa Barbara, CA 93101
Property Description: Cash
Date of Gift: 12/04/12
Amount Given: 1,300
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: 02/05/13
Amount Given: 2,003
Activity Classification: Youth
Grantee Name: Los Prietos Boys Camp
Grantee Address: 3900 Paradise Rd Santa Barbara, CA 93105
Property Description: Cash
Date of Gift: 04/09/13
Amount Given: 4,000
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) (2012 01-04-13

SCHEDULE O (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.

2012
Open to Public Inspection

Name of the organization

GOLETA NOONTIME ROTARY CLUB CHARITABLE

Employer identification number 77-0247643

FUND	77-0247643
Date of Gift: 03/16/13	
Amount Given:	350.
Activity Classification: Community	
Grantee Name: Foodbank of Santa Barbara Co	
Grantee Address: 4554 Hollister Santa Barbara, CA 931	10
Property Description: Cash	
Date of Gift: 03/16/13	
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: 12/07/12	<u></u>
Amount Given:	750.
Activity Classification: Goleta Teen Scholarships	
Property Description: Cash	
Date of Gift: 12/07/12	
Amount Given:	10,100.
Activity Classification: Community	
Grantee Name: Goleta Valley Historical Society	
Grantee Address: 304 N. Los Carneros Rd Goleta, CA 93	117
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) (2012)
232211	• • • • • • • • • • • • • • • • • • • •

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

Open to Public Inspection

GOLETA NOONTIME ROTARY CLUB CHARITABLE **Employer identification number** Name of the organization 77-0247643 FUND Date of Gift: 05/14/13 1,500. Amount Given: Activity Classification: Youth Grantee Name: Academy at Dos Pueblos Grantee Address: 7266 Alameda Goleta, CA 93117 Property Description: Cash Date of Gift: 06/11/13 500. Amount Given: Activity Classification: Community Grantee Name: Rotary Club of Goleta Grantee Address: P. O. Box 51 Goleta, CA 93116 Property Description: Cash Date of Gift: 10/31/12 Amount Given: 12,028. Activity Classification: Community Grantee Name: Freedom 4 Youth Grantee Address: Santa Barbara, CA 93105 Property Description: Cash Date of Gift: 06/11/13 Amount Given: 500. Activity Classification: International Grantee Name: Women2Women International LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

232211 01-04-13

SCHEDULE 0

(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.

OMB_No_1545-0047 Open to Public

Inspection

Internal Revenue Service Name of the organization

GOLETA NOONTIME ROTARY CLUB CHARITABLE

Employer identification number

FUND	77-0247643
Grantee Address: Santa Barbara, CA 93108	
Property Description: Cash	
Date of Gift: 06/18/13	
Amount Given:	500.
Activity Classification: International	
Grantee Name: Rotary Club of Ojai	
Grantee Address: Ojai, CA 93023	
Property Description: Cash	
Date of Gift: 12/18/12	
Amount Given:	250.
Activity Classification: Community	
Grantee Name: Girsh Park Foundation	
Grantee Address: 7050 Phelps Rd Goleta, CA 93117	
Property Description: Cash	-
Date of Gift: 07/04/12	
Amount Given:	5,300.
Activity Classification: Community	
Grantee Name: Various Community Groups	
Property Description: Cash	
Date of Gift: 07/31/12	
Amount Given:	2,438.
Total included on Form 990-EZ, line 10	49,069.

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.

2012
Open to Public Inspection

Name of the organization

GOLETA NOONTIME ROTARY CLUB CHARITABLE FUND

Employer identification number 77-0247643

Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
Award Night Costs - Goleta Teen	1,944.
Operating Expenses - Goleta Teen	420.
Other Operating Expenses - Charitable Fund	25.
Total to Form 990-EZ, line 16	2,389.
Form 990-EZ, Part III, Primary Exempt Purpose - To support com	munity
nonprofit activities, Rotary International Foundation scholars	hips and
programs and local Rotary programs through net donations.	
Form 990-EZ, Part V, Information Regarding Personal Benefit Co	ntracts:
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 2013)

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

							
-	re filing for an Automatic 3-Month Extension, comple	-				X	
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).	•		
Do not co	mplete Part II unless you have already been granted	an automa	itic 3-month extension on a previous	sly filed Fo	orm 8868		
Electronic	c filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tir	ne to file (6 months for a corp	oration	
required to	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to request an e	extension	
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers.	Associated With Ce	ertain	
	Benefit Contracts, which must be sent to the IRS in pap						
	irs.gov/efile and click on e-file for Charities & Nonprofits		,		J	•	
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).			
A corpora	tion required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete			
Part I only						· 📖	
	orporations (including 1120-C filers), partnerships, REM me tax retums	IICs, and t	rusts must use Form 7004 to reques	st an exter	nsion of time		
Type or Name of exempt organization or other filer, see instructions					r identification num	ber (EIN) or	
print	GOLETA NOONTIME ROTARY CLUB CHARITABLE FUND			}	77-0247643		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions			Social se	Social security number (SSN)		
eturn See	See F. U. BOX 104						
nstructions	GOLETA, CA 93116-0164	oreign add	ress, see instructions.		······································		
Enter the I	Return code for the return that this application is for (file	e a separa	te application for each return)			01	
Application	on	Return	Application			Return	
s For	•••	Code	Is For			Code	
	or Form 990-F7	01	Form 990-T (corporation)	-		07	
Form 990 or Form 990-EZ			' ''			+	
Form 990-BL			Form 1041-A			08	
Form 4720 (individual)			Form 4720			09	
Form 990-PF			Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11	
orm 990-	T (trust other than above)	06	Form 8870		·	12	
	Michael J. Gart						
	oks are in the care of \triangleright 5669 Calle Rea.	<u>l</u> #A -					
Telepho	one No. ► 805-964-7806		FAX No. >				
	rganization does not have an office or place of busines:					· 🗀	
If this is	for a Group Return, enter the organization's four digit	Group Exe	mption Number (GEN) I	f this is fo	r the whole group,	check this	
oox 🕨 🗌			ch a list with the names and EINs or				
1 I req	uest an automatic 3-month (6 months for a corporation				•		
	February 15, 2014, to file the exemp	t organizat	tion return for the organization name	ed above	The extension		
·	r the organization's return for	J					
▶ [alendar year or						
	► X tax year beginning JUL 1, 2012 , and ending JUN 30, 2013 .						
	Li tax your beginning	, and	deliding <u>501 50, 2015</u>		— ·		
O If the							
2 If the	f the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final				'n		
	Change in accounting period						
							
	s application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, ei	nter the tentative tax, less any				
nonr	efundable credits. See instructions.			3a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
<u>estin</u>	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.	
c Bala	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						
	sing EFTPS (Electronic Federal Tax Payment System).	-	• •	3c	s	0.	
	you are going to make an electronic fund withdrawal w				EO for payment ins		
	r Privacy Act and Paperwork Reduction Act Notice,			3073	Form 8868 (R		
		Joe mod t			i omi occo (n	J. 1 2013)	
23841 1-21-13							