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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)

Sponsonng organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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.

Opinio Rublic

A		he 2012 calendar year, or tax year beginning 7/01	, 2012, and ending	6/30		013
B _		of applicable C Ss change	•		D Employer iden	tification number
F	ł	change PAHRUMP VALLEY ROTARY CHARITABLE			81-0554	635
┢	Initial	return FOUNDATION			E Telephone num	ber
F	Termir	P.O. BOX 883			775-727	-8399
F	Ameno	PAHRUMP, NV 89041-0883			F Group Exer	nntion
	Applica	ation pending			Number	▶
G	Acco	ounting Method: ☐ Cash 💢 Accrual Other (specify) ►	·	H Check	k ► X if the or	ganization is not
1	Web:	site: N/A				hedule B (Form
J	Tax-ex	xempt status (check only one) $ \boxed{X}$ 501(c)(3) $\boxed{}$ 501(c) () \blacktriangleleft (insert no.)	4947(a)(1) or 527	990, 9	990-EZ, or 990- 	PF).
K		k 🕨 🔲 if the organization is not a section 509(a)(3) supporting organi				
		nally not more than \$50,000 A Form 990-EZ or Form 990 return is not uctions). But if the organization chooses to file a return, be sure to file		m 990-N (e-postcard) mag	y be required (see
_		lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross rec		r more or	ıf total	
_	asse	ts (Part II, line 25, column (B) below) are \$500,000 or more, file Form	990 instead of Form	990-EZ	. ►\$	<u>55,290.</u>
Pi	irt 🏻	Revenue, Expenses, and Changes in Net Assets or Fu	-	e the ins	tructions for	
		Check if the organization used Schedule O to respond to any question	on in this Part I		 	X
	1	Contributions, gifts, grants, and similar amounts received .			1	4,664.
	2	Program service revenue including government fees and contracts.	•	• • • • •	2	
	3	Membership dues and assessments	• •	•	. 3	15,007.
	4	Investment income	1 - 1		4	<u> 19.</u>
	1	Gross amount from sale of assets other than inventory	5a			
	1	Less cost or other basis and sales expenses .	5 b			
	1	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	1	Gaming and fundraising events	no. 1 a 1		1.7	
R E V	1	Gross income from gaming (attach Schedule G if greater than \$15,00	· <u> </u>			
E	b		2,599. of contrib	utions		
N U E		from fundraising events reported on line 1) (attach Schedule G if the of such gross income and contributions exceeds \$15,000)	sum 6b	35,6	500 3	
•	C	: Less. direct expenses from gaming and fundraising events	6 c	29,6	33000 9500	
	۱ ،	Net income or (loss) from gaming and flootraising events (add lines i	Sa and			
	"	Net income or (loss) from gaming and indiais note ents (add lines to be and subtract line 6c)			6d	5,951.
	7 a	Gross sales of inventory, less returns and allowances	7a			
	b	Less. cost of goods sold S JUL 2 1 2014	7 b			
	C	: Gross profit or (loss) from sales of inventory (Subtract line 75 from li	ne 7a)		7 c	
	8	Other revenue (describe in Schedule 9)			. 8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	. ► 9	25,641.
	10	Grants and similar amounts paid (list in Schedule O)	SEE SCHED	ULE O	10	13,485.
	11	Benefits paid to or for members			. 11	
E	12	Salaries, other compensation, and employee benefits			12	
EXPENSES	13	Professional fees and other payments to independent contractors	• •		13	
Ň	14	Occupancy, rent, utilities, and maintenance	• • •		14	
Ě	15	Printing, publications, postage, and shipping			15	
•	16	Other expenses (describe in Schedule O) .	SEE SCHED	OTE O	16	19,196.
§	17	Total expenses. Add lines 10 through 16			> 17	32,681.
)	18	Excess or (deficit) for the year (Subtract line 17 from line 9) .	•		18	-7,040.
A S S E E T T	19	Net assets or fund balances at beginning of year (from line 27, colum figure reported on prior year's return)	nn (A)) (must agree v	with end-o	of-year 19	24,557.
' T S	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	າ 20		> 21	17,517.
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.				Form 990-EZ (2012)

