

2011

California Exempt Organization Annual Information Return

199

Calendar Year 2011 or fiscal year beginning month 07 day 01 year 2011, and ending month 06 day 30 year 2012

Corporation/Organization Name LA JOLLA GOLDEN TRIANGLE ROTARY CLUB FOUNDATION		California corporation number 1562073
Address (suite, room, or PMB no.) P.O. BOX 13023		FEIN 33-0385197
City LA JOLLA, CA 92039	State	ZIP Code

- A** First Return ☐ Yes ☒ No
- B** Amended Return ☒ Yes ☒ No
- C** IRC Section 4947(a)(1) trust ☐ Yes ☒ No
- D** Final Return ☐ Yes ☒ No
- ☐ Dissolved • ☐ Surrendered (Withdrawn)
- ☐ Merged/Reorganized Enter date: • _____
- 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

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	
	2	Gross dues and assessments from members and affiliates.	•	2	
	3	Gross contributions, gifts, grants, and similar amounts received.	SEE. SCH. B •	3	499,839.
	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 \$25,000, see General Instruction B.	•	4	499,839.
	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	499,839.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	•	9	784,656.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	•	10	-284,817.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F.	•	11	
	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	
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	Date	• Telephone 858-720-6343	
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed ▶ <input checked="" type="checkbox"/>	• Paid PTIN P00186106	
	Firm's name (or yours, if self-employed) and address ▶	DEBORAH BRENNAN & ASSOCIATES			• FEIN 33-0509975
	13856 SAGEWOOD DR			• Telephone (858) 451-3976	
	POWAY, CA 92064-1404				
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 \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

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.	•	7	
	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	
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	782,185.
	10	Disbursements to or for members.	•	10	
	11	Compensation of officers, directors, and trustees. Attach schedule.	•	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	•	17	2,471.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	784,656.

Schedule L Balance Sheets**Beginning of taxable year****End of taxable year**

	(a)	(b)	(c)	(d)
Assets				
1 Cash		444,647.		159,930.
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.		444,647.		159,930.
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.		444,647.		159,930.
22 Total liabilities and net worth.		444,647.		159,930.

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 \$25,000

1	Net income per books	•	-284,817.	7	Income recorded on books this year not included in this return. Attach schedule.	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule.	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule.	•		10	Net income per return. Subtract line 9 from line 6.		-284,817.
5	Expenses recorded on books this year not deducted in this return. Attach schedule.	•					
6	Total. Add line 1 through line 5		-284,817.				

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

California Copy

Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF**

OMB No. 1545-0047

2011

Name of the organization La Jolla Golden Triangle
Rotary Club Foundation

Employer identification number
33-0385197

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

La Jolla Golden Triangle

33-0385197

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	San Diego Foundation 2508 Historic Decatur Road #20 San Diego, CA 92106	\$ 12,847.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	US Dept of State Bureau of Ed-GCEP 2200 C Street, N.W. Washington, DC 20522-0500	\$ 37,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Rotary Foundation Donor Adv Fd 1560 Sherman Ave Evanston, IL 60201	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	US Depart of State -USAID Prog 9700 Tel Aviv Place Washington, DC 20521-9700	\$ 221,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Fary Moini PO Box 910617 San Diego, CA 92129	\$ 20,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Rotary Club of Calgary Heritage Pk PO Box 30261 Chinook RPO Calgary, AB T2H 2V9 Canada	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

La Jolla Golden Triangle

33-0385197

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Teaching English Through Technology US Embassy Kabul, Afghanistan	\$ 89,129.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Rotary Foundation 1560 Sherman Ave Evanston, IL 602019	\$ 59,948.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number

33-0385197

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

La Jolla Golden Triangle

Employer identification number

33-0385197

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10)**organizations that total more than \$1,000 for the year.** Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

BAA

Statement 1
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri- bution to EBP & DC	Expense Account/ Other
Steve Brown P.O. Box 13023 La Jolla, CA 92039	President 10.00	\$ 0.	\$ 0.	\$ 0.
Eric Freeberg P.O. Box 13023 La Jolla, CA 92039	Secretary 0.25	0.	0.	0.
Pam Russell P.O. Box 13023 La Jolla, CA 92039	Treasurer 1.00	0.	0.	0.
John Stephan P.O. Box 13023 La Jolla, CA 92039	Director 0.05	0.	0.	0.
Bruce Geier P.O. Box 13023 La Jolla, CA 92039	Director 0.05	0.	0.	0.
Carl Lower P.O. Box 13023 La Jolla, CA 92039	Director 0.05	0.	0.	0.
Pete Griffith P.O. Box 13023 La Jolla, CA 92039	Director 0.05	0.	0.	0.
Dory Beatrice P.O. Box 13023 La Jolla, CA 92039	Director 1.00	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.

Statement 2
Form 199, Part II, Line 17
Other Expenses

Accounting Fees.....	\$ 1,350.
Bank charges.....	195.
Filing fees.....	75.
Office supplies.....	291.
Postage and Shipping.....	80.
Printing and Publications.....	480.
Total	\$ 2,471.

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.



State Charity Registration Number <u>77256</u> LA JOLLA GOLDEN TRIANGLE ROTARY CLUB FOUNDATION <small>Name of Organization</small> P.O. BOX 13023 <small>Address (Number and Street)</small> LA JOLLA, CA 92039 <small>City or Town State ZIP Code</small>		Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1562073</u> Federal Employer ID No. <u>33-0385197</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 Less than \$25,000 Between \$25,000 and \$100,000	Fee 0 \$25	Gross Annual Revenue Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	Fee \$50 \$75	Gross Annual Revenue Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	Fee \$150 \$225 \$300	
PART A – ACTIVITIES						
For your most recent full accounting period (beginning <u>7/01/11</u> ending <u>6/30/12</u>) list: Gross annual revenue \$ <u>499,839.</u> Total assets \$ <u>159,930.</u>						
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.						
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?					Yes <input type="checkbox"/>	No <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. SEE STATEMENT 1					<input checked="" type="checkbox"/>	<input 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 <u>858-720-6343</u>						
Organization's e-mail address <u>STEVENRBROWN@ATT.NET</u>						
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		Printed Name		Title		
				Date		

Statement 1
Form RRF-1, Part B, Line 6
Government Agency That Provided Funding

Bureau of Educational & Cultural Affairs
US Dept of State, SA-5
2200 C Street, N.W.
Washington, DC 20522-0500
Merrie Blocker
202-632-6445

USAID
9700 Tel Aviv Place
Washington, CA 20521-9700
Sami Zdravko
(+93) (0) 766-794-675

DO NOT FILE