

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Sweet Retreat</u> (event type)	(b) Event #2 <u>Boat Show Fund</u> (event type)	(c) Other events <u>None</u> (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	14,684.	12,581.		27,265.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	14,684.	12,581.		27,265.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,000.	4,239.		6,239.
	7 Food and beverages	1,511.			1,511.
	8 Entertainment				
	9 Other direct expenses	6,311.	609.		6,920.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				14,670.
	11 Net income summary. Subtract line 10 from line 3, column (d)				12,595.

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
DIRECT EXPENSES	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: _____

11	Does the organization operate gaming activities with nonmembers?.....	Yes	No
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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

13 Indicate the percentage of gaming activity operated in:

a The organization's facility.	13a	%
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b An outside facility.....	13 b	%
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14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name 

Address ▶

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?..... ☐ Yes ☐ No

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:

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

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 ▶ \$

Part IV	Supplemental Information. 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 provide any additional information (see instructions).
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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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

Rotary Club of La Mesa
California Foundation

Employer identification number

45-4201793

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Charitable contributions to aid in disaster relief, to alleviate chronic
malnutrition, disease or hunger, to advance education, and to support various
community projects and charitable organizations consistent with the Foundation's
mission.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or
indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or
indirectly, on a personal benefit contract?..... No

2013

Schedule O - Supplemental Information

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Client 33050

Rotary Club of La Mesa
California Foundation

45-4201793

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid In Excess of \$5,000

Class of Activity:

Charitable Contribution

Donee's Name:

Boys & Girls Club

Donee's Address:

Rotary District Grant P231

Cash Amount Given:

\$ 8,000.

Form 990-EZ, Part I, Line 16

Other Expenses

Licenses, permits & fees.....	\$	50.
Merchant Discount Fees.....		320.
Postage Expense.....		108.
Sales Taxes.....		450.
Supplies & Materials.....		67.
Total	\$	<u>995.</u>