2015 Exempt Org. Return prepared for:

LAGUNA BEACH SCHOOLS PERFORMING ARTS **BOOSTERS**

625 PARK AVENUE LAGUNA BEACH, CA 92651

Robert L. Gamez, CPA 920 Glenneyre St., Suite #D Laguna Beach, CA 92651

IRS e-file Signature Authorization for an Exempt Organization

Tax an lander week 2015, or figure year hoginaing	7/01	, 2015, and ending	6/30	20 2016
For calendar year 2015, or fiscal year beginning	//UI	, 2015, and ending	6/30	, 20 2016

OMB No. 1545-1878

De Int

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

Internal Revenue Service	► Information about Form 8879-EO and its instruct	ions is at www.irs.gov/for	
	AGUNA BEACH SCHOOLS PERFORMING ART	S	Employer identification number 20-1557073
Name and title of officer	00012110		
ANGELA SHIPP		resident	
Part I Type of Ret	urn and Return Information (Whole Dollars (Only)	
Check the box for the ret check the box on line 1a.	urn for which you are using this Form 8879-EO and ent 2a, 3a, 4a, or 5a, below, and the amount on that line for 5b, whichever is applicable, blank (do not enter -0-) Do not complete more than 1 line in Part I.	er the applicable amount, or the return being filed wi	til tills joitti was blank, tilen
1 a Form 990 check he	e ▶	VIII, column (A), line 12)	1 b
	here X b Total revenue, if any (Form 990-E		
3 a Form 1120-POL che			
	here ▶		
5 a Form 8868 check h	ere ▶	3c or Part II, line 8c)	5 b
Part II Declaration	and Signature Authorization of Officer		
electronic return and accor I further declare that the intermediate service provide IRS (a) an acknowled refund, and (c) the date of funds withdrawal (direct organization's federal tax contact the U.S. Treasury authorize the financial interpretation in the contact results and resul	r, I declare that I am an officer of the above organization and statements and to the best of my lamount in Part I above is the amount shown on the colder, transmitter, or electronic return originator (ERO) is gement of receipt or reason for rejection of the transmit fany refund. If applicable, I authorize the U.S. Treasuebit) entry to the financial institution account indicated sowed on this return, and the financial institution of Financial Agent at 1-888-353-4537 no later than 2 but titutions involved in the processing of the electronic palve issues related to the payment. I have selected a peturn and, if applicable, the organization's consent to	knowledge and beller, they a by of the organization's ele o send the organization's ssion, (b) the reason for a ry and its designated Final in the tax preparation sof debit the entry to this acco siness days prior to the pa syment of taxes to receive ersonal identification numb	re true, correct, and complete. ectronic return. I consent to allow my return to the IRS and to receive from any delay in processing the return or ncial Agent to initiate an electronic ftware for payment of the unt. To revoke a payment, I must lyment (settlement) date. I also confidential information necessary to per (PIN) as my signature for the
Officer's PIN: check one	box only		
X I authorize Robe	t L. Gamez, CPA	to enter my PIN	05261 as my signature
	ERO firm name		Enter five numbers, but do not enter all zeros
on the organization's ta a state agency(ies) ro the return's disclosur	x year 2015 electronically filed return. If I have indicated w gulating charities as part of the IRS Fed/State progran e consent screen.	ithin this return that a copy n, I also authorize the afor	of the return is being filed with
indicated within this i	anization, I will enter my PIN as my signature on the orgar eturn that a copy of the return is being filed with a stat ny PIN on the return's disclosure consent screen.	nization's tax year 2015 elect e agency(ies) regulating c	tronically filed return. If I have harities as part of the IRS Fed/State
Officer's signature		Date ►	
Part III Certification	and Authentication		
FRO's FFIN/PIN. Enter v	our six-digit electronic filing identification		
number (EFIN) followed	y your five-digit self-selected PIN		
above I confirm that I am	umeric entry is my PIN, which is my signature on the 2 submitting this return in accordance with the requirements viders for Business Returns.	015 electronically filed retu of Pub. 4163, Modernized e-l	urn for the organization indicated File (MeF) Information for
ERO's signature ► ROB	ERT L. GAMEZ, CPA	Date ►	
	ERO Must Retain This Form — Do Not Submit This Form To the IRS Ur	See Instructions lless Requested To Do So)

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2015)

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

● If you are	e filing for an Automatic 3-Month Extension, com	plete only	Part I and check this box		▶ 🏻
 If you are 	e filing for an Additional (Not Automatic) 3-Month	n Extension	i, complete only Part II (on page 2 of this	s form).	
Electronic file corporation request an ex	blete Part II unless you have already been granted ling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not tension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which mung of this form, visit www.irs.gov/efile and click of	if you need automatic) For Part II was he sent	I a 3-month automatic extension of time 3-month extension of time. You can elec- ith the exception of Form 8870, Information to the IRS in paper format (see instruction	to file (6 months for stronically file Form Return for Transfers	0000 10
Part I	Automatic 3-Month Extension of Time.	Only sub	omit original (no copies needed).		
	n required to file Form 990-T and requesting an a			complete Part I only.	▶□
	porations (including 1120-C filers), partnerships, i		nd trusts must use Form 7004 to request	an extension of time	e to file
			Enter filer's identif	ying number, see ir Employer identification n	
	Name of exempt organization or other filer, see instructions.			Linpleyer leaves	•
Type or orint	LAGUNA BEACH SCHOOLS PERFORMIN			20-1557073	agh)
ile by the	Number, street, and room or suite number. If a P.O. box, see in	structions.		Social security number (S	35IV)
due date for iling your	625 PARK AVENUE				
eturn. See	City, town or post office, state, and ZIP code. For a foreign additional code.	ress, see instru	ctions.		
nstructions.	LAGUNA BEACH, CA 92651				
Enter the Re	eturn code for the return that this application is for	r (file a sep	arate application for each return)		01
Application Is For	1	Return Code	Application Is For		Return Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-Bl	DAGENERAL SECURIOR	02	Form 1041-A		08
Form 4720 (ii		03	Form 4720 (other than individual)		09
Form 990-PI		04	Form 5227		10
1 2	(section 401(a) or 408(a) trust)	05	Form 6069		11
	(trust other than above)	06	Form 8870		12
Telephon If the org If this is check the the exte I I reque until The extendal this is check the extended	ROBERT L. GAMEZ, The No. • 949-494-1034 Granization does not have an office or place of busing for a Group Return, enter the organization's four alias box •	Fax No siness in the digit Group theck this be required to anization re	e United States, check this box	this is for the whole	e group,
3 a If this nonre	application is for Forms 990-BL, 990-PF, 990-T, fundable credits. See instructions	4720, or 60	69, enter the tentative tax, less any	3 a \$	0.
tax pa	application is for Forms 990-PF, 990-T, 4720, or syments made. Include any prior year overpaymen	nt allowed a	as a credit	3 b \$	0.
EFTP:	ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	Instruction	5	3 c \$	0.
Caution. If payment in	you are going to make an electronic funds withdrastructions.	awal (direct	debit) with this Form 8868, see Form 82	+D3-EU and Form 80	3/3-EO IOI

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

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 th	ne 2015 calendar year, or tax year beginning 7/01 , 2015, and ending 6/30	, 2016
			nployer identification number
	Name of	schange LAGUNA BEACH SCHOOLS PERFORMING ARTS 2	0-1557073
=	Initial re	BOOSTERS E Te	lephone number
=		1625 PARK AVENUE	
		ILAGUNA BEACH, CA 92001	roup Exemption
П	Applica		umber
G	Accou	ariting motiod. A control of the con	if the organization is not
		site: N/A required to	attach Schedule B
J	Tax-ex	empt status (check only one) — X 501(c)(3)	990-EZ, or 990-PF).
		of organization: Corporation Trust Association Other	
	asset	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. 73 155, 758.
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	ions 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	1 155,717.
		Program service revenue including government fees and contracts	
	3	Membership dues and assessments.	
	4	Investment income	4 41.
		Gross amount from sale of assets other than inventory	
		Ecss. cost of other basis and sales expenses	5 c
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	23732
ь		Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	
REVENU		Circle in the ing the circle in the circle i	
Ě	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum	
Ü		of such gross income and contributions exceeds \$15,000)	
-	С	Less: direct expenses from gaming and fundraising events 6 c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d
	7 a	Gross sales of inventory, less returns and allowances	
	b	Less: cost of goods sold	
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).	7 c
	8	Other revenue (describe in Schedule O)	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 155,758
40.	10	Grants and similar amounts paid (list in Schedule O)	10
	11	Benefits paid to or for members	12
E	12	Salaries, other compensation, and employee benefits	12 615
XPENSE	13	Professional fees and other payments to independent contractors	13 615
N S	14	Occupancy, rent, utilities, and maintenance	15 49
E S	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule O). See Schedule O	16 167,792
	16	Other expenses (describe in Schedule U).	17 168, 456
-	17	Total expenses. Add lines 10 through 16. Excess or (deficit) for the year (Subtract line 17 from line 9).	18 -12,698
А	18		
NS	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)	
NSET S	20	Other changes in net assets or fund balances (explain in Schedule O)	20
S	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	21 105,885
BA		r Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2015)