Par	Balance Sheets. (see the Inst Check if the organization used Schei	ructions for Part II.)	estion in this Part II				X
					nning of yea	r	(B) End of year
22	Cash, savings, and investments .			(7 - + 3	19,241.	22	10,061.
23	Land and buildings		,,			23	10,0011
24	Other assets (describe in Schedule O)	SEE SCHEDULE	Ε Ο		5,815.	24	7,456.
25	Total assets				25,056.	25	17,517.
	Total liabilities (describe in Schedule O)	SEE SCHEDULE	E O		<u> 499.</u>	26	
	•					-	0.
	Net assets or fund balances (line 27 of o				24,557.	27	<u>17,517.</u> Expenses
ıçaı	Statement of Program Service Acc Check if the organization used Sch			ш	X	Real	ired for section 501
What	is the organization's primary exempt purpose? SEE		tuestion in this rait			(c)(3)	and 501(c)(4)
Milat	is the organization's primary exempt purpose: SEE	SCHEDULE U	te thron largest pro-	aram conu	COS 25	organ	izations and section
mea	ribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for ea	manner, describe the service	ces provided, the nu	imber of p	ersons	194/(a)(1) trusts, optional hers.)
	fited, and other relevant information for ea	ach program title	· · · · · · · · · · · · · · · · · · ·	<u> </u>		01 01	
28	SEE SCHEDULE O					- 1	
	(Grants \$) If the	s amount includes foreign gi	rants, check here			28 a	7,881.
29	HELP LOCAL SCHOOLS WITH ST	UPPLIES AND READIN	G MATERIALS.	SUPPO	RT		
	LOCAL INTERACT HIGH SCHOOL						
		<u> </u>			1		
	(Grants \$) If this	s amount includes foreign gi	rants check here		╌╌╌┌┪	29 a	2,264.
30	HIGH SCHOOL STUDENT SCHOL			COMM			2,204.
30							
	INVOLVEMENT AND EDUCATION						
	<u>LEADERSHIP SEMINAR FOR JUI</u> (Grants S) If the			DENTS.	- 	20 -	0 000
	,	s amount includes foreign g	rants, check here			30 a	2,000.
31	Other program services (describe in Sche	•					
		s amount includes foreign g	rants, check here .			31 a	
	Total program service expenses (add lin				··· · •]	32	12,145.
Rai	List of Officers, Directors, T	rustees, and Key Emp	loyees. List each on	e even if not	compensated. (see the	instructions for Part IV.)
	Check if the organization used Sch	nedule O to respond to any o	uestion in this Part	IV	• • •		<u> </u>
	(a) Name and Title	(b) Average hours per	(c) Reportable compensa	contrit	Health benefits outions to emplo	vee l	(e) Estimated amount of
	(a) Name and Title	week devoted to position	(Forms W-2/1099-MIS) (If not paid, enter -0-)	benefit	plans, and defe compensation	rred	other compensation
DAI	DADA MUONDCON				Compensation		
	RBARA THOMPSON						^
	ASURER	4		0.		0.	0.
	IE HARGIS	_				_	•
	SIDENT	4		0.		0.	0.
	ILIA THOMAS						
	E PRESIDENT	4		0.		0.	0.
DEE	BBIE DAVIS					1	
SEC	CRETARY	4		0.		0.	0.
				1			
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						1	
BAA		TEEA0812L 0	3/14/13			l	Form 990-EZ (2012)

81-0554635

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Form 990-EZ (2012) PAHRUMP VALLEY ROTARY CHARITABLE

orm	990-EZ (2012) PAHRUMP VALLEY ROTARY CHARITABLE 81-055463	5	Р	age 3
	Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHED the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	ULE	0	X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'		Yes	No
24	provide a detailed description of each activity in Schedule Q	33		<u> </u>
-	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
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)?	35 a		<u>X</u>
	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 b		<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		<u>x</u>
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions . 37a 0.			
b	Did the organization file Form 1120-POL for this year?	37 b		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?	38 a		X
b	off 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter:			4.46
а	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	- ·		2 . ***
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	'		i de
L	section 4911 > 0.; section 4912 > 0.; section 4955 > 0.	# P	, 7	
4	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	40 ь		х
	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			
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		3 4	
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	40 e		X
	List the states with which a copy of this return is filed NONE		L	
	The organization's books are in care of BARBARA THOMPSON, TREASURER Located at P.O. BOX 883 PAHRUMP NV At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country*	27-8 42b	399_ Yes	No X
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S ? If 'Yes,' enter the name of the foreign country.*	42 c	2	X
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 N/A No
	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	ļ ķ	X
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		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?	44 c		Х
a	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d	B	
	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?.	45 a		X
b	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)	45 b		Х

