

TAXABLE YEAR

2013

California Exempt Organization Annual Information Return

TAXPAYER'S COPY

FORM 199

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) 7/01/2013, and ending (mm/dd/yyyy) 6/30/2014.

| | | |
|--|--------------------|--|
| Corporation/Organization Name ROTARY CLUB OF LA MESA CALIFORNIA FOUNDATION | | California corporation number C3454762 |
| Address (suite, room, or PMB no.) P. O. BOX 97 | | FEIN 45-4201793 |
| City LA MESA | State CA | ZIP Code 91944 |

- A** First Return. ☐ Yes ☒ No
- B** Amended Information Return. ☐ Yes ☒ No
- C** IRC Section 4947(a)(1) trust. ☐ Yes ☒ No
- D** Final Information Return? ☐ Dissolved ☐ Surrendered (Withdrawn)

☐ Merged/Reorganized

Enter date (mm/dd/yyyy):

E Check accounting method:1 ☒ Cash 2 ☐ Accrual 3 ☐ Other**F** Federal return filed?1 ☐ 990T 2 ☐ 990 PF 3 ☐ Sch H (990)**G** Is this a group filing for the subordinates/affiliates? ☐ Yes ☒ No
If 'Yes,' attach a roster. See instructions**H** Is this organization in a group exemption? ☐ Yes ☒ No
If 'Yes,' What's the parent's name?**I** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? ☐ Yes ☒ No
If 'Yes,' explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? ☐ Yes ☒ No
If 'Yes,' complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
If 'Yes,' enter gross receipts from nonmember sources. \$

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. ☐

M Is the organization a Limited Liability Company? ☐ Yes ☒ No

N Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

CACA1112L 11/20/13

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

| | | | | |
|---------------------------------|--|--|--|------------------------------------|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8. | 1 | 27,265. |
| | 2 | Gross dues and assessments from members and affiliates | 2 | |
| | 3 | Gross contributions, gifts, grants, and similar amounts received. | 3 | 52,264. |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B. | 4 | 79,529. |
| | 5 | Cost of goods sold | 5 | |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | |
| | 7 | Total costs. Add line 5 and line 6 | 7 | |
| | 8 | Total gross income. Subtract line 7 from line 4. | 8 | 79,529. |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18. | 9 | 41,531. |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. | 10 | 37,998. |
| Filing Fee | 11 | Filing fee \$10 or \$25. See General Instruction F. | 11 | 10. |
| | 12 | Total payments. | 12 | |
| | 13 | Penalties and Interest. See General Instruction J. | 13 | |
| | 14 | Use tax. See General Instruction K. | 14 | |
| | 15 | Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result. | 15 | 10. |
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | |
| | Signature of officer | Title TREASURER | Date | Telephone (619) 857-9274 |
| Paid Preparer's Use Only | Preparer's signature <i>Linda K. Sanborn</i> | Date 11/04/14 | Check if self-employed <input checked="" type="checkbox"/> | PTIN P00826005 |
| | Firm's name (or yours, if self-employed) and address LINDA K. SANBORN, EA, TAX CONSULTANT 16360 MONTEREY STREET, STE. 285 MORGAN HILL, CA 95037-5453 | | | FEIN 94-2865832 |
| | | | | Telephone (408) 778-1600 |
| | May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

| | | | | | |
|-----------------------------|----|---|---|----|---------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions. | • | 1 | |
| | 2 | Interest | • | 2 | |
| | 3 | Dividends | • | 3 | |
| | 4 | Gross rents | • | 4 | |
| | 5 | Gross royalties | • | 5 | |
| | 6 | Gross amount received from sale of assets (See instructions) | • | 6 | |
| | 7 | Other income. Attach schedule. SEE STATEMENT 1 | • | 7 | 27,265. |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | • | 8 | 27,265. |
| | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2 | • | 9 | 25,866. |
| | 10 | Disbursements to or for members. | • | 10 | |
| Expenses and Disbursements | 11 | Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 3 | • | 11 | 0. |
| | 12 | Other salaries and wages. | • | 12 | |
| | 13 | Interest | • | 13 | |
| | 14 | Taxes | • | 14 | |
| | 15 | Rents | • | 15 | |
| | 16 | Depreciation and depletion (See instructions) | • | 16 | |
| | 17 | Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 4 | • | 17 | 15,665. |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9. | • | 18 | 41,531. |