Par	Check if the organization used Sche	dule 0 to respond to any que	stion in this Part II.			<u>U</u>
-				(A) Beginning of year	ar	(B) End of year
22	Cash, savings, and investments			118,583	. 22	105,885.
23	Land and buildings	era erren era erren era era erren err			23	
24	Other assets (describe in Schedule O)				24	
25	Total assets		[118,583	. 25	105,885.
26	Total liabilities (describe in Schedule O)			0	. 26	0.
27	Net assets or fund balances (line 27 of c	column (B) must agree with I	ine 21)	118,583	. 27	105,885.
Par	t III Statement of Program Service Ac	complishments (see the instr	ructions for Part III)	III		Expenses
	Check if the organization used Sch	nedule O to respond to any q	uestion in this Part	<u>III </u>	(Regi	uired for section 501
What	is the organization's primary exempt purpose? See	Schedule 0	la thuas lavaget prog	ram convices as	(c)(3)	and 501(c)(4) nizations; optional
Desc	ribe the organization's program service ac sured by expenses. In a clear and concise fitted, and other relevant information for ea	e manner, describe the service	es provided, the nu	mber of persons		hers.)
	efited, and other relevant information for es	ach program une.	CMTADY AND H	TCH SCHOOL		
28	ENHANCED PERFORMING ARTS	COKKICOTOM AT FTEM	CULTARI AND II	1GU 2CUOOT - 1		
	LEVEL AT THE LAGUNA BEACH					
	(Grants \$) If thi	s amount includes foreign gr	ants, check here	F	28 a	168,456.
20	(Grants \$) If the	o amount morades foreign gr			1	200/1001
29						
	(Grants \$) If thi	is amount includes foreign gr	ants, check here	╌╌╌┈╒┌┪	29 a	
30	X			PERSONAL PROPERTY (1997)		
30						
	(Grants \$) If thi	is amount includes foreign gr	ants, check here		30 a	
31	Other program services (describe in Sch	edule O)				
	(Grants \$) If the	is amount includes foreign gr	ants, check here		31 a	
32	Total program service expenses (add lin	nes 28a through 31a)			32	168,456.
Pai	HIV List of Officers, Directors.	Trustees, and Key Emp	loyees (list each one	even if not compensated - s	see the	instructions for Part IV)
	Check if the organization used Sci	hedule O to respond to any q	uestion in this Part	IV		
	227.1	(b) Average hours per	(c) Reportable compensa (Forms W-2/1099-MIS)	(d) Health benefit	oyee	(e) Estimated amount of
	(a) Name and title	week devoted to position	(if not paid, enter -0-)	benefit plans, and det compensation	erred	other compensation
7 17	CELA CUIDO					
	GELA_SHIPP	4		0.	0.	0.
	esident CKI MCINTOSH	•				
	easurer	1		0.	0.	0.
	THE TANK MOODE					80.0
	retary	О		0.	0.	0.
DC.	cictary					
-						
		1				
				-		
		-				
7						
		-				
		1				
0						
		1				
is .						
		1				
BA	Α	TEEA0812L	10/12/15			Form 990-EZ (2015)
_ , ,,	0.3362					

