

2013 TAX RETURN

Client Copy

Client: 106

Prepared for: Palomar Mountain Planning Organization
PO Box 145
Palomar Mountain, CA 92060
(760) 728-7526

Prepared by: Craig A. Rothermel
Craig A. Rothermel, J.D., CPA, Inc.
504 South Broadway
Escondido, CA 92025
(760) 747-0446

Date: May 21, 2014

Comments:

Route to: _____

2013 Exempt Org. Return
prepared for:

Palomar Mountain Planning Organization
PO Box 145
Palomar Mountain, CA 92060

Craig A. Rothermel, J.D., CPA, Inc.
504 South Broadway
Escondido, CA 92025

CRAIG A. ROTHERMEL, J.D., CPA, INC.
504 SOUTH BROADWAY
ESCONDIDO, CA 92025
(760) 747-0446

May 21, 2014

Palomar Mountain Planning Organization
PO Box 145
Palomar Mountain, CA 92060

Dear Linda:

Your 2013 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2013 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. There is a balance due of \$10 payable by December 15, 2014. Mail your California payment voucher, Form 3586, on or before December 15, 2014 to:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0531

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. No fee is payable with the filing of this report. Mail the California report on or before August 15, 2014 to:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

Craig A. Rothermel

Craig A. Rothermel, J.D., CPA, Inc.
504 South Broadway
Escondido, CA 92025
(760) 747-0446

Client 106
May 21, 2014

Palomar Mountain Planning Organization
PO Box 145
Palomar Mountain, CA 92060
(760) 728-7526

FEDERAL FORMS

| | |
|---|---|
| Form 990-EZ Schedule A Schedule O Form 8879-EO | 2013 Return of Organization Exempt from Income Tax Organization Exempt Under Section 501(c)(3) Supplemental Information IRS e-file Signature Authorization |
|---|---|

CALIFORNIA FORMS

| | |
|---|---|
| Form 199 Form 3586 Form 8453-EO Form RRF-1 | 2013 California Exempt Organization Return 3586 Electronic Filing Payment Voucher California e-file Return Authorization for Exempt 2014 Registration/Renewal Fee Report |
|---|---|

FEE SUMMARY

| | | |
|-----------------|----|--------|
| Preparation Fee | \$ | 490.00 |
| Amount Due | \$ | 490.00 |

Palomar Mountain Planning Organization

33-0473629

| | 2013 | 2012 | Diff |
|---|--------|--------|--------|
| FORM 990-EZ REVENUE | | | |
| Contributions, gifts, and grants..... | 3,510 | 3,980 | -470 |
| Investment income..... | 27 | 43 | -16 |
| Net income (loss) - special events..... | 8 | -95 | 103 |
| Total revenue..... | 3,545 | 3,928 | -383 |
| EXPENSES | | | |
| Grants and similar amounts paid..... | 0 | 3,000 | -3,000 |
| Other expenses..... | 1,790 | 1,471 | 319 |
| Total expenses..... | 1,790 | 4,471 | -2,681 |
| NET ASSETS OR FUND BALANCES | | | |
| Excess or (deficit) for the year..... | 1,755 | -543 | 2,298 |
| Net assets/fund bal. at beg. of year..... | 39,732 | 40,275 | -543 |
| Net assets/fund bal. at end of year..... | 41,487 | 39,732 | 1,755 |

| | 2013 | 2012 | Diff |
|---|--------|--------|--------|
| REVENUE | | | |
| Interest..... | 27 | 43 | -16 |
| Other income..... | 348 | 347 | 1 |
| Gross contributions, gifts, & grants..... | 3,510 | 3,980 | -470 |
| | | | |
| Total income..... | 3,885 | 4,370 | -485 |
| EXPENSES AND DISBURSEMENTS | | | |
| Contributions, gifts, grants..... | 0 | 3,000 | -3,000 |
| Other deductions..... | 2,130 | 1,913 | 217 |
| | | | |
| Total deductions..... | 2,130 | 4,913 | -2,783 |
| | | | |
| Excess of receipts over disbursements.... | 1,755 | -543 | 2,298 |
| FILING FEE | | | |
| Filing fee..... | 10 | 10 | 0 |
| Balance due..... | 10 | 10 | 0 |
| SCHEDULE L | | | |
| Beginning Assets..... | 39,732 | 40,275 | -543 |
| Beginning Liabilities & Net Worth..... | 39,732 | 40,275 | -543 |
| | | | |
| Ending Assets..... | 41,487 | 39,732 | 1,755 |
| Ending Liabilities & Net Worth..... | 41,487 | 39,732 | 1,755 |