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46 D	id the organization engage, directly or indir andidates for public office? If 'Yes,' comple	ectly, in political campai te Schedule C, Part l	ign activities on behalf o		46	i es		
Pare	Section 501(c)(3) organization All section 501(c)(3) organization for lines 50 and 51.		uestions 47-49b an	d 52, and complete	the table	s	-	
	Check if the organization used Sched	ule O to respond to any	question in this Part VI				. 🔲	
	J. M			2 1/17/ 1	_	Yes	No	
47 D	id the organization engage in lobbying activitie omplete Schedule C, Part II	s or nave a section 501(n)	election in effect during	the tax year? If Yes,	47		х	
	the organization a school as described in	section 170(b)(1)(A)(ii)?	If 'Yes,' complete Sche	dule E	48		X	
	id the organization make any transfers to a				49 a	_	X	
50 C	'Yes,' was the related organization a section of the section of th	ghest compensated emplo	yees (other than officers,	directors, trustees and ki	49 b			
e	inproyees) who each received more than \$100,	Uou of compensation from	the organization, if there	1				
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com			
NONE			_					
		-						
								
	otal number of other employees paid over \$	1100,000	<u>l </u>					
	omplete this table for the organization's five his		andent contractors who es	- ach received more than \$	100 000 of			
C	empensation from the organization. If there	is none, enter 'None '	chache contractors who co	acit received more than \$	100,000 01			
	(a) Name and address of each independent contractor particle.	d more than \$100,000	(b) Type	of service	(c) Comp	ensatio	in	
NONE								
		·						
d Te	otal number of other independent contracto	rs each receiving over \$	5100,000	•				
	d the organization complete Schedule A? I naritable trusts must attach a completed Sc		3) organizations and 49	47(a)(1) nonexempt	► X Yes	[No	
Under per true, corre	nalties of perjury, I declare that I have examined this retured, and complete Declaration of preparer (other than office	n, including accompanying sche cer) is based on all information o	dules and statements, and to the of which preparer has any knowle	e best of my knowledge and be ledge	lief, it is			
	1 Bonlyne Jahren			7-16-19	4			
Sign	Signature of officer			Date				
Here	BARBARA THOMPSON Type or print name and title			TREASURER				
	Print/Type preparer's name	Preparer's signature	A Date	Check X if	TIÑ			
Paid	IRINA PETROVA	IRINA PETROVA	XDC(D~~ 1/13/	1 G SHOOM — "	0054696	2		
Prepare								
Use On								
	LAS VEGAS, NV 8			Phone no (70				
May the	e IRS discuss this return with the preparer s	shown above? See instri	uctions .		► X Yes		No	
					Form 99	n_ピフィ	(つの1つ)	

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

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

2012

OMB No 1545-0047



Name	of the	organization PAHRUN	MP VALLEY ROTA	ARY CHARITABLE					Employer	identificat	ion number		
		FOUND	ATION						81-05	5 <u>54635</u>	5		
Par		Reason for Publ	ic Charity Status	(All organizations	must (comple	te this	part.)	See ii	nstructi	ions.		
The c	rga	nization is not a priva	te foundation becaus	e it is (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1		A church, convention	of churches or assoc	ciation of churches des	cribed ii	n sectio i	1 170(b)	(1)(A)(i).	i				
2		A school described in	n section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ.)								
3		A hospital or a coope	erative hospital servic	e organization describe	ed in se	ction 17	0(b)(1)(A	\)(iii).					
4	П	A medical research of	organization operated	in conjunction with a h	nospital	describe	d in sec	tion 170	0(b)(1)(A	I)(iii) . Er	nter the hos	pital's	i
		name, city, and state) :										
5		An organization opera	ted for the benefit of a mplete Part II.)	college or university own	ed or op	erated by	a gover	rnmental	unit des	cribed in	section		
6				overnmental unit descri									
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	Ц	=		70(b)(1)(A)(vi). (Comple		•							
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	Ш			exclusively to test for pu		-			• •				
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 - Function	nally int	egrated	•	╛╚	Type III	– Non-fi	unctionally	ıntegr	ated
е		By checking this box other than foundation section 509(a)(2).	, I certify that the org managers and other that	anization is not control an one or more publicly s	led dired supported	ctly or in d organiz	directly ations de	by one escribed	or more in section	dısqualı on 509(a)	ified persor (1) or	าร	
f		If the organization rece check this box	eived a written determii	nation from the IRS that	ıs a Type	e I, Type	II or Typ	e III sup	porting o	rganızatı	on,		
g		Since August 17, 200	06, has the organizati	on accepted any gift o	r contri	oution fr	om any	of the fo	llowing	persons	?		
												Yes	No
		(i) A person who obelow, the gove	directly or indirectly co erning body of the su	ontrols, either alone or opported organization?	togethe	r with pe	ersons d	lescribe	d ın (ıı) :	and (III)	11 g (i)		
		(ii) A family memb	er of a person descri	bed in (i) above?		٠		•			11 g (ii)		
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h		Provide the following	information about th	e supported organization	on(s).								
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (Is the zation in (i) listed in overning iment?	(v) Did yo the organi column (supp	ization in i) of your	organiz	s the ation in in (i) ed in the S.?	(vii) Amoun sup	t of mon port	etary
		· · · · · · · · · · · · · · · · · · ·			Yes	No	Yes	No	Yes	No			
(A)													
(B)					<u> </u>							_	
(C)													
(D)													
<u>(E)</u>													_
Total						. ده مهنده							