33 Did the organization engage in any significant activity not previously reported to the IRS? 14 (**res**, provide a detailed description of each activity in Schedule**) 34 (**res**, provide a detailed description of each activity in Schedule**) 35 All Were any significant during natio the beginning to great any solution of each activity in Schedule**, state a continued cay of the arrended documents if they reflect a charge to the organization state, otherwise, suggests scores of \$1,000 or more during the year from business activates (such as those each scale activation in the schedule of the sc	Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	TIE C) 	X
34				Yes	
34	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	33		X
33a Dit the organization nave 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)? bit 'Yes,' to lime 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O. C. Was the organization of Schedule O. (1956). or \$501(c)(50), or \$501(c)(50), or \$501(c)(50), or \$501(c)(50), or \$501(c)(50), organization subject to section 503(e) notice. 35b	34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they renect	24		
(such as those reported on lines 2, 6a, and 7a, among others)? bit 1"es*, in line 35a, has the organization file da Form 990.1" 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 603(e) notice, reporting, and provy tax requirements during the year? If Yes*, complete Schedule C, Part III and an or the assets during the year? If Yes*, complete sophicate or so Schedule N. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions • 37a 0.		a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		<u>X</u>
bit 1 Yes; To line 35a, has the organization field a Form 990-T for the year? If No, 'provide an explanation in Schedule O. 285b C. Was the organization as Section 501(c)(4), 501(c)(6), 50 501(c)(6), 50 organization subject to section 633(e) notice, reporting, and proxy lax requirements during the year? If Yes; complete Schedule C, Part III. 36 Dut the organization undergo a fliquation, discoslution, termination, or significant and subject to section 64 organization of the discoslution of the discos	35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	35 a		Х
c Was the organization a section 501(c)(4), 501(c)(6) or 501(c)(6) organization subject to section 603(e) notice, reporting, and proys tix requirements during the year? If "res," complete 5 chedule C, Part III and 50 its the organization undergo a liquidation, dissolution, termination, or significant disposition of net assest during the year? If "res," complete 5 organization is Porting the year? If "res," complete 5 organization is Porting the year and separation of net assest during the year? If "res," complete 5 organization is Porting the year? If "res," complete 5 organization is Porting the year? If "res," complete 5 organization of parting the year organization to row 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? \$\$ 38 bit 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? \$\$ 38 bit 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? \$\$ 38 bit the organization borrow from, or make any loans included on line 9. \$\$ 50 colors 501(c)(7) organizations included on line 9. \$\$ 50 colors 501(c)(7) organizations. Enter amount of tax imposed on dramp the year under stock or disquired professors during the year of did the organization or a prior year that has not been reported on any of its prior forms 990 organizations. Enter amount of tax or inea documents of dependent year, of did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such loans as bank account, securities account, or other financial accounts?) \$\$ 20 bit the organization was the organization have an interest i		Lift Yes ' to line 35a, has the organization filed a Form 990-T for the year? If 'No.' provide an explanation in Schedule O.	35 b		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition or het assets during the year? If "res," complete splicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37a 0. 37b Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37a 0. 37b Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37a 0. 37b Did the organization borrow from, or make any loans to, any officer, director, frustee, 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? 38a Did the organizations borrow from, or make any loans to, any officer, director, frustee, 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? 38a Did N/A 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A 40a Section 501(c)(3) offic)(4), and 501(c)(29) organizations due to enganization during the year under: section 4911 * 0.; section 4912 * 0.; section 4955 * 0. b Section 501(c)(3) offic)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and the year under: section 4911 * 0.; section 4912 * 0.; section 4955 * 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Brian excess benefit transaction in any ory year that has not been reported on any of its prior Forms 990 or 990-E27 If Yes, complete Schedule L, Part 1. 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Brian excess benefit transaction in a prior year and still any experiments of engage in an excess benefit transaction in a prior year and still any experiments of engage in any section 4958 excess benefit transaction in any organization and excess the end transaction in any organization and excess the end transaction in any organi		• Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	25		
As a The arganization of net assets during the year? If "Yes," complete applicable parts or Schedule N		reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 C		<u>X</u>
b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any leans to, any officer, director, trustee, or key employee or were any such leans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b If Yes; Complete Schedule, L. part III and enter the total amount involved. 38 o Section 501(c/Q) organizations. Enter: a initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39 a N/A 40 a Section 501(c/Q) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 * O .; section 4912 * O .; section 4912 * O . Section 501(c/Q), 501(c/Q), and 501(c/Q) 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-EZ7 If Yes, complete Schedule L, Part I and on any of its prior Forms 990 or 990-EZ7 If Yes, complete Schedule L, Part II and the organization managers or disqualified persons during the year under sections 4912.4955, and 4988. 40 b X 41 List the states with which a copy of this return is first * CA 42 a The organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8986-T. 42 a The organization is first enter in the * CA 42 a The organization is a Capital properties. The properties of the organization and the organization and party to a prohibited tax shelter transaction? If Yes, complete Form 8986-T. CA 42 a The organization and the organization maintain any office outside the U.S.? 42 b X if Yes, enter the name of the foreign country: * 43 Section 4947(a)(1) nonexempt charitable trusts fil		disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	oreany colors	X
b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any leans to, any officer, director, trustee, or key employee or were any such leans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b If Yes; Complete Schedule, L. part III and enter the total amount involved. 38 o Section 501(c/Q) organizations. Enter: a initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39 a N/A 40 a Section 501(c/Q) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 * O .; section 4912 * O .; section 4912 * O . Section 501(c/Q), 501(c/Q), and 501(c/Q) 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-EZ7 If Yes, complete Schedule L, Part I and on any of its prior Forms 990 or 990-EZ7 If Yes, complete Schedule L, Part II and the organization managers or disqualified persons during the year under sections 4912.4955, and 4988. 40 b X 41 List the states with which a copy of this return is first * CA 42 a The organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8986-T. 42 a The organization is first enter in the * CA 42 a The organization is a Capital properties. The properties of the organization and the organization and party to a prohibited tax shelter transaction? If Yes, complete Form 8986-T. CA 42 a The organization and the organization maintain any office outside the U.S.? 42 b X if Yes, enter the name of the foreign country: * 43 Section 4947(a)(1) nonexempt charitable trusts fil	37	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		5631	
any such loans made in a prior year and still and enter the total bif Yes; "complete Schedule I., Part II and enter the total 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9		b Did the organization file Form 1120-POL for this year?	3/D	Galanti I	
as Section 501(c)(3) organizations. Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b N/A 39b N/A 39b N/A 39b N/A 39b N/A 39ction 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 * 0 , section 4912 * 0 , section 4915 * 0 . 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) 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. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or discussified persons during the year under sections 4912 x 4955, and 4955. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or discussified persons during the year under sections 4912 x 4955, and 4955. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and the properties of the organization and the 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax stellar transaction? If Yes, complete Form 8886-T. List the states with which a copy of this return is filed * CA 42a The organizations are organization as the organization aparty to a prohibited tax shortly over a financial account in a foreign country cuch as a bank account, securities account, or other subnority over a financial account in a foreign country cuch as a bank account, securities account, or other subnority over financial accountry. 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here financial accountry. Yes, in the financial manificant manificant manificant manificant manificant manificant manif		any such loans made in a prior year and still outstanding at the end of the tax year covered by this retain.	38 a	61966281X70 8/0	
39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 * 0, is exclined 4912 * 0, is exclined 4955 * 0.		b If 'Yes,' complete Schedule L, Part II and enter the total			
a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39b N/A 40a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 * 0.; section 4912 * 0.; section 4915 * 0.; section 4955 * 0. b Section 501 (c)(3). 501 (c)(4). and 501 (c)(29) organizations. Did the organization angage 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 1. c Section 501 (c)(3). 501 (c)(4). and 501 (c)(29) organizations. Enter amount of tax imposed on organization analyses or disqualified persons during the year under sections 4912, 4955, and 4958	39				
b Gross receipts, included on line 9, for public use of club facilities. 39b N/A 40a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year runder: section 4911 * 0 , ; section 4912 * 0 , ; section 4955 * 0 . b Section 501 (c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ7 if "Yes," complete Schedule L, Part 1 . c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of fax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of fax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of fax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of fax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of fax on line 40c remibursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax sheter transaction? If "Yes," complete Form 8865-T. 40 Extended the organization and the properties of the organization and party to a prohibited tax for year and the diverse of the properties of the organization and party to a prohibited tax for year and the diverse of the properties of the organization and the properties of the proper		a Initiation fees and capital contributions included on line 9	120000-4610044111		
Section 4911		b Gross receipts, included on line 9, for public use of club facilities			
Section 4911	40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
benefit transaction during the year, or did it engage in an excess benefit transaction at prior year text that so the properties on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T. List the states with which a copy of this return is filed by CA 42a The organization's books are in care of by ROBERT L, GAMEZ, CPA Located at by 920 GLENNEYRE ST. D LAGUNA BEACH CA Located at by 920 GLENNEYRE ST. D LAGUNA BEACH CA If Yes, enter the name of the foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: by and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b) Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 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. 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. b) Did the organization receive any payments for indoor tanning services durin		section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule I, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 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 8866-T. 40 List the states with which a copy of this return is filed F CA 42 a The organization's books are in care of F ROBERT L. GAMEZ, CPA Located at F 920 GLENNEYRE ST. D LAGUNA BEACH CA Talephone no. F 949-494-1034 Located at F 920 GLENNEYRE ST. D LAGUNA BEACH CA Talephone no. F 949-494-1034 If Yes, enter the name of the foreign country: F See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: F 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Dic the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Dic the organization receive any payments for indoor tanning services during the year? 44 Did the organization receive any payments for indoor tanning services during the year? 45 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 Did the organization have a controlled entity within the meaning of section 512(b)(13)?		bonofit transaction during the year or did if engage in an excess periodic lights delight in a prior year that has not been	40.6	and with the second of the	37
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 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 8865. T. 42 a The organization's becoke are in care of POBERT L. GAMEZ, CPA CATAIN THE ACT OF THE		reported on any of its prior Forms 990 or 990-F7? If 'Yes,' complete Schedule L, Part I	40 b	tirlinse i	X natacieni
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 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 8865. T. 42 a The organization's becoke are in care of POBERT L. GAMEZ, CPA CATAIN THE ACT OF THE		c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
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. 41 List the states with which a copy of this return is filed > CA 42a The organization's books are in care of > ROBERT L. GAMEZ, CPA Located at > 920 GLENNEYRE ST. D LAGUNA BEACH CA 2/IP + 4 > 92651 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)? 42b X If 'Yes,' enter the name of the foreign country: > See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c X 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990-EZ in lieu of Form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ. 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 5 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 5 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 6 Did the organization receive any payments for indoor tanning services during the year? 6 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		4 Section 501(c)(2) 501(c)(4) and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
42 a The organization's books are in care of ROBERT L. GAMEZ, CPA Telephone no. > 949-494-1034 Located at > 920 GLENNEYRE ST. D. LAGUNA BEACH CA Located at Post of 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)? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: > 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 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. 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. c Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yos,' provide an explanation in Schedule O. Aba Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		At the divine the tay year was the organization a party to a prohibited tax	40 e	zagawan.	X
42 a The organization's books are in care of NOBERT L. GAMEZ, CPA Telephone no. 949-494-1034 Located at 920 GLENNEYRE ST. D. LAGONA BEACH CA IIP+4 92651 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)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42 b	41			•	
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: 42 c	42	books are in care of ► ROBERT_L. GAMEZ, CPA Located at ► 920 GLENNEYRE ST. D LAGUNA BEACH_CA ZIP + 4 ► 92651	94-1 <u>0</u>		 No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 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. c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? f "No," provide an explanation in Schedule O. 45a Did the promainization have a controlled entity within the meaning of section 512(b)(13)?		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		Х
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: ▶ 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 − Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 43 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. 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. c Did the organization receive any payments for indoor tanning services during the year? 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. 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		If 'Yes,' enter the name of the foreign country: ►			
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: ▶ 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 − Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 43 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. 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. c Did the organization receive any payments for indoor tanning services during the year? 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. 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. 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. 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. c Did the organization receive any payments for indoor tanning services during the year? 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. 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c		Λ
At a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 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. c Did the organization receive any payments for indoor tanning services during the year? 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. 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		If 'Yes,' enter the name of the foreign country: ▶			
of Form 990-EZ 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. c Did the organization receive any payments for indoor tanning services during the year? 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. 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		and enter the amount of tax-exempt interest received or accrued during the tax year	Total district	► Yes	N/A N/A No
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. c Did the organization receive any payments for indoor tanning services during the year? 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. 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	4	of Form 990-EZ	44 a	31000G	Х
c Did the organization receive any payments for indoor tanning services during the year? 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. 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a X		b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	44 b	ALC:	Х
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. 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a X		c Did the organization receive any payments for indoor tanning services during the year?	44 c	r.Mancrer	X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		Class 700 to specif those payments?	EBSC FEELS	AME!	2500
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)			44 d		
	4	If 'No,' provide an explanation in Schedule O	45 a	1 4000000	Х