Forms needed for this return

Federal: 990-EZ, Sch A, Sch O
California: 199, 3586, 8453-EO, e-file Instructions, RRF-1

Carryovers to 2014

None

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

Prior to transmission of the return

Form 990-EZ

The organization should review their Federal Return along with any accompanying schedules and statements.

Paperless e-file

The organization should read, sign and date the Form 8879-EO, IRS e-file Signature Authorization.

Even Return

No payment is required.

After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

Keep a signed copy of Form 8879-EO, IRS e-file Signature Authorization in your files for 3 years.

Do not mail:

Form 8879-EO IRS e-file Signature Authorization

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

Prior to transmission of the return

Form 8868

No signature is required when filing Form 8868 electronically.

Even Return

No payment is required.

After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

The organization's California tax return is NOT FINISHED until you complete the following instructions.

Prior to transmission of the return

Form 199

The organization should review their California Return along with any accompanying schedules and statements.

Form 8453-EO

The organization should review, sign and date Form 8453-EO prior to you e-filing the return.

Balance Due

There is a balance due in the amount of \$10.

After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your California ACKs.

Keep a signed copy of Form 8453-EO in your files for 4 years.

Payment Instructions

Mail Form 3586 ,with payment, to: Franchise Tax Board, PO Box 942857, Sacramento CA 94257-0531.

Do not mail:

Form 8453-EO

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning _____, 2013, and ending _____

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2013

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

Palomar Mountain Planning Organization

33-0473629

Linda Thorne

Treasurer

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

| | | | | | | | |
|-----|------------------------------------|---|-------------------------------------|---|--|-----|---------------|
| 1 a | Form 990 check here | ▶ | <input type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1 b | _____ |
| 2 a | Form 990-EZ check here | ▶ | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990-EZ, line 9) | 2 b | <u>3,545.</u> |
| 3 a | Form 1120-POL check here | ▶ | <input type="checkbox"/> | b | Total tax (Form 1120-POL, line 22) | 3 b | _____ |
| 4 a | Form 990-PF check here | ▶ | <input type="checkbox"/> | b | Tax based on investment income (Form 990-PF, Part VI, line 5) | 4 b | _____ |
| 5 a | Form 8868 check here | ▶ | <input type="checkbox"/> | b | Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5 b | _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Craig A. Rothermel, J.D., CPA, Inc. to enter my PIN 00106 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 30146271162
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Craig A. Rothermel Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2013)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

| | Yes | No |
|--|-------------|-----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O. | | X |
| 34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | | X |
| 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)? | | X |
| b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O | | |
| c 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 | | X |
| 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 | | X |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0. | | |
| b Did the organization file Form 1120-POL for this year? | | X |
| 38 a 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? | | X |
| b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. | 38 b | N/A |
| 39 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on line 9 | 39 a | N/A |
| b Gross receipts, included on line 9, for public use of club facilities | 39 b | N/A |
| 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. | | |
| b 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 b | X |
| c 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. ▶ 0. | | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0. | | |
| e 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 |
| 41 List the states with which a copy of this return is filed ▶ <u>None</u> | | |

42 a The organization's books are in care of ▶ Linda Thorne Telephone no. ▶ (760) 728-7526
 Located at ▶ 3701 South Mission Fallbrook CA ZIP + 4 ▶ 92028

| | Yes | No |
|---|-------------|----|
| b 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)? | 42 b | X |
| If 'Yes,' enter the name of the foreign country: ▶ _____ | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42 c | X |
| If 'Yes,' enter the name of the foreign country: ▶ _____ | | |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** | N/A

| | Yes | No |
|---|-------------|----|
| 44 a 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 | X |
| b 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 |
| c Did the organization receive any payments for indoor tanning services during the year? | 44 c | X |
| d 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 | |
| 45 a 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 | X |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. Yes No
46