Rartill 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.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization'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						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc (see ins	tructions)		and the same and the same and the same	12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth ta	ax year as a section	n 501(c)(3)	. ▶∏
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20	• '	• • • • • • • • • • • • • • • • • • • •	, ,,,,		14	%
15	Public support percentage from	2011 Schedule A,	Part II, line 14	• • • • • • • • • • • • • • • • • • • •		. 15	<u> </u>
16 a	33-1/3% support test — 2012. If and stop here. The organization	the organization of qualifies as a pub	did not check the blicly supported or	box on line 13, ar rganization	nd the line 14 is 3	33-1/3% or more, o	heck this box
b	33-1/3% support test — 2011. If the and stop here. The organization	the organization d qualifies as a pul	id not check a bo blicly supported o	x on line 13 or 16a rganization	a, and line 15 is 3	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this l	box and stop he r	e. Explain in Part	IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' (and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and stop her publicly support	e. Explain in Part ed organization	IV how the . ▶ □
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a,	or 17b, check the	is box and see ins	tructions

Randle 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.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include any 'unusual grants.')						
_		38,354.	55,846.	31,474.	19,149.	19,671.	164,494.
2	Gross receipts from admis-						
	sions, merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose	1 40 607	40 505	26 747	27 626	35 600	100 255
3	Gross receipts from activities	48,687.	49,585.	26,747.	37,636.	35,600.	198,255.
	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.
	Total. Add lines 1 through 5	87,041.	105,431.	58,221.	56,785.	55,271.	362,749.
7 :	Amounts included on lines 1,	-					
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
	Amounts included on lines 2			<u> </u>	<u> </u>		<u></u>
	and 3 received from other than		1				
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13		1				
	for the year	0.	0.	0.	0.	0.	0.
•	Add lines 7a and 7b .	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line 7c from line 6.)	Looks and the					262 740
500	tion B. Total Support	I CHARLE TO NOTICE					362,749.
25	don B. Total Support						
	den on an Ann Genel on beninning in N. S.	(~) 2000	/L\ 2000	(-) 2010	(4) 2011	(a) 2012	A Takal
Caler	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Caler 9	Amounts from line 6 .	(a) 2008 87, 041.	(b) 2009 105, 431.	(c) 2010 58, 221.	(d) 2011 56, 785.	(e) 2012 55, 271.	(f) Total 362,749.
Caler 9	Amounts from line 6						
Caler 9	Amounts from line 6						
Caler 9	Amounts from line 6	87,041.					362,749.
Caler 9 10 a	Amounts from line 6						
Caler 9 10 a	Amounts from line 6 . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511	87,041.					362,749.
Caler 9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	87,041.					362,749.
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	87,041.	105,431.	58,221.	56,785.	55,271.	362,749. 2. 0.
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	87,041.					362,749.
Caler 9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	87,041.	105,431.	58,221.	56,785.	55,271.	362,749. 2. 0.
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	87,041.	105,431.	58,221.	56,785.	55,271.	362,749. 2. 0. 2.
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	87,041.	105,431.	58,221.	56,785.	55,271.	362,749. 2. 0.
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of	87,041.	105,431.	58,221.	56,785.	55,271.	362,749. 2. 0. 2.
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in	87,041.	105,431.	58,221.	56,785.	55,271.	362,749. 2. 0. 2.
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2.	0.	0.	0.	0.	362,749. 2. 0. 2.
Caler 9 10 a l l l l l l l l l l l l l l l l l l	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12)	2.	0.	58,221.	56,785. 0. 56,785.	55,271. 0.	362,749. 2. 0. 2. 0. 362,751.
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11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	87,041. 2. 2. 87,043. Is for the organization here blic Support P	105, 431. 0. 105, 431. tion's first, secon	58, 221. 0. 58, 221. d, third, fourth, o	56, 785. 0. 56, 785. r fifth tax year as	55, 271. 0. 55, 271. a section 501(c)(3	362,749. 2. 0. 2. 0. 362,751.
11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	87,041. 2. 87,043. Is for the organizatop here blic Support P	105, 431. 0. 105, 431. ition's first, secon ercentage in (f) divided by line	58, 221. 0. 58, 221. d, third, fourth, o	56, 785. 0. 56, 785. r fifth tax year as	55, 271. 0. 55, 271. a section 501(c)(3	362,749. 2. 0. 2. 0. 362,751. 100.00 %
11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage from	87,041. 2. 2. 87,043. Is for the organization here blic Support P 012 (line 8, column 2011 Schedule A,	105, 431. 105, 431. tion's first, secon ercentage (f) divided by lin. Part III, line 15	58, 221. 0. 58, 221. d, third, fourth, o e 13, column (f))	56, 785. 0. 56, 785. r fifth tax year as	55, 271. 0. 55, 271. a section 501(c)(3	362,749. 2. 0. 2. 0. 362,751.
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11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from those more percentage from those percenta	87,041. 2. 2. 87,043. Is for the organization here blic Support P 12 (line 8, column 2011 Schedule A, restment Incon or 2012 (line 10c,	105, 431. 0. 105, 431. tion's first, secon ercentage of divided by lin Part III, line 15 ne Percentage column (f) divided	58, 221. 0. 58, 221. d, third, fourth, o	56, 785. 0. 56, 785. r fifth tax year as	55, 271. 0. 55, 271. a section 501(c)(3	362,749. 2. 0. 2. 0. 362,751. 100.00 % 100.00 % 0.00 %
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11 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from those the support percentage from Investment income percentage for 33-1/3% support tests — 2012. If	87,041. 2. 2. 87,043. Is for the organization of the organization of the organization of the organization of this box and stop in the organization of the organiza	105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431. 105, 431.	58, 221. 0. 58, 221. d, third, fourth, o e 13, column (f). d by line 13, column to box on line 14, a lization qualifies a lizatio	56, 785. 7 fifth tax year as	55, 271. 0. 55, 271. a section 501(c)(3 15 16 17 18 e than 33-1/3%, arorted organization 16 is more than 33 ly supported organ	362,749. 2. 0. 2. 0. 362,751. 0. 100.00 % 100.00 % 0.00 % X 3-1/3%, and pization .