46	Did the organization engage, directly or indire candidates for public office? If 'Yes,' complete	ctly, in political campai Schedule C, Part I	gn activities	on behalf o	f or in opposition	to	46		X
Part	All section 501(c)(3) organization for lines 50 and 51.	ons must answer q							
	Check if the organization used Schedul	e O to respond to any	question in t	his Part VI.					للن
47	Did the organization engage in lobbying activities complete Schedule C, Part II	or have a section 501(h)	election in e	ffect during	the tax year? If 'Ye	es,'	47	Yes	No X
48 49 a b	Is the organization a school as described in some Did the organization make any transfers to an If 'Yes,' was the related organization a section Complete this table for the organization's five high employees) who each received more than \$100,0	ection 170(b)(1)(A)(ii)? exempt non-charitable s 527 organization?	If 'Yes,' come related organization of the related organization of the related to	nplete Scher anization? han officers,	dule E	and key	48 49 a 49 b		X
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable (Forms W-2/	compensation (1099-MISC)	(d) Health benefit contributions to emp benefit plans, and de compensation	loyee (e) E		d amour pensatio	
None	e								
51	Total number of other employees paid over \$ Complete this table for the organization's five hig compensation from the organization. If there	hest compensated independent	endent contra	actors who ea	ach received more	than \$100,00	00 of		
	(a) Name and business address of each independent of			(b) Type	of service		(c) Com	pensatio	n
None	e								
52	Total number of other independent contractor Did the organization complete Schedule A? No completed Schedule A	lote: All section 501(c)	(3) organizat	ions must a	ttach a		ΧYe	s [No
Under p	penalties of perjury, I declare that I have examined this return prect, and complete. Declaration of preparer (other than office	i, including accompanying sche er) is based on all information	dules and stater of which prepare	ments, and to the er has any know	e best of my knowledg ledge.	e and belief, it i	s		
23	Signature of officer				Date				
Sign Here					President				
	Print/Type preparer's name	Preparer's signature		Date	Check X] if PTIN	ge sees		
Paid	ROBERT L. GAMEZ, CPA	ROBERT L. GAMI	EZ, CPA	1/09/			4699	93	
Prepa					Eirmin File	► 0F	.640	0610	
Use (ē l				Firm's EIN Phone no.	949-49	120.00	0610 034	
	the IRS discuss this return with the preparer s	CA 92651	uctions		Thomas no.		XYe		No
May t	tne IKS discuss this return with the preparer s	HOWIT ADOVE: SEE HISH	uction3						(2015)

Open to Public 2015 OMB No. 1545-0047

2chedule ▲ (Form 990 or 990·EZ) 2015

Public Charity Status and Public Support

► Attach to Form 990 or Form 990-EZ. Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

ei Schedule A (Form 990 or 990-EZ) and its instructions is

(Form 990 or 990-EZ) **SCHEDULE A**

		Assess	the second					(E)
								(4)
								(a)
								(c)
								(B)
								(A)
								()
		ON	SəX					
		Stran	unoop	(/euononneur aas) axons				
(vi) Amount of other specifications)	(v) Amount of monetary (see instructions)	betsil no	el (vi) Isasinagro Inov ni Inocum	notssinsgro to eqyT (iii) 9-1 senil no bedroseb) (canotrouseri ses) evods	(ii) EIN	of supported anization	əmsN (i)	
			W W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	organization(s).	about the supported	owing information	Provide the foll	6
500 500 205						oer of supported o		j j
Vilenotionali)	a Type I, Type II, Type	s si ti ter	I) SAI ər	n determination from the more trongention.	etion received a writte s betanedhi integratete	szinsgro ədt ti xoc iut-non III savt 10	Check this t	Э
				.v na bna ,u bna A a	Diete Part IV, Sections). You must comp	instructions	
that is not equirement (see	upported organization(s) and an attentiveness r	is sti Ativ	v noitoan	anization operated in con must satisfy a distribut	spin pritionarie A bate	metri vilencitariit	-aoa III oav.T	p
			יי מי שווח	on operated in connection lete Part IV, Sections A	oue): xon wner comp	ı(z) (zee instructio	— organizatior	c
					Ons A and C.	ete Part IV, Secti	ldmos izum	
laving control or on(s). You	d organization(s), by h the supported organization	supporte supporte	e sti Atiw Introl or i	ontrolled in connection of the control of the contr	ation supervised or co	zigenio orginoggi	13 A II gavT] q
rne supported n. You must	on(s), typically by giving le supporting organizatio	oliszinsg di io saa:	oorted or oorted or	l, or controlled by its supl a majority of the director	injarly appoint or elect	porting organizations) (s) the power to regard) noitezinepio 💳	e e
	יהוי מנות נות:	auu araid	ua court	o (f)(s)903 Sog (s)(1) oi pporting organization a	acribes the type of su	rough 11d that de	lines 11a thi	-
the purposes of one in (3). Check the box in	tions of, or to carry out	Duni 941	erform .	y for the benefit of, to p	levizulare beterenn h	ne hazinepro noit	ezigebio av	LL
	.(4)(a)(4).	noitoes	99S .yi	y to test for public safe	d operated exclusivel	tion organized an	szinspio nA [01
ne organization atter	sinesses acquired by th	trom bus	(xet [[lucolue (lezz secriou a	ated business taxable 09(a)(2). (Complete P	ucome and unrela	i Juəmisəvni	
				33-1/3% of its support fro				6
eno al los y associaciones de consideres suo			(//vi). (Complete Part II	AX(FX(d)0VF noitoes ni	bedingseb taunt v	tinummos A	8
naguasan au	OL HOHL (HE BEHELSH bno.	บแก เยเน	олешше	g is mont from a g	sceives a substantial pa	ion that normally re 7 0(b)(T)(A)(i).	An organizati	
hediraseb ail	(v)(A).)(L)(d)07	r noito	es ni bedribed in se	rnment or governmer	ate, or local gove	A federal, st	9
				university owned or ope	art II.)	(iv). (Complete P	(A)(f)(d)0\f ∟	و آ
	ni badisəsəb tiqu lstramı	719700 6	vd beter		10 600 00 0 10 11,0000	and state:	name, city,	
ner the nospital s	⊓⊒ .(III)XAXI)Xa)U\I noi	1095 UI	secupeq	nction with a hospital de	ion operated in conjur			7
0,101,0004 041	(iii).	(A)(T)(d)	0√ ľ noi	sation described in sec	spital service organiz	r a cooperative ho	o Istiqzod A	ε
				chedule E (Form 990 or				z
		(i)(A)(I)(q)0/L uo	urches described in secti	ss, or association of chu	nvention of churche	A church, cor	_ L
	(·xo	ly one b	реск оп	or lines 1 through 11, c	Hion because it is: (F	sbnuot eteving a to	on zi noitszineg	Τρε οιζ
.snoi	part.) See instruct	sirt 9	təlqmc	o teum enoitezineg	oro IIA) eutete (AII oro	or Public Char	Reason f	Patl
{	20-1257073			CIND ONTENO	Mar choone n	BOOZIEKZ TROOM DERC		
19dmun noi	Employer identificat				H 2CHOOF2 BEK	I ACTINA PERAC		- Non-saltesantil
luspection	SI SUODANIA	em en p		oce to oce into 1) A sinc oce to oce into 1) A since		DIMI ~	of the Treasury	Departme

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

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.)

Sec	tion A. Public Support											
	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')											
2	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				Charles and an Alberta No. 2, 400 C	may to the act and produced in the first Mark						
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											
Sec	tion B. Total Support											
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)					THE STREET ASSESSED.						
11	Total support. Add lines 7 through 10											
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12						
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth	ax year as a section	on 501(c)(3)	▶ 🔲					
Sec	tion C. Computation of Pu	blic Support P	ercentage			14	0/					
14	Public support percentage for 20	015 (line 6, colum	n (f) divided by lir	ne 11, column (f))		14	<u>%</u> %					
15	Public support percentage from	2014 Schedule A,	Part II, line 14									
	a 33-1/3% support test – 2015. If and stop here. The organization	qualifies as a pu	blicly supported o	rgarnzation								
	33-1/3% support test — 2014. If and stop here. The organization	n qualifies as a pu	blicly supported t	nganization								
	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the fact	s-and-circumstand	ces' test. The orga	anization qualifies	as a publicly sup	ported organization) ▶					
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	io-circumstances	test. The organiza	ation qualifies as	a bacuary celebra		_					
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-FZ) 2015											

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.)