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a
 b If 'Yes,' was the related organization a section 527 organization? 49 b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and title of each employee | (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) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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 officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer _____ Date _____
 Linda Thorne _____ Treasurer
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: Craig A. Rothermel
 Preparer's signature: Craig A. Rothermel
 Date: _____
 Check if self-employed PTIN: P01271028
 Firm's name: Craig A. Rothermel, J.D., CPA, Inc.
 Firm's address: 504 South Broadway, Escondido, CA 92025
 Firm's EIN: 20-2157587
 Phone no.: (760) 747-0446

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (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 Palomar Mountain Planning Organization | Employer identification number 33-0473629 |
|---|---|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 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 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 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 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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 – Functionally integrated d Type III – Non-functionally integrated

- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|-------------------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11 g (i) | |
| (ii) A family member of a person described in (i) above? | 11 g (ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11 g (iii) | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? | | (v) Did you notify the organization in column (i) of your support? | | (vi) Is the organization in column (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

Part II 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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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 activities, etc (see instructions). | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|--------------------------|---|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)). | 14 | % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14. | 15 | % |
| 16a 33-1/3% support test – 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| b 33-1/3% support test – 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. | <input type="checkbox"/> | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) | 2,090. | 2,240. | 1,804. | 3,980. | 3,510. | 13,624. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | 527. | 807. | 484. | 347. | 340. | 2,505. |
| 3 Gross receipts from activities 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. |
| 6 Total. Add lines 1 through 5. | 2,617. | 3,047. | 2,288. | 4,327. | 3,850. | 16,129. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. | 0. | 0. | 0. | 0. | 0. | 0. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | 0. | 0. | 0. | 0. | 0. | 0. |
| c Add lines 7a and 7b. | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 16,129. |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | 2,617. | 3,047. | 2,288. | 4,327. | 3,850. | 16,129. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 96. | 89. | 76. | 43. | 27. | 331. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | 0. |
| c Add lines 10a and 10b. | 96. | 89. | 76. | 43. | 27. | 331. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | 0. |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0. |
| 13 Total Support. (Add lns 9,10c, 11 and 12.) | 2,713. | 3,136. | 2,364. | 4,370. | 3,877. | 16,460. |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ▶

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). | 15 | 97.99 % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15. | 16 | 95.75 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|--------|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). | 17 | 2.01 % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17. | 18 | 4.25 % |

19a 33-1/3% support tests – 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

b 33-1/3% support tests – 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Palomar Mountain Planning Organization

Employer identification number

33-0473629

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

The Palomar Mountain Planning Organization (PMPO) is a nonprofit, membership organization established to help develop planning goals and proposals for the Palomar Mountain Community. The organization provides guidelines for future economic, social and physical development of the community.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

The PMPO works with the community to understand community sentiment with respect to land density and zoning issues, representing the community by engaging and responding to the San Diego Department of Planning and Land Use (DPLU). The PMPO is active, but not limited to, in related areas: Encouraging residents to clear brush with the assistance of Cleveland National Forest personnel; a campaign to regularly monitor local water well levels to build up data on water levels; traffic safety and make suggestions.

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

Palomar Mountain Planning Organization

33-0473629

Form 990-EZ, Part I, Line 16
Other Expenses

| | | |
|-----------------------------|-------|------------------|
| Newsletter..... | \$ | 914. |
| Post Office Box Rental..... | | 396. |
| Tax Preparation Fees..... | | 480. |
| | Total | <u>\$ 1,790.</u> |

Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

| <u>Name and Title</u> | <u>Average Hours Per Week Devoted</u> | <u>Compen- sation</u> | <u>Health Benefits & Contrib- ution to EBP & DC</u> | <u>Estimated Amount Of Other Compen.</u> |
|------------------------------|---|---------------------------|---|--|
| Michael Walsh Vice Chair | 5 | \$ 0. | \$ 0. | 0. |
| George Evangelou Director | 2 | 0. | 0. | 0. |
| Mike Pique Secretary | 5 | 0. | 0. | 0. |
| Linda Thorne Treasurer | 5 | 0. | 0. | 0. |
| Heather Beer Director | 2 | 0. | 0. | 0. |
| Glenn Borland Chairperson | 2 | 0. | 0. | 0. |
| Zachary Harris Director | 2 | 0. | 0. | 0. |
| Robert Carlyle Director | 2 | 0. | 0. | 0. |
| Donna Dose Director | 2 | 0. | 0. | 0. |
| Brenda Fromlath Director | 2 | 0. | 0. | 0. |
| Libby Getzoff Director | 2 | 0. | 0. | 0. |
| Bruce Graves Director | 2 | 0. | 0. | 0. |
| Doug Lande Director | 2 | 0. | 0. | 0. |

Palomar Mountain Planning Organization

33-0473629

Form 990-EZ, Part IV (continued)
List of Officers, Directors, Trustees, and Key Employees

| <u>Name and Title</u> | <u>Average Hours Per Week Devoted</u> | <u>Compen- sation</u> | <u>Health Benefits & Contrib- ution to EBP & DC</u> | <u>Estimated Amount Of Other Compen.</u> |
|-------------------------------|---|---------------------------|---|--|
| George Lucia Director | 2 | \$ 0. | \$ 0. | \$ 0. |
| Mike Stevens Director | 2 | 0. | 0. | 0. |
| Yvonne Vaugher Director | 2 | 0. | 0. | 0. |
| Rosemary Johnston Director | 2 | 0. | 0. | 0. |
| | Total | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

Voucher at bottom of page. ■

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION
TAX RETURN WITH THE PAYMENT VOUCHER.**
If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the
'Franchise Tax Board.' Write the corporation number or FEIN and '2013
FTB 3586' on the check or money order. Detach voucher below.
Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars drawn against a U.S. financial institution.

WHEN TO FILE: Fiscal Year – See instructions.
Calendar Year – File and Pay by March 17, 2014.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporation can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov** for more information.

--- DETACH HERE --- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER

--- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR

2013

**Payment Voucher for Corps and
Exempt Orgs e-filed Returns**

CALIFORNIA FORM

3586 (e-file)

1573687 PALO 33-0473629 000000000000 13 FORM 3
TYB 01-01-13 TYE 12-31-13
PALOMAR MOUNTAIN PLANNING ORGANIZATION
LINDA THORNE
PO BOX 145
PALOMAR MOUNTAIN CA 92060

(760) 728-7526

TOTAL PAYMENT AMT 10.

California Exempt Organization Annual Information Return

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

| | | | |
|--|--------------------|---|--|
| Corporation/Organization Name PALOMAR MOUNTAIN PLANNING ORGANIZATION | | California corporation number 1573687 | |
| Address (suite, room, or PMB no.) PO BOX 145 | | FEIN 33-0473629 | |
| City PALOMAR MOUNTAIN | State CA | ZIP Code 92060 | |

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 | 375. |
| | 2 | Gross dues and assessments from members and affiliates. | ● | 2 | |
| | 3 | Gross contributions, gifts, grants, and similar amounts received. | ● | 3 | 3,510. |
| | 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 | 3,885. |
| | 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 | 3,885. |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18. | ● | 9 | 2,130. |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. | ● | 10 | 1,755. |
| 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. |

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.

| | | | | |
|---------------------------------|---|---------------------------|---|--------------------------------------|
| Sign Here | Signature of officer | Title TREASURER | Date | ● Telephone (760) 728-7526 |
| | Preparer's signature CRAIG A. ROTHERMEL | Date | Check if self-employed <input type="checkbox"/> | ● PTIN P01271028 |
| Paid Preparer's Use Only | Firm's name (or yours, if self-employed) and address CRAIG A. ROTHERMEL, J.D., CPA, INC. 504 SOUTH BROADWAY ESCONDIDO, CA 92025 | | | ● FEIN 20-2157587 |
| | | | | ● Telephone (760) 747-0446 |