Schedule A	(Form 990 or 990-EZ) 2012	PAHRUMP VALLEY	ROTARY	CHARITABLE	81-0554635	Page 4
Pent W	Supplemental Informati Part II, line 17a or 17b; (See instructions).	ion. Complete this and Part III, line 12	part to pr . Also coi	ovide the explar mplete this part	nations required by Part II, line 1 for any additional information.	0;
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Openio Public

Name of the organization PAHRUMP VALLI	EY ROTARY	CHARIT	ABLE			Employer identifica	ation number
FOUNDATION						81-055463	5
Fundraising Activities. Compared Form 990-EZ filers are not re	equired to comp	olete this p	art.				
1 Indicate whether the organization	raised funds th	rough any	of the foll	owing activities. Check	all that a	apply.	
a Mail solicitations			е	Solicitation of non-	governm	ent grants	
b Internet and email solicitation	S		f	Solicitation of gove	ernment o	grants	
c Phone solicitations			g	Special fundraising	events		
d In-person solicitations			•				
2a Did the organization have a written of	r oral agreemen	it with any i	ndıvıdual (including officers, directo	rs trustee	es or kev	
employees listed in Form 990, Pa	rt VII) or entity	in connect	tion with p	rofessional fundraising	services	?	Yes No
b If 'Yes,' list the ten highest paid individed compensated at least \$5,000 by the	viduals or entities ne organization	s (fundraise	ers) pursua	int to agreements under v	which the	fundraiser is to	be
(i) Name and address of individual	(ii) Activity	(iii) Dıd	fundraiser	(iv) Gross receipts	(v) Am	ount paid to	(vi) Amount paid to
or entity (fundraiser)		have custo of contr	dy or control ributions?	from activity	fundra	etained by) iser listed in ilumn (i)	(or retained by) organization
		Yes	No			, , , , , , , , , , , , , , , , , , ,	
1	ĺ						
2							
3							
4				-			
5					-		
6							
7	-						
8							
9							
10							
Total		1	.				
3 List all states in which the organizati or licensing	on is registered	or licensed	to solicit o	ontributions or has been	notified it	is exempt from	registration
							