	ion A. Public Support	Par de segment de la		() 0010 T	(D. CO. 4	(-) 2015 T	(A) Total
Calenda	ar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include						
	received. (Do not include any 'unusual grants.')	209,949.	218,236.	162,041.	161,929.	155,717.	907,872.
	Gross receipts from admis-	203,343.	210/250.	102/0121			-
	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						0
	tax-exempt purpose						0.
	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						0.
	organization without charge		212 225	1.60 0.41	1.61 000	155,717.	907,872.
	Total. Add lines 1 through 5	209,949.	218,236.	162,041.	161,929.	155, /1/.	901,012.
/ a	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.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
_	Public support. (Subtract line			At 14 15 15 15 15 15 15			
0	7c from line 6.)	是为是不够					907,872.
Sec	tion B. Total Support						(O Tabal
Calend	lar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	209,949.	218,236.	162,041.	161,929.	155,717.	907,872.
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from		was all the same and	0.000 (0.000)	1212112		1 000
	similar sources	362.	334.	153.	112.	41.	1,002.
b	Unrelated business taxable income (less section 511						
	taxes) from businesses			4)			0.
	acquired after June 30, 1975	260	224	153.	112.	41.	1,002.
	Add lines 10a and 10b Net income from unrelated business	362.	334.	155.	112.	71.	1,002.
11	activities not included in line 10b,						
	whether or not the business is						0.
10	regularly carried on Other income. Do not include						
12	gain or loss from the sale of						
	capital assets (Explain in						0.
12	Total support. (Add lines 9,			N 1982AT 10 1981 W			000 074
	10a 11 and 12 \	210,311.	218,570.	162,194.	162,041.	155,758.	908,874.
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secor	nd, third, fourth, o	r fifth tax year as	a section sur(c)(s	" ▶ 🏻
500	tion C. Computation of Pu	blic Support F	Percentage				
15		015 (line 8, colum	n (f) divided by lir	ne 13, column (f))		15	99.89 %
16	Public support percentage from	2014 Schedule A	Part III, line 15			16	99.85 %
	tion D. Computation of Inv	vestment Inco	me Percentage	е		2505 8	
17	Investment income percentage	for 2015 (line 10c	, column (f) divide	ed by line 13, colu	ımn (f))	17	0.11 %
10	Investment income percentage	from 2014 Schedu	le A. Part III, line	: 17		18	0.15 %
19#	00 4 (00) 14 -4 - 001F	If the examplication	did not check the	hoy on line 14	and line 15 is mor	e than 33-1/3%, a	nd line 17 1 ► X
	ic not more than 33-1/3% chec	k this box and Sto	p nere. The organ	lization qualifies	as a publicly supp	ofted organization	
ł	33-1/3% support tests — 2014. I line 18 is not more than 33-1/39	If the organization	did not check a b	oox on line 14 or l	ine 19a, and line Jalifies as a public	cly supported orga	nization
20	Private foundation. If the organ	nization did not chi	and stop here. If	14, 19a. or 19b. o	check this box and	see instructions.	
20	rivate iounidation. If the organ	nzation did not on	TEE ANAISI		9,	chedule A (Form 99)	0 or 990-FZ) 2015

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sec	ction A. All Supporting Organizations		Yes	No
		arma a	165	Extra to
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	144	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 8	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		Here, in Here,
ı	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
(c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4:	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		1552 s
!	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
,	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8	Carlo M	i tanka:
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9t		
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	90		
10	Da Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	101	3 38358) 3	

Pa	irt IV Supporting Organizations (continued)			
8 2	20 10 10 10 10 10 10 10 10 10 10 10 10 10	MANUSER.	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction D. All Type III Supporting Organizations			
		- AND THE RES	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ction E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.	ne)		
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	13).		
2	Activities Test. Answer (a) and (b) below.	7,4046	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	1 2 2		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		MAKE
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	vembe Section	er 20, 1970. See instructio ons A through E.	ons. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities.	1a		
t	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
- 0	Total (add lines 1a, 1b, and 1c)	1d		THE STANDARD RESERVED BOOKS AND A
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		a a
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		6
5	Income tax imposed in prior year	5		72
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	C 1 5-1 and functionally into	egrate	d Type III supporting org	ganization

BAA

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizat	ions (continued)	
ection D — Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt page 1			
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of s			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions			
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to which the organization Part VI). See instructions.			
9 Distributable amount for 2015 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
ection E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6		$=\mathcal{T}_{i+1}$	
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions).			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
C			
d From 2013			
e From 2014			
f Total of lines 3a through e	ECHANICAL MINISTER, CARDIOL NO. 1871 A CARD CONTINUES CARDIOLOGICAL PROTECTION OF THE PROPERTY		
g Applied to underdistributions of prior years	NAMES OF THE PROPERTY AS A CONTRACTOR OF THE PROPERTY AS		
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f	· Variable V		
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years	1. 1. 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7:	2 0		
a			
b			
c Excess from 2013			
d Excess from 2014			

BAA

Schedule A (Form 990 or 990-EZ) 2015

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No. 1545-0047

2015

Name of the organization LAGUNA BEACH	SCHOOLS PERFORMING ARTS	Employer identification number
BOOSTERS		20-1557073
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	$X = \frac{X}{501}$ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not tre	eated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated	d as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by th	e General Rule or a Special Rule.	
	(10) organization can check boxes for both the General Ru	lle and a Special Rule. See instructions.
	(· · / · · · 3 ·	
General Rule	D, 990-EZ, or 990-PF that received, during the year, contrib	outions totaling \$5,000 or more (in money or
property) from any one contributor	. Complete Parts I and II. See instructions for determining	a contributor's total contributions.
Special Rules		
	ection 501(c)(3) filing Form 990 or 990-EZ that met the 33-	1/3% support test of the regulations
	1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part during the year, total contributions of the greater of (1) \$5	
Form 990, Part VIII, line 1h, or (ii)	Form 990-EZ, line 1. Complete Parts I and II.	
		t received from any and contributor
— — - · · · · · · · · · · · · · · · · ·	ection 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that of more than \$1,000 exclusively for religious, charitable, s	scientific, interary, or educational
purposes, or for the prevention of	cruelty to children or animals. Complete Parts I, II, and III.	
For an organization described in se	ection 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that	t received from any one contributor,
during the year, contributions excl	usively for religious, charitable, etc., purposes, but no such er here the total contributions that were received during the	e year for an exclusively religious.
charitable ata nurnosa Do not co	omplete any of the parts unless the General Rule applies t	to this organization because
it received nonexclusively religious	s, charitable, etc., contributions totaling \$5,000 or more dur	ring the year ▶ ♀

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page

of Part I

Employer identification numbe

2	Λ	_	1	_	_	7	Λ	7	2
Z	U	_	T	Э	J	1	U	-/-	Э

LAGUNA BEACH SCHOOLS PERFORMING ARTS Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) Type of contribution (c) Total contributions (a) Number (b) Name, address, and ZIP + 4 X Person FESTIVAL OF ARTS Payroll 15,000 Noncash BROADWAY (Complete Part II for LAGUNA BEACH, CA 92651 noncash contributions.) (d) Type of contribution (c) Total contributions (b) Name, address, and ZIP + 4 (a) Numbei Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) (a) Number Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (c) Total (b) Name, address, and ZIP + 4 (a) Number contributions Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (c) Total contributions (b) (a) Number Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d)
Type of contribution (c) Total contributions (b) Name, address, and ZIP + 4 (a) Number Person **Payroll**

Noncash

(Complete Part II for noncash contributions.)

1 to 1 of Part II

Name of organization

LAGUNA BEACH SCHOOLS PERFORMING ARTS

Employer identification number

20-1557073

Page

(b) ncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b)	\$\$	
(b)	 \$	11
(b)		
(b)		
(b) ncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) ncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) oncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) oncash property given	FMV (or estimate) (see instructions)	(d) Date received
	-	
	 \$	
(b) oncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) oncash property given (b) oncash property given (b) oncash property given (b) oncash property given (b) oncash property given	(b) oncash property given (c) FMV (or estimate) (see instructions) (b) oncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions)

Page

1 to

Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

of Part III

Employer identification number

LAGUNA	BEACH SCHOOLS PERFORMING ARTS		20-1557073					
Part III	Exclusively religious, charitable, etc	., contributions to organi	izations described in section 501(c)(7), (8),					
	or (10) that total more than \$1,000 for the	vear from any one contribu	Itor. Complete columns (a) through (e) and					
	the following line entry. For organizations con	pleting Part III, enter the total	of exclusively religious, charitable, etc.,					
	contributions of \$1,000 or less for the year. (E	nter this information once. See	e instructions.) > \$N/A					
	Use duplicate copies of Part III if additional sp							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	N/A							
			- - -					
			_					
		(e)						
		(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
	· · · · · · · · · · · · · · · · · · ·							
		· - -						
		·						
	<u></u>	·						
	(b)	(6)	(4)					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
	h							
	(e)							
	(e) Transfer of gift							
	Transferee's name, address	and ZIP + 4	Relationship of transferor to transferee					
	<u> </u>							
(2)	(b)	(c)	(d) Description of how gift is held					
(a) No. from	(b) Purpose of gift	(c) Use of gift	Description of how gift is held					
Part I								
		_ (e)						
		Transfer of gift	Relationship of transferor to transferee					
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee					
		L						
	(b)	(c)	(d) Description of how gift is held					
(2)								
(a) No. from	Purpose of gift	Use`of gift	Description of now girt is field					
(a) No. from Part I	Purpose of gift	Use of gift	Description of now gift is field					
(a) No. from Part I	Purpose of gift	Use of gift	Description of now gift is field					
(a) No. from Part I	Purpose of gift	Use of gift	Description of now gift is field					
(a) No. from Part I	Purpose of gift	Use of gift	Description of now girt is field					

Transferee's name, address, and ZIP + 4

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

2015

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization and organizatio	Employer identification number
Name of the organization LAGUNA BEACH SCHOOLS PERFORMING ARTS BOOSTERS	20-1557073
Form 990-EZ, Part I, Line 16 Other Expenses	
BANK CHARGES BOOKKEEPING PROGRAM COSTS	4,000.
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
ENCOURAGE THE PERFORMING ARTS IN THE LAGUNA BEACH SCHOOL D	DISTRICT.
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Ben	efit Contracts
(a) Did the organization, during the year, receive any fu	unds, 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

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 '2015 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 and drawn against a U.S. financial institution.