May the FTB discuss this return with the preparer shown above? See instructions. Yes 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 | 27. |
| | 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 | 348. |
| Expenses and Disbursements | 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 | 375. |
| | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule. | ● | 9 | |
| | 10 | Disbursements to or for members. | ● | 10 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 2 | ● | 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 3 | ● | 17 | 2,130. |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9. | | 18 | 2,130. |

| Schedule L Balance Sheets | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|----------------------------------|------------|----------------------------|------------|
| Assets | | (a) | (b) | (c) | (d) |
| 1 | Cash | | 39,732. | | 41,487. |
| 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 | | 39,732. | | 41,487. |
| 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 | | 39,732. | | 41,487. |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 | Retained earnings or income fund | | | | |
| 22 | Total liabilities and net worth | | 39,732. | | 41,487. |

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 | ● | 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. 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 | |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | ● | | | |
| 6 | Total. Add line 1 through line 5 | | | | |

Palomar Mountain Planning Organization

33-0473629

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

Income from Special Events..... \$ 348.
 Total \$ 348.

Statement 2
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> |
|--|---|---------------------------|---|---------------------------------------|
| Michael Walsh PO Box 145 Palomar Mountain, CA 92060 | Vice Chair 5.00 | \$ 0. | \$ 0. | \$ 0. |
| George Evangelou PO Box 145 Palomar Mountain, CA 92060 | Director 2.00 | 0. | 0. | 0. |
| Mike Pique PO Box 145 Palomar Mountain, CA 92060 | Secretary 5.00 | 0. | 0. | 0. |
| Linda Thorne PO Box 145 Palomar Mountain, CA 92060 | Treasurer 5.00 | 0. | 0. | 0. |
| Heather Beer PO Box 145 Palomar Mountain, CA 92060 | Director 2.00 | 0. | 0. | 0. |
| Glenn Borland PO Box 145 Palomar Mountain, CA 92060 | Chairperson 2.00 | 0. | 0. | 0. |
| Zachary Harris PO Box 145 Palomar Mountain, CA 92060 | Director 2.00 | 0. | 0. | 0. |
| Robert Carlyle PO Box 145 Palomar Mountain, CA 92060 | Director 2.00 | 0. | 0. | 0. |
| Donna Dose PO Box 145 Palomar Mountain, CA 92060 | Director 2.00 | 0. | 0. | 0. |
| Brenda Fromlath PO Box 145 Palomar Mountain, CA 92060 | Director 2.00 | 0. | 0. | 0. |

Palomar Mountain Planning Organization

33-0473629

Statement 2 (continued)
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 | Compen- sation | Contri- bution to EBP & DC | Expense Account/ Other |
|---|--|-------------------|----------------------------------|------------------------------|
| Libby Getzoff PO Box 145 Palomar Mountain, CA 92060 | Director 2.00 | \$ 0. | \$ 0. | \$ 0. |
| Bruce Graves PO Box 145 Palomar Mountain, CA 92060 | Director 2.00 | 0. | 0. | 0. |
| Doug Lande PO Box 145 Palomar Mountain, CA 92060 | Director 2.00 | 0. | 0. | 0. |
| George Lucia PO Box 145 Palomar Mountain, CA 92060 | Director 2.00 | 0. | 0. | 0. |
| Mike Stevens PO Box 145 Palomar Mountain, CA 92060 | Director 2.00 | 0. | 0. | 0. |
| Yvonne Vaugher PO Box 145 Palomar Mountain, CA 92060 | Director 2.00 | 0. | 0. | 0. |
| Rosemary Johnston PO Box 145 Palomar Mountain, CA 92060 | Director 2.00 | 0. | 0. | 0. |
| Total | | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

Statement 3
Form 199, Part II, Line 17
Other Expenses

| | |
|-----------------------------|------------------|
| Newsletter..... | \$ 914. |
| Post Office Box Rental..... | 396. |
| Special Event Expenses..... | 340. |
| Tax Preparation Fees..... | 480. |
| Total | <u>\$ 2,130.</u> |

The organization's California tax return is NOT FINISHED until you complete the following instructions.

Prior to transmission of the return

Form 199

The organization should review their California Return along with any accompanying schedules and statements.

Form 8453-EO

The organization should review, sign and date Form 8453-EO prior to you e-filing the return.

Balance Due

There is a balance due in the amount of \$10.