			- -				
						-	

Schedule G (Fprm 990'or 990-EZ) 2012 PAHRUMP VALLEY ROTARY CHARITABLE 81-0554635 Part III 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. (d) Total events (add column (a) through column (c)) (b) Event #2 (c) Other events (a) Event #1 NONE \$10,000 GIVE A (event type) (total number) (event type) 1 Gross receipts 33,152. 33,152. 2 Less Charitable contributions . 3 Gross income (line 1 minus line 2) 33,152. 33,152. 10,000. 10,000. Noncash prizes Rent/facility costs Food and beverages 12,833. 12,833. EXPENSES 350. Entertainment 350. Other direct expenses 604. 604 23,787. 10 Direct expense summary Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 9,365. 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. (c) Other gaming (b) Pull tabs/Instant (d) Total gaming (a) Bingo REVENUE (add column (a) through column (c)) bingo/progressive 1 Gross revenue 2 Cash prizes 3 Non-cash prizes Rent/facility costs Other direct expenses Yes Yes Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) 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? **b** If 'No,' explain.

b if 'Yes,' explain:

No

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Sche	edule G (Form 990 or 990-EZ) 2012 PAHRUMP VALLEY ROTARY CHARITABLE	81-055	4635	Page 3
	Does the organization operate gaming activities with nonmembers? .		Yes	No
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?		Yes	☐ No
12	Indicate the percentage of gaming activity operated in:	1 1		
	a The organization's facility	13a		a 8
	b An outside facility	13b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	1	-	
	Name •			
	Address •			
15:	a Does the organization have a contact with a third party from whom the organization receives gaming rever	nue?	Yes	□No
	b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and			Li
	of gaming revenue retained by the third party > \$			
	c If 'Yes,' enter name and address of the third party:			
	Name •	-		
	Address •			
16	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 retain the state gaming license?		Yes	No
l	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 > \$	ad by D	art Lina	2h
ra	Supplemental Information. Complete this part to provide the explanations require columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as appethis part to provide any additional information (see instructions).	licable.	Also com	plete
				- -
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	,			

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.

இறை இறித் இத்தத்தி

Name of the organization Employer identification number PAHRUMP VALLEY ROTARY CHARITABLE 81-0554635 **FOUNDATION** FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE TO PROVIDE SERVICE TO OTHERS, TO PROMOTE HIGH ETHICAL STANDARDS, WORLD UNDERSTANDING, GOODWILL AND PEACE THROUGH HEALTH IMPROVEMENT, SUPPORT OF EDUCATION AND THE ALLEVIATION OF POVERTY. FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS HELP LOCAL CHARITIES SUCH AS SALVATION ARMY. SUPPORT DIFFERENT CHARITABLE PROJECTS BY ROTARY INTERNATIONAL. DONATIONS TO POLIO PLUS, ROTOPLAST, SA LITERACY PROJECT, MEXICO SUPERBUILD, STUDY EXCHANGE. FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

2012

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAHRUMP VALLEY ROTARY CHARITABLE **FOUNDATION**

PAGE 2 81-0554635

7,881.

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

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

CHARITABLE FUNDING

UNRELATED

ROTARY INTERNATIONAL DISTRICT 5300

5812 TEMPLE CITY BLVD, #801

TEMPLE CITY, CA 91780

RELATIONSHIP OF DONEE:

CASH AMOUNT GIVEN:

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

ADVERTISING AND PROMOTION BANK CHARGES	\$	1,737. 383.
CONFERENCES, CONVENTIONS, AND MEETINGS		2,390.
DEPRECIATION		414.
DUES AND SUBSCRIPTIONS		4,124. 50.
MEMBERSHIP EXPENSES		9,816.
SUPPLIES	momat +	282.
	TOTAL \$	19,196.

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

			<u>BEGINNING</u>	ENDING
ACCOUNTS RECEIVABLE FURNITURE AND FIXTURES			\$ 2,422. 679.	\$ 4,007. 888.
MACHINERY AND EQUIPMENT MISCELLANEOUS	•		2,636. 78.	2,514. 47.
		TOTAL	\$ 5,815.	\$ 7,456.

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

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ACCOUNTS PAYABLE AND ACCRUED	EXPENSES.	•	. <u>Ş</u>	499.	\$ 0.
		TC	OTAL \$	499.	\$ 0.