WHEN TO FILE:

Fiscal year — See instructions.

Calendar year corporations — File and Pay by March 15, 2016.

Calendar year exempt organizations — File and Pay by May 16, 2016.

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.

Due to the Emancipation Day holiday on April 16, 2016, tax returns filed and payments mailed or submitted on April 18, 2016, will be considered timely.

ONLINE SERVICES:

Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations 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, DO NOT MAIL THIS VOUCHER _ _ _ _ _ _ _ DETACH HERE _ _ _ CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR 2015

Payment Voucher for Corporations and Exempt Organizations e-filed Returns

CALIFORNIA FORM

3586 (e-file)

2668214

20-1557073 LAGU

00000000000

FORM

TYB 07-01-15

TYE06-30-16

3

ROBERT L GAMEZ CPA

LAGUNA BEACH SCHOOLS PERFORMING ARTS BOOSTERS

625 PARK AVENUE

LAGUNA BEACH

CA 92651

AMOUNT OF PAYMENT

15

10.

2015 California Exempt Organization Annual Information Return

FORM
199

		The Part of Manager of the Control o	STATE SEA	
		115 or fiscal year beginning (mm/dd/yyyy) $7/01/2015$, and ending (mm/dd/yyyy) $6/30/2$	016 Ca	ifornia corporation number
Corporation	Organiza	LAGUNA BEACH SCHOOLS PERFORMING ARTS	-	See 1977 12 12 15
		BOOSTERS	FE	668214
Additional in	formation	n. See instructions.	1,310,300	0-1557073
Street addre	cc (cuite	or room)		IB no.
		AVENUE		
City	11(1)	State	1 (4.50)	⁹ code 2651
LAGUN				reign postal code
Foreign cou	ntry nam			
B Amend C IRC Se D Final I Enter C E Check 1 X F Federa 4 G Is this	ed Retur ction 494 nformati Dissolv late (mm accounti Cash I return Other 99 a group	nonmember sources	237010 . \$ 3701d to repo	
l Did th	e organiz	cation have any changes to its guidelines Date filed with IRS		CACA1112L 12/31/15
	ported to	the FTB? See instructions		
Part I		Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	41.
	1	Gross dues and assessments from members and affiliates	2	
Receipt	2	Gross contributions, gifts, grants, and similar amounts received	3	155,717.
and	3	Gross contributions, gills, grants, and similar amounts received.		
Revenue	es 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	155,758.
		Cost of goods sold		
	5	Cost or gloods sold		
	6	Total costs. Add line 5 and line 6	7	
	7	Total costs. Add line 5 and line 6	8	155,758.
-	8	- Little contact From Side 2 Port II line 18	9	168,456.
Expense	es 9	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-12,698.
	10	Excess of receipts over expenses and disbursements. Subtract title 3 from title 3	11	
	11	Total payments Use tax. See General Instruction K	12	
	12	• 12 to 11 to 12 then line 12 subtract line 12 from line 11	13	
	13	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	
Filing	14		15	10.
Fee	15	Filing fee \$10 or \$25. See General Instruction F	16	10.
	16		110860	1.0
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.	17	10.
C:	Und	er penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best production of preparer (other than laxpaver) is based on all information of which preparer has any knowledge.	t of my	knowledge and belief, it is true,
Sign Here		Title		 Telephone
	of	nature PRESIDENT Date Check if		● PTIN
	Pro	self-	7 1	P00046993
Paid	sig	nature ROBERT L. GAMEZ, CPA 1703717 compayed E		● FEIN
Prepare Use On	L. Itiri	n's name ROBERT L. GAMEZ, CPA	\neg	95-6400610
030 011	sel	yours, if -employed) 920 GLENNEYRE ST., SUITE #D		Telephone
	and	LAGUNA BEACH, CA 92651		949-494-1034
	-	ay the FTB discuss this return with the preparer shown above? See instructions		X Yes No
	I N	ay the FTB discuss this return with the proparer shown above.		

LAGU Part l		Oras	ACH SCHOOLS PERFORMING anizations with gross receipts of r	more than \$50,000 and pr	ivate foundations substitute information.		20-15	57073
		1	Gross sales or receipts from all b	ousiness activities. See in:	structions		1	
	2 Interest							41.
		3	Dividends			•	3	
Receip	ots	4	Gross rents	•	4			
from Other	The second secon							
Sourc	Fires 6 Gross amount received from sale of assets (See instructions).							
			Other income. Attach schedule	01 233013 (000 111011 00110	,		7	
		7	Total gross sales or receipts from other s	ources. Add line 1 through line 7	Fnter here and on Side 1, Pa	rt I, line 1	. 8	41.
		8	Contributions, gifts, grants, and similar ar	mounts naid. Attach schedule			9	
		9	Disbursements to or for members	e			10	
		10	Compensation of officers, director	ors and trustees. Attach s	chedule SEE	STMT 1	11	0.
		11	Other salaries and wages	ors, and trustees. Attach s	ichicadio		12	
Exper		12	Other salaries and wages				13	
and	1363	13	Interest				14	
Disbu		14	Taxes			**********	15	
ments	•	15	Rents	es exemple une comme une tratact fo			16	
		16	Depreciation and depletion (See	instructions)		יבאבאיי 2	17	160 156
		17	Other Expenses and Disburseme	ents. Attach schedule		. įsiriisių i. ži	18	168,456.
		18	Total expenses and disbursements. Add l	line 9 through line 17. Enter here	and on Side 1, Part I, line 9		. 10	168,456.
C 1	2000	-						
Sche	dule	e L	Balance Sheet	Beginning of to			d of taxable	•
Asset		e L	Balance Sheet	Beginning of to	(b)	(c)	W 444 (1980 1970 1977 1977 1977 1977 1977 1977 197	(d)
Asset	: s Cash						d of taxable	•
Asset 1 2	: s Cash Net acc	counts	receivable.		(b)		•	(d)
Asset 1 2 3	:s Cash Net acc Net not	counts	s receivable.		(b)		•	(d)
Asset 1 2 3 4	Cash Net acc Net not Invento	counts tes rec	s receivable ceivable		(b)		•	(d)
Asset 1 2 3 4 5	Cash Net acc Net not Invento Federal	counts tes rec pries .	receivable ceivable state government obligations.		(b)			(d)
Asset 1 2 3 4 5	Cash Net acc Net not Invento Federal Investn	counts tes rec pries . I and nents	s receivable. ceivable state government obligations. in other bonds		(b)			(d)
Asset 1 2 3 4 5 6 7	Cash Net acc Net not Invento Federal Investn Investn	counts tes rec ories . I and nents nents	s receivable. ceivable state government obligations. in other bonds	(a)	(b)			(d)
Asset 1 2 3 4 5 6 7 8	Cash Net acc Net not Invento Federal Investn Investn Mortga	counts tes recories. I and ments ments	s receivable. ceivable state government obligations. in other bonds in stock. ans.	(a)	(b)			(d)
Asset 1 2 3 4 5 6 7 8	Cash Net acc Net not Invento Federal Investn Investn Mortga	counts tes recories. I and ments ments	s receivable. ceivable state government obligations. in other bonds	(a)	(b) 118,583.			(d)
Asset 1 2 3 4 5 6 7 8 9	Cash Net acc Net not Invento Federal Investn Investn Mortga Other i	counts tes recorries. I and ments ments age loa	s receivable. ceivable state government obligations. in other bonds in stock. ans.	(a)	(b)			(d)
Asset 1 2 3 4 5 6 7 8 9 10 a	Cash Net acc Net not Invento Federal Investn Investn Mortga Other i Deprec	counts tes recories . I and ments ments age loa invest	s receivable ceivable state government obligations in other bonds in stock ans ments. Attach schedule	(a)	(b) 118,583.			(d)
Asset 1 2 3 4 5 6 7 8 9 10 a b	Cash Net acc Net not Invento Federal Investn Investn Mortga Other i Deprec Less ac	counts tes recories. I and nents nents ige loa invest	s receivable. ceivable state government obligations. in other bonds in stock ans ments, Attach schedule assets	(a)	(b) 118,583.			(d)
Asset 1 2 3 4 5 6 7 8 9 10 a b	Cash Net acc Net not Invento Federal Investo Mortga Other i Deprec Less ac Land	counts tes recories. I and ments ments age loa invest cable ccumi	s receivable. ceivable state government obligations. in other bonds. in stock. ans. ments. Attach schedule assets. ulated depreciation.	(a)	(b) 118,583.			(d) 105,885.
Asset 1 2 3 4 5 6 7 8 9 10a b 11 12	Cash Net acc Net not Invento Federal Investn Investn Mortga Other i Deprec Less ac Land Other a	counts tes red pries	s receivable. ceivable state government obligations. in other bonds in stock ans. ments. Attach schedule assets ulated depreciation.	(a)	(b) 118,583.			(d)
Asset 1 2 3 4 5 6 7 8 9 10a b 11 12 13	Cash Net acc Net not Invento Federal Investn Mortga Other i Deprec Less ac Land Other a	counts tes red pries	s receivable. ceivable state government obligations in other bonds in stock ans ments. Attach schedule assets ulated depreciation. s. Attach schedule	(a)	(b) 118,583.			(d) 105,885.
Asset 1 2 3 4 5 6 7 8 9 10 a b 11 12 13 Liabil	S Cash	tes recordes I and ments ments investigable cccumulassets assets and	state government obligations. in other bonds in stock ans ments, Attach schedule assets ulated depreciation s. Attach schedule	(a)	(b) 118,583.			(d) 105,885.
Asset 1 2 3 4 5 6 7 8 9 10 a b 11 12 13 Liabii 14	S Cash	counts tes rec pries	state government obligations. in other bonds in stock ans ments, Attach schedule assets ulated depreciation. s. Attach schedule s. net worth syable	(a)	(b) 118,583.			(d) 105,885.
Asset 1 2 3 4 5 6 7 8 9 10 a b 11 12 13 Liabil 14 15	S Cash	counts tes rec pries	state government obligations. in other bonds in stock ans ments. Attach schedule assets ulated depreciation. s. Attach schedule s. net worth syable us, gifts, or grants payable	(a)	(b) 118,583.			(d) 105,885.
Asset 1 2 3 4 5 6 7 8 9 10 a b 11 12 13 Liabii 14 15 16	S Cash	counts tes recorded and test r	state government obligations. in other bonds in stock ans. ments. Attach schedule assets ulated depreciation. s. Attach schedule s. net worth syable is, gifts, or grants payable notes payable.	(a)	(b) 118,583.			(d) 105,885.
Asset 1 2 3 4 5 6 7 8 9 10 a b 11 12 13 Liabil 14 15 16 17	S Cash	counts tes recorded and in the second and in the	state government obligations. in other bonds in stock ans ments. Attach schedule assets ulated depreciation. s. Attach schedule s. net worth syable is, gifts, or grants payable notes payable	(a)	(b) 118,583.			(d) 105,885.
Asset 1 2 3 4 5 6 7 8 9 10 a b 11 12 13 Liabil 14 15 16 17 18	S Cash	counts tes recorded and test tes recorded and test test tes recorded and test test test test test test test tes	state government obligations. in other bonds in stock ans ments. Attach schedule assets ulated depreciation. s. Attach schedule s. net worth tyable ties, gifts, or grants payable notes payable ties. Attach schedule	(a)	(b) 118,583.			(d) 105,885.
Asset 1 2 3 4 5 6 7 8 9 10 a b 11 12 13 Liabil 14 15 16 17 18 19	S Cash	counts tes recorded and test tes recorded and test test tes recorded and test test test test test test test tes	state government obligations. in other bonds in stock ans ments. Attach schedule assets ulated depreciation. s. Attach schedule s. net worth tyable ties, gifts, or grants payable notes payable ties. Attach schedule de or principal fund.	(a)	(b) 118,583.			(d) 105,885.
Asset 1 2 3 4 5 6 7 8 9 10 a b 11 12 13 Liabil 14 15 16 17 18	S Cash	counts tes records. I and ments ments age load investigable occumulates assets and into pa bution and I lastoc n or connection o	state government obligations. in other bonds in stock ans ments. Attach schedule assets ulated depreciation. s. Attach schedule s. net worth tyable ties, gifts, or grants payable notes payable ties. Attach schedule	(a)	(b) 118,583.			(d) 105,885.