After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your California ACKs.

Keep a signed copy of Form 8453-EO in your files for 4 years.

Payment Instructions

Mail Form 3586 ,with payment, to: Franchise Tax Board, PO Box 942857, Sacramento CA 94257-0531.

Do not mail:

Form 8453-EO

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>081667</u> PALOMAR MOUNTAIN PLANNING ORGANIZATION <small>Name of Organization</small> <u>PO BOX 145</u> <small>Address (Number and Street)</small> <u>PALOMAR MOUNTAIN, CA 92060</u> <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>1573687</u> Federal Employer ID No. <u>33-0473629</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 1/01/13 ending 12/31/13) list:
 Gross annual revenue \$ 3,545. Total assets \$ 41,487.

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 (760) 728-7526
 Organization's e-mail address LINDAJTHORNE776@GMAIL.COM

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.

| | | | |
|--|-----------------------------|----------------------|---------------------|
| | LINDA THORNE | TREASURER | |
| <small>Signature of authorized officer</small> | <small>Printed Name</small> | <small>Title</small> | <small>Date</small> |

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

2013

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning _____, **2013, and ending** _____,

| | | |
|---|---|--|
| <p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | <p>C</p> <p>Palomar Mountain Planning Organization PO Box 145 Palomar Mountain, CA 92060</p> | <p>D Employer identification number 33-0473629</p> <p>E Telephone number (760) 728-7526</p> <p>F Group Exemption Number ▶</p> |
|---|---|--|

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ N/A

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 3,885.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

| | | | |
|----------|--|----------|--------|
| | 1 Contributions, gifts, grants, and similar amounts received | 1 | 3,510. |
| | 2 Program service revenue including government fees and contracts. | 2 | |
| | 3 Membership dues and assessments. | 3 | |
| | 4 Investment income. | 4 | 27. |
| | 5a Gross amount from sale of assets other than inventory. 5a | | |
| | b Less: cost or other basis and sales expenses. 5b | | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5c | | |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . 6a | | |
| | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 348. | | |
| | c Less: direct expenses from gaming and fundraising events 6c 340. | | |
| | d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 8. | | |
| | 7a Gross sales of inventory, less returns and allowances. 7a | | |
| | b Less: cost of goods sold. 7b | | |
| | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c | | |
| | 8 Other revenue (describe in Schedule O). 8 | | |
| | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶ 9 3,545. | | |
| EXPENSES | 10 Grants and similar amounts paid (list in Schedule O). 10 | | |
| | 11 Benefits paid to or for members 11 | | |
| | 12 Salaries, other compensation, and employee benefits. 12 | | |
| | 13 Professional fees and other payments to independent contractors. 13 | | |
| | 14 Occupancy, rent, utilities, and maintenance. 14 | | |
| | 15 Printing, publications, postage, and shipping 15 | | |
| | 16 Other expenses (describe in Schedule O). See Schedule O 16 1,790. | | |
| | 17 Total expenses. Add lines 10 through 16. ▶ 17 1,790. | | |
| ASSETS | 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 1,755. | | |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 39,732. | | |
| | 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 20. ▶ 21 41,487. | | |

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

| | Yes | No |
|--|-------------|-----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O. | | X |
| 34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | | X |
| 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)? | | X |
| b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O | | |
| c 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 | | X |
| 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 | | X |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0. | | |
| b Did the organization file Form 1120-POL for this year? | | X |
| 38 a 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? | | X |
| b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. | 38 b | N/A |
| 39 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on line 9 | 39 a | N/A |
| b Gross receipts, included on line 9, for public use of club facilities | 39 b | N/A |
| 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. | | |
| b 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 b | X |
| c 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. ▶ 0. | | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0. | | |
| e 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 |
| 41 List the states with which a copy of this return is filed ▶ <u>None</u> | | |