Schedule L Balance Sheets

| | | Beginning of taxable year | | End of taxable year | |
|---------------------------|---|---------------------------|---------|---------------------|---------|
| Assets | | (a) | (b) | (c) | (d) |
| 1 | Cash | | 42,015. | • | 80,013. |
| 2 | Net accounts receivable | | | • | |
| 3 | Net notes receivable | | | • | |
| 4 | Inventories | | | • | |
| 5 | Federal and state government obligations | | | • | |
| 6 | Investments in other bonds | | | • | |
| 7 | Investments in stock | | | • | |
| 8 | Mortgage loans | | | • | |
| 9 | Other investments. Attach schedule | | | • | |
| 10 a | Depreciable assets | | | | |
| b | Less accumulated depreciation | | | | |
| 11 | Land | | | • | |
| 12 | Other assets. Attach schedule | | | • | |
| 13 | Total assets | | 42,015. | | 80,013. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | | • | |
| 15 | Contributions, gifts, or grants payable | | | • | |
| 16 | Bonds and notes payable | | | • | |
| 17 | Mortgages payable | | | • | |
| 18 | Other liabilities. Attach schedule | | | | |
| 19 | Capital stock or principle fund | | | • | |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | • | |
| 21 | Retained earnings or income fund | | 42,015. | • | 80,013. |
| 22 | Total liabilities and net worth | | 42,015. | | 80,013. |

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

| | | | | | | | |
|---|---|---|---------|----|---|---|---------|
| 1 | Net income per books | • | 37,998. | 7 | Income recorded on books this year not included in this return. Attach sch. | • | |
| 2 | Federal income tax | • | | 8 | Deductions in this return not charged against book income this year. | • | |
| 3 | Excess of capital losses over capital gains | • | | | Attach schedule | • | |
| 4 | Income not recorded on books this year. | • | | 9 | Total. Add line 7 and line 8 | • | |
| | Attach schedule | • | | 10 | Net income per return. | • | |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | • | | | Subtract line 9 from line 6 | • | |
| 6 | Total. Add line 1 through line 5 | • | 37,998. | | | • | 37,998. |

Client 33050

Rotary Club of La Mesa
California Foundation

45-4201793

Statement 1
Form 199, Part II, Line 7
Other Income

| | | |
|---------------------------------|----|----------------|
| Income from Special Events..... | \$ | 27,265. |
| Total | \$ | <u>27,265.</u> |

Statement 2
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

| | | |
|---------------------------|-------------------------------------|-----------|
| Class of Activity: | Charitable Contribution | |
| Donee's Name: | Boys & Girls Club | |
| Donee's Street Address: | Rotary District Grant P231 | |
| Amount Given: | | \$ 8,000. |
| | | |
| Class of Activity: | Charitable Contribution | |
| Donee's Name: | Cystic Fibrosis Foundation | |
| Donee's Street Address: | 10455 Sorrato Valley Road, #103 | |
| Donee's City, State, ZIP: | San Diego, CA 92121 | |
| Amount Given: | | 1,000. |
| | | |
| Class of Activity: | Charitable Contribution | |
| Donee's Name: | Interface | |
| Donee's Street Address: | 12630 Monte Vista Rd., Ste. 108 | |
| Donee's City, State, ZIP: | Poway, CA 92064 | |
| Amount Given: | | 2,438. |
| | | |
| Class of Activity: | Student Scholarships | |
| Donee's Name: | Monte Vista Students Lambert Awards | |
| Amount Given: | | 750. |
| | | |
| Class of Activity: | Charitable Contribution | |
| Donee's Name: | La Mesa Police Youth Leadership | |
| Donee's Street Address: | 8085 University Avenue | |
| Donee's City, State, ZIP: | La Mesa, CA 91942 | |
| Amount Given: | | 1,000. |
| | | |
| Class of Activity: | Charitable Contribution | |
| Donee's Name: | Rotary International - Grant 16569 | |
| Donee's Street Address: | 1560 Sherman Avenue | |
| Donee's City, State, ZIP: | Evanston, IL 60201 | |
| Amount Given: | | 2,250. |
| | | |
| Class of Activity: | Charitable Contribution | |
| Donee's Name: | Rotary Interatnional - Grant 15077 | |
| Donee's Street Address: | 1560 Sherman Avenue | |
| Donee's City, State, ZIP: | Evanston, IL 60201 | |
| Amount Given: | | 5,000. |
| | | |
| Class of Activity: | Charitable Contribution | |
| Donee's Name: | Meals on Wheels | |
| Donee's Street Address: | 2254 San Diego Avenue, Ste. 200 | |
| Donee's City, State, ZIP: | San Diego, CA | |
| Amount Given: | | 1,000. |