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. Schedule M-1

		10 000		Income recorded on books this year not included	· · · · · · · · · · · · · · · · · · ·
1	Net income per books	-12,698.	/	in this return. Attach schedule	The second
2	Federal income tax	•			
3	Excess of capital losses over capital gains			Deductions in this return not charged against book income this year.	
4	Income not recorded on books this year.	TAGE LENGTH IN BANKATIONAL		Attach schedule	
	Attach schedule	• nearly and expension to the v	9	Total, Add line 7 and line 8	
5	Expenses recorded on books this year not deducted	PROPERTY OF THE PROPERTY OF TH	10	Net income per return.	
	in this return. Attach schedule	12 600 1	-	Subtract line 9 from line 6	-12,698.
6	Total, Add line 1 through line 5	-12,696.		Cubitact mic 2 main	

105,885.

3652154 CACA1112L 12/31/15 059 Side 2 Form 199 C1 2015

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

Department of the Treasury Internal Revenue Service

California Copy

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Employer identification number

*2*015

Name of the organization LAGUNA BEACH SCHOOLS PERFORMING ARTS 20-1557073 BOOSTERS Organization type (check one): Section: Filers of: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2015)		age	1 Of ridentification num	1 of Part I
Name of org			1	5570 <u>73</u>	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	e is needed.			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(c Type of co	l) ntribution
1	FESTIVAL OF ARTS BROADWAY	_\$15	<u>,000</u> .	Payroll [Noncash [X
	LAGUNA BEACH, CA 92651	_		(Complete Pa noncash cont	ributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	Type of co	d) entribution
		- \$		Person Payroll Noncash (Complete Pa	art II for ributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	Type of co	d) ontribution
		- - - -	. .	Person Payroll Noncash (Complete Panoncash conf	art II for tributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	ons	Type of co	d) ontribution
		\$=		Person Payroll Noncash (Complete Pinoncash con	art II for tributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributi	ons	Type of c	(d) ontribution
		\$\$. .	Person Payroll Noncash (Complete P	art II for
(a) Numbe	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	Type of c	(d) contribution
		 \$\$		Person Payroll Noncash (Complete Founcash cor	Part II for

lame of organization

BAA

LAGUNA BEACH SCHOOLS PERFORMING ARTS

Employer identification number

20-1557073

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) (a) No. from Part I N/A (c) FMV (or estimate) (see instructions) (d) (a) No. from (b) Date received Description of noncash property given Part I (d) Date received (c) FMV (or estimate) (see instructions) (b)
Description of noncash property given (a) No. from Part I (d) Date received (c) FMV (or estimate) (see instructions) (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (d) Date received (b)
Description of noncash property given (a) No. from (see instructions) Part I (d) Date received (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (a) No. from Part I

Ρ	ad	e
	uy	

1 to 1 of Part III

			Employer identification number
Name of organ	nization		20-1557073
LAGUNA	BEACH SCHOOLS PERFORMING ART	TS	
Part III	Exclusively religious, charitable, et	tc., contributions to organizations o	lescribed in section $501(c)(7)$, (8),
	or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contributor. Comple ompleting Part III, enter the total of exclusive (Enter this information once. See instruction	te columns (a) through (e) and ely religious, charitable, etc.,
	(la)	(c)	(d)

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
BAA			Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM

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 '2015 FTB 3539' on the check or money order. Detach form below. Enclose, but do not staple, payment with form and mail to:

FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

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

WHEN TO FILE: Calendar year corporations — File and Pay by March 15, 2016

Fiscal year filers - See instructions

Employees' trust and IRA — File and Pay by April 18, 2016 Calendar year exempt orgs — File and Pay by May 16, 2016

Due to the Emancipation Day holiday on April 16, 2016, tax returns filed and payments mailed or submitted on April 18, 2016, will be considered timely.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in

advance. Go to ftb.ca.gov for more information.

DETACH HI	ERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FO	RM	DETACH HERE
CAUTION: You ma	y be required to pay electronically, see instructions.		CALIFORNIA FORM
2015	Payment for Automatic Extension for Corporations and Exempt Organization	15	3539 (CORP)
2668214 TVB 07-01	LAGU 20-1557073 000000000000 -2015 TYE 06-30-2016	15	FORM 3
LAGUNA BEAROBERT L G	ACH SCHOOLS PERFORMING ARTS BOOSTERS		
625 PARK A			

AMOUNT OF PAYMENT

10.