42 a The organization's books are in care of ▶ Linda Thorne Telephone no. ▶ (760) 728-7526
 Located at ▶ 3701 South Mission Fallbrook CA ZIP + 4 ▶ 92028

| | Yes | No |
|---|-------------|----|
| b 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)? | 42 b | X |
| If 'Yes,' enter the name of the foreign country: ▶ _____ | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42 c | X |
| If 'Yes,' enter the name of the foreign country: ▶ _____ | | |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** | N/A

| | Yes | No |
|---|-------------|----|
| 44 a 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 | X |
| b 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 |
| c Did the organization receive any payments for indoor tanning services during the year? | 44 c | X |
| d 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 | |
| 45 a 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 | X |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. Yes No
46

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a
 b If 'Yes,' was the related organization a section 527 organization? 49 b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and title of each employee | (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) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶ Yes No

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 officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer _____ Date _____
 Linda Thorne _____ Treasurer
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: Craig A. Rothermel
 Preparer's signature: Craig A. Rothermel
 Date: _____
 Check if self-employed PTIN: P01271028
 Firm's name ▶ Craig A. Rothermel, J.D., CPA, Inc.
 Firm's address ▶ 504 South Broadway
 Escondido, CA 92025
 Firm's EIN ▶ 20-2157587
 Phone no. (760) 747-0446

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (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 Palomar Mountain Planning Organization | Employer identification number 33-0473629 |
|---|---|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 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 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 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 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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 – Functionally integrated
 - d Type III – Non-functionally integrated

- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|-------------------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11 g (i) | |
| (ii) A family member of a person described in (i) above? | 11 g (ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11 g (iii) | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? | | (v) Did you notify the organization in column (i) of your support? | | (vi) Is the organization in column (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

Part II 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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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 activities, etc (see instructions). | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|--------------------------|---|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)). | 14 | % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14. | 15 | % |
| 16a 33-1/3% support test – 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| b 33-1/3% support test – 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. | <input type="checkbox"/> | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)..... | 2,090. | 2,240. | 1,804. | 3,980. | 3,510. | 13,624. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose..... | 527. | 807. | 484. | 347. | 340. | 2,505. |
| 3 Gross receipts from activities 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. |
| 6 Total. Add lines 1 through 5..... | 2,617. | 3,047. | 2,288. | 4,327. | 3,850. | 16,129. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons..... | 0. | 0. | 0. | 0. | 0. | 0. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year..... | 0. | 0. | 0. | 0. | 0. | 0. |
| c Add lines 7a and 7b..... | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 Public support. (Subtract line 7c from line 6.)..... | | | | | | 16,129. |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6..... | 2,617. | 3,047. | 2,288. | 4,327. | 3,850. | 16,129. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources..... | 96. | 89. | 76. | 43. | 27. | 331. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975..... | | | | | | 0. |
| c Add lines 10a and 10b..... | 96. | 89. | 76. | 43. | 27. | 331. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on..... | | | | | | 0. |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)..... | | | | | | 0. |
| 13 Total Support. (Add lns 9,10c, 11 and 12.)..... | 2,713. | 3,136. | 2,364. | 4,370. | 3,877. | 16,460. |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**..... ▶

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). | 15 | 97.99 % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15. | 16 | 95.75 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--------|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). | 17 | 2.01 % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17. | 18 | 4.25 % |

19a 33-1/3% support tests – 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization..... ▶

b 33-1/3% support tests – 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization..... ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions..... ▶

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Palomar Mountain Planning Organization

33-0473629

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

The Palomar Mountain Planning Organization (PMPO) is a nonprofit, membership organization established to help develop planning goals and proposals for the Palomar Mountain Community. The organization provides guidelines for future economic, social and physical development of the community.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

The PMPO works with the community to understand community sentiment with respect to land density and zoning issues, representing the community by engaging and responding to the San Diego Department of Planning and Land Use (DPLU). The PMPO is active, but not limited to, in related areas: Encouraging residents to clear brush with the assistance of Cleveland National Forest personnel; a campaign to regularly monitor local water well levels to build up data on water levels; traffic safety and make suggestions.

