COUNTY OF LOS ANGELES

**DEPARTMENT OF AUDITOR-CONTROLLER**

**ANNUAL REPORTING FORM**

**FOR FOUNDATION ACTIVITIES**

**REPORTING PERIOD – FISCAL YEAR 2019-20**

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departmental Contact: E-mail and Telephone Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification**

I hereby affirm/certify, to the best of my knowledge and belief, the foregoing information provided on this annual reporting form is true and accurate:

\_\_\_ The Department is not affiliated with any reportable Foundation(s).

\_\_\_ The Department’s affiliation with the following named Foundation, guild, auxiliary, or other support organization, continues to be in the best interest of the County. (Please complete the Foundation Information below.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head Signature

\_\_\_\_\_\_\_\_

Date

**Foundation Information**

1. Foundation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date Foundation Chartered/Incorporated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the organization filed for and received California tax exempt status?

Yes  No

3. Purpose of Foundation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. During the reporting period, were any Department employees directly involved with the Foundation’s policy making or its administration and operations (e.g., by serving as members of the Board of Directors or officers of the Foundation)?

Yes  No

If yes, list the names and positions of the employees below.

**Name**  **Position**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the involvement in Foundation activities of the above-named employees been discussed with County Counsel and approved by the Board of Supervisors as required by County Fiscal Manual Section 16.1.3.1?

Yes  No

5. If Department employees were involved in the activities and operations of the Foundation during work hours, identify the approximate percentage of time, the number of employees, and the salary and employee benefits cost spent on Foundation activities during the reporting period.

**Percentage of Time Spent Number of Approximate**

**on Foundation Activities Employees Salaries and Benefits**

100% \_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

75% to less than 100% \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

50% to less than 75% \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

25% to less than 50% \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Less than 25% \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total (include total salaries in No. 6d. below) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Total estimated value of support provided by the Department to the Foundation during the reporting period.

**Cost or Value of Support**

**Type of Support** **Provided to the Foundation**

a. Office space $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Utilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Staff/personnel (salaries and benefits,

including the total from No. 5 above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Travel/transportation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Other (describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Were any County revenues from activities (e.g., ticket sales, entrance fees) transferred or otherwise provided to the Foundation during the reporting period?

Yes  No

If yes, describe the type (source) of revenues and the amount transferred to the Foundation.

**Type of Revenue Dollar Amount Transferred**

General admission fees $ \_\_\_\_\_\_\_\_\_\_

Special events admission fees \_\_\_\_\_\_\_\_\_\_

Revenues from other activities \_\_\_\_\_\_\_\_\_\_

(e.g., concession sales);

describe the other activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Total $ \_\_\_\_\_\_\_\_\_\_

8. Does the Department provide oversight or monitor the Foundation’s activities, services, or financial matters?

Foundation activities Yes  No

Foundation services

(Support provided to Department) Yes  No

Financial matters Yes  No

9. Type and value of tangible support provided by the Foundation to the Department during the reporting period.

**Dollar Value of**

**Type of Support** (See note below) **Support Received**

Contributions:

Monetary $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional compensation for

County employees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplies/medicines \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment/facilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel/transportation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (describe):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Tangible contributions, such as funds, supplies, or equipment which Foundations donate to the Department or the Department’s clients, are considered donations and must be budgeted, accounted for, and documented (dates, value, etc.) in accordance with the donation procedures in the County Fiscal Manual Section 2.4.0.

1. Does the Foundation provide intangible benefits/services (e.g., volunteer hours, goodwill) to the Department? (See note below)

Yes  No

1. If the answer to No. 10 is yes, list the type and number of units (e.g., volunteer hours) of intangible benefits/services provided by the Foundation to the Department during the reporting period. (See note below)

**Type & Number**

**Description of Benefits/Services** **of Units**

EXAMPLE: Volunteer work related to youth activities 180 hours

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

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Note: It is very important that intangible benefits be identified and listed to show the true value of continuing the relationship with the Foundation. Volunteer hours, etc., must be listed in this section. They are **NOT** to be dollarized and included in No. 9 above.

12. Foundation operating budget. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Attach Foundation’s Form 199 (Exempt Organization Annual Information Return or Statement).

Attached  Not Attached

If Form 199 is not attached, please explain why:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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14. Attach a list of Foundation assets (e.g., cash).

Attached  Not Attached

If a list of assets is not attached, please explain why:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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15. List any observations on areas where the Foundation may be able to improve the manner in which it operates. For example:

1. In its relationship with the Department.

2. In its relationship with the clients it serves.

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