Client 33050

Rotary Club of La Mesa
California Foundation

45-4201793

Statement 2 (continued)

Form 199, Part II, Line 9

Contributions, Gifts, Grants, and Similar Amounts Paid

| | | |
|---------------------------|-----------------------------|--------------------|
| Class of Activity: | Charitable Contribution | |
| Donee's Name: | Rolando Elementary School | |
| Donee's Street Address: | 6925 Tower Street | |
| Donee's City, State, ZIP: | La Mesa, CA 91942 | |
| Amount Given: | | \$ 500. |
| Class of Activity: | Charitable Contribution | |
| Donee's Name: | Urgan Street Angels | |
| Donee's Street Address: | 3090 Polk Avenue | |
| Donee's City, State, ZIP: | San Diego, CA | |
| Amount Given: | | 500. |
| Class of Activity: | Charitable Contribution | |
| Donee's Name: | Volunteers in Medicine | |
| Donee's Street Address: | 1465 E. Madison Avenue | |
| Donee's City, State, ZIP: | El Cajon, CA 92015 | |
| Amount Given: | | 528. |
| Class of Activity: | Charitable Contribution | |
| Donee's Name: | YMCA of San Diego County | |
| Donee's Street Address: | 8881 Dallas Street | |
| Donee's City, State, ZIP: | La Mesa, CA 91942 | |
| Amount Given: | | 2,900. |
| Total | \$ | <u>25,866.</u> |

Statement 3

Form 199, Part II, Line 11

Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

| <u>Name and Address</u> | <u>Title and Average Hours Per Week Devoted</u> | <u>Compen- sation</u> | <u>Contri- bution to EBP & DC</u> | <u>Expense Account/ Other</u> |
|---|---|---------------------------|---|---------------------------------------|
| James H. Thompson 5969 Madra Avenue San Diego, CA 92120 | President 0 | \$ 0. | \$ 0. | \$ 0. |
| Ronald W. Morell 18490 Circo Del Cielo El Cajon, CA 92020 | Treasurer 0 | 0. | 0. | 0. |
| Samuel Bauchmann 7863 La Mesa Blvd. La Mesa, CA 91941 | Secretary 0 | 0. | 0. | 0. |
| Melvin C. Jacobson 1477 Lily Avenue El Cajon, CA 92021 | Board Member 0 | 0. | 0. | 0. |
| Total | | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

2013

California Statements

Page 3

Client 33050

Rotary Club of La Mesa
California Foundation

45-4201793

Statement 4
Form 199, Part II, Line 17
Other Expenses

| | | |
|-------------------------------|----|----------------|
| Licenses, permits & fees..... | \$ | 50. |
| Merchant Discount Fees..... | | 320. |
| Postage Expense..... | | 108. |
| Sales Taxes..... | | 450. |
| Special Event Expenses..... | | 14,670. |
| Supplies & Materials..... | | 67. |
| Total | \$ | <u>15,665.</u> |

IN

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.

TAXPAYER'S COPY



| | |
|---|--|
| State Charity Registration Number <u>CT0202276</u> | Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report |
| ROTARY CLUB OF LA MESA CALIFORNIA FOUNDATION Name of Organization | |
| P. O. BOX 97 Address (Number and Street) | Corporate or Organization No. <u>C3454762</u> |
| LA MESA, CA 91944 City or Town State ZIP Code | Federal Employer ID No. <u>45-4201793</u> |

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts

| Gross Annual Revenue | Fee | Gross Annual Revenue | Fee | Gross Annual Revenue | Fee |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000 | 0 | Between \$100,001 and \$250,000 | \$50 | Between \$1,000,001 and \$10 million | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
| | | | | Greater than \$50 million | \$300 |

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/13 ending 6/30/14) list:
Gross annual revenue \$ 64,859. Total assets \$ 80,013.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

| | Yes | No |
|--|--------------------------|-------------------------------------|
| 1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During this reporting period, did non-program expenditures exceed 50% of gross revenues? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Organization's area code and telephone number (619) 857-9274

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

| | | | |
|---------------------------------|----------------------------------|--------------------|------|
| Signature of authorized officer | RONALD W. MORELL Printed Name | TREASURER Title | Date |
|---------------------------------|----------------------------------|--------------------|------|