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

Palomar Mountain Planning Organization

33-0473629

Form 990-EZ, Part I, Line 16
Other Expenses

| | | |
|-----------------------------|-------|------------------|
| Newsletter..... | \$ | 914. |
| Post Office Box Rental..... | | 396. |
| Tax Preparation Fees..... | | 480. |
| | Total | <u>\$ 1,790.</u> |

Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

| <u>Name and Title</u> | <u>Average Hours Per Week Devoted</u> | <u>Compen- sation</u> | <u>Health Benefits & Contrib- ution to EBP & DC</u> | <u>Estimated Amount Of Other Compen.</u> |
|------------------------------|---|---------------------------|---|--|
| Michael Walsh Vice Chair | 5 | \$ 0. | \$ 0. | \$ 0. |
| George Evangelou Director | 2 | 0. | 0. | 0. |
| Mike Pique Secretary | 5 | 0. | 0. | 0. |
| Linda Thorne Treasurer | 5 | 0. | 0. | 0. |
| Heather Beer Director | 2 | 0. | 0. | 0. |
| Glenn Borland Chairperson | 2 | 0. | 0. | 0. |
| Zachary Harris Director | 2 | 0. | 0. | 0. |
| Robert Carlyle Director | 2 | 0. | 0. | 0. |
| Donna Dose Director | 2 | 0. | 0. | 0. |
| Brenda Fromlath Director | 2 | 0. | 0. | 0. |
| Libby Getzoff Director | 2 | 0. | 0. | 0. |
| Bruce Graves Director | 2 | 0. | 0. | 0. |
| Doug Lande Director | 2 | 0. | 0. | 0. |

Palomar Mountain Planning Organization

33-0473629

Form 990-EZ, Part IV (continued)
List of Officers, Directors, Trustees, and Key Employees

| <u>Name and Title</u> | <u>Average Hours Per Week Devoted</u> | <u>Compen- sation</u> | <u>Health Benefits & Contrib- ution to EBP & DC</u> | <u>Estimated Amount Of Other Compen.</u> |
|-------------------------------|---|---------------------------|---|--|
| George Lucia Director | 2 | \$ 0. | \$ 0. | \$ 0. |
| Mike Stevens Director | 2 | 0. | 0. | 0. |
| Yvonne Vaugher Director | 2 | 0. | 0. | 0. |
| Rosemary Johnston Director | 2 | 0. | 0. | 0. |
| Total | | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

Date Accepted

DO NOT MAIL THIS FORM TO FTB

TAXABLE YEAR

California e-file Return Authorization for Exempt Organizations

FORM

2013

8453-EO

| | |
|--|--------------------|
| Exempt Organization name | Identifying number |
| Palomar Mountain Planning Organization | 33-0473629 |

Part I Electronic Return Information (whole dollars only)

| | | |
|---|---|--------|
| 1 Total gross receipts (Form 199, line 4) | 1 | 3,885. |
| 2 Total gross income (Form 199, line 8) | 2 | 3,885. |
| 3 Total expenses and disbursements (Form 199, Line 9) | 3 | 2,130. |

Part II Settle Your Account Electronically for Taxable Year 2013

| | | |
|--|-----------|---------------------------------|
| 4 <input type="checkbox"/> Electronic funds withdrawal | 4a Amount | 4b Withdrawal date (mm/dd/yyyy) |
|--|-----------|---------------------------------|

Part III Banking Information (Have you verified the exempt organization's banking information?)

| | | |
|------------------|------------------|---|
| 5 Routing number | 6 Account number | 7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
|------------------|------------------|---|

Part IV Declaration of Officer

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO, intermediate service provider, the reason(s) for the delay.**

| | | | | |
|-----------|----------------------|------|-----------|-------|
| Sign Here | Signature of Officer | Date | Treasurer | Title |
| | | | | |

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | | |
|---------------|---|-------------------------------------|---|---|------------|
| ERO Must Sign | ERO's signature | Date | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN |
| | Firm's name (or yours if self-employed) and address | Craig A. Rothermel, J.D., CPA, Inc. | | | FEIN |
| | | 504 South Broadway | | | 20-2157587 |
| | | | CA | ZIP Code | 92025 |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | |
|-------------------------|---|----------|---|----------------------|
| Paid Preparer Must Sign | Paid preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Paid preparer's PTIN |
| | Firm's name (or yours if self-employed) and address | FEIN | | |
| | | ZIP Code | | |

For Privacy Notice, get form FTB 1131 ENG/SP.

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