FTB 3539 2015

LAGUNA BEACH

CA

92651

California Statements LAGUNA BEACH SCHOOLS PERFORMING ARTS BOOSTERS										
/09/17				···	10:12A					
Statement 1 Form 199, Part II, Line 11 Compensation of Officers, Directors,	Trustees and Key Empl	oyees								
Current Officers: Name and Address	Title and Average How Per Week Dev	irs Comp	en- but	ntri- ion to ? & DC	Expense Account/ Other					
ANGELA SHIPP 625 PARK AVENUE LAGUNA BEACH, CA 92651	President 4.00	\$	0.\$	0. 9	\$ 0					
VICKI MCINTOSH 625 PARK AVENUE LAGUNA BEACH, CA 92651	Treasurer 1.00		0.	0.	(
KATHLENN MOORE 625 PARK AVENUE LAGUNA BEACH, CA 92651	Secretary 0		0.	0.	(
	•	Fotal \$	0. \$	0.	\$ (

Accounting Fees
BANK CHARGES
BOOKKEEPING
Postage and Shipping
PROGRAM COSTS

615. 127. 4,000. 49.

163,665. 168,456.

Total 🕏

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.



40				Ol L'				
Chata Charity Pagistration Number 120	0122			Check if:	address			
State Charity Registration Number 130		ור אסייכ		Change of				
LAGUNA BEACH SCHOOLS PERFORM	OKMIN	G WVI2		Amended report				
Name of Organization								
625 PARK AVENUE Address (Number and Street)				Corporate or (Organization No. $\underline{2}$	2668214		
LAGUNA BEACH, CA 92651				Federal Emplo	yer I.D. No. 20-1	557073		
City or Town ANNUAL REGISTRAT	TION DE	State ZIP Co		l. Code Reas.	sections 301-307. 3	11 and 312)		
Make	e Check	Payable to Atto	rney General's	Registry of Cha	aritable Trusts			
Gross Annual Revenue	Fee	Gross Annual F	Revenue	Fee	Gross Annual Rev	/enue	F	ee
Less than \$25,000	0	Between \$100,0			Between \$1,000,0			150
Between \$25,000 and \$100,000	\$25	Between \$250,0	001 and \$1 millio	on \$75	Between \$10,000, Greater than \$50			225 300
PART A – ACTIVITIES					,			
For your most recent full accounti	na perio	od (beginning	7/01/15	ending	6/30/16) list:		
Gross annual revenue \$					105,885.			
			R Water Care Vi		OD OF THIS PE	PORT		
PART B - STATEMENTS REGA								
Note: If you answer 'yes' to any of the 'yes' response. Please review	he ques RRF-1 i	tions below, you instructions for	u must attach a information req	separate sheet uired.	providing an expla	nation and details		
1 During this reporting period, were t	there an	v contracts, loar	ns, leases or oth	er financial trar	nsactions between the	he	Yes	No
organization and any officer, director director or trustee had any financia	or truste	e thereot either a	lirectly or with an	entity in which a	iny such officer,		Ш	X
2 During this reporting period, was there property or funds?	e any the	eft, embezzlemen	it, diversion or mi	suse of the orga	nization's charitable			X
3 During this reporting period, did no	n-progr	am expenditures	exceed 50% of	aross revenues	s?			X
During this reporting period were any	v organiz	zation funds used	to pay any penal				П	X
Form 4720 with the Internal Reven	the serv	rice, attach a cop	oy. Proial fundraiser	or fundraising o	counsel for charitabl	e		
5 During this reporting period, were to purposes used? If 'yes,' provide an at provider.	ttachmer	nt listing the name	e, address, and to	elephone number	r of the service		Ш	X
6 During this reporting period, did the of the name of the agency, mailing as	organizat ddress.	tion receive any g	overnmental fund and telephone r	ling? If so, providumber.	de an attachment listi	ng		X
7 During this reporting period, did the d	organizat	tion hold a raffle f	or charitable purp		rovide an attachment			X
 indicating the number of raffles and the date(s) they occurred. 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 							X	
 charitable purposes. Did your organization have prepare principles for this reporting period. 	ed an au	udited financial s	statement in acc	ordance with ge	enerally accepted ac	ccounting		X
Organization's area code and telephone		er						
I declare under penalty of perjury that and belief, it is true, correct and compl	I have e lete.	examined this re	port, including	accompanying	documents, and to	the best of my kn	owled	lge
	ANG	ELA SHIPP		PRESIDEN'	Γ			
Signature of authorized officer		d Name		Title		Date		

059											
Date Accept	ted						i	ои оо	T MAIL	THIS FOR	M TO THE FTB
TAXABLE Y	ÆAR	Califorr	nia e-fil	e Return	Autho	rizat	ion for				FORM
2015	5	Exempt	Organ	nizations							8453-EO
Exempt Organiz		1						-		Identifying nur	mber
LAGUNA	BEACH S	SCHOOLS P	ERFORMI	NG ARTS					_	20-1557	7073
TAXABLE YEAR 2015 Exempt Organization name LAGUNA BEACH SCHOOLS PERFORMING ARTS Part I Electronic Return Information (whole dollars of the company of th	nly)										
											155,758.
2 Total 6	gross incor	me (Form 199 and disburser	, line 8) ants (Form	199 Line 9)	• • • • • • • • • • • • • • • • • • • •					2	155,758. 168,456.
			_			_					100,430.
Part II	Settle Yo	our Accoun	it Electro	nically for I	axable Yea	ar 201	5				
4 E	ectronic fu	inds withdrawa	al 4a A	Amount		4t	Withdrawa	al date (m	nm/dd/yy	уу)	
Part III I	Banking	Informatio	n (Have yo	u verified the e	xempt organ	zation'	s banking inf	ormation	?)		
	ū							\Box \sim		Па	
						7 Type	of account:	Che	ecking	Savin	igs
I authorize t withdrawal f	the exempt for the amo	t organization' ount listed on	's account to line 4a.	o be settled as	designated ii	n Part	I. If I check h	art II, Bo	ox 4, 1 au	utnorize an e	lectronic lunus
organization' Tax Board (for the fee li	s return is FTB) does iability and	true, correct, a not receive fu all applicable ed to the ETR I	nd complete ull and time e interest ar by the FRO	If the exempt of ly payment of the nd penalties. It transmitter, or in	organization is the exempt or authorize the intermediate se	filing a rganiza exemp ervice p	balance due tion's fee liat t organization rovider. If the	return, I u pility, the n return a processi i	inderstand exempt and acco n a of the	d that if the Fi organization mpanying sc exempt organ	ranchise will remain liable hedules and hization's
Sign	-						Preside	nt			
Here	Signat	ure of officer			Date		Title				
Part V	Declarat	ion of Elec	tronic Re	turn Origina	tor (ERO)	and F	aid Prepa	r er. See	instructi	ons.	
I declare that the best of rorganization officer's sign forms and in for Authorize the exempt preparer, ur statements,	at I have remy knowle n's return. nature on formation t ed e-file P organization der penal	eviewed the alledge. (If I am I declare, how form FTB 84% in the I will file with roviders. I will on return is fil ties of perjury a best of my k	bove exemp only an intervever, that f 3-EO before ith the FTB, I keep form ed, whichev	ot organization' ermediate servi orm FTB 8453- e transmitting the and I have follow FTB 8453-EO ver is later, and	s return and to ce provider, I EO accurated his return to the confile for found I will make a mined the above the confile of the confile	that the unders y reflect he FTE equirem ur year a copy	entries on fostand that I a stat the data o t; I have provents describe from the du available to tempt organize	orm FTB m not restricted the d in FTB I de date of the FTB u	8453-EC sponsible urn.) I ha organiza Pub. 1345 f the retu upon requ turn and	o are complete for reviewin ave obtained tion officer w 5, 2015 e-file larr or four ye uest. If I am accompanyi	the organization vith a copy of all Handbook ears from the date also the paid ng schedules and
		▶ ROBERT	L. GAM	EZ, CPA		Date 1/09	/17	Check if also paid preparer	X Check self-	~~	0's PTIN 0046993
		. (24	Robert 1	L. Gamez,	CPA					FEIN	
Must Sign	Firm's nam if self-empl address			nneyre St.	, Suite	#D_			C	7IP Code 91	5-6400610

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.

Laguna Beach

Paid Preparer Must Sign

	Date	1		Paid preparer's PTIN
Paid preparer's signature		Check if self- employed		
Firm's name			FEIN	
(or yours if self- employed) and address			ZIP code	

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2015

ZIP Code 92651

Laguna Beach Schools Performing Arts Boosters Non-Profit Organization Working Trial Balance June 30, 2016

Description	Prior Year Amounts 06/30/15	Trial Balance 06/30/16 N	o. Adjustment	Final Balance 06/30/16	Tax Return Groupings		
Cash - Non interest Bearing	8,014.03	15,234.07		15,234.07	15,234		
Savings	0.00 110,568.93	90,650.46		0.00 90,650.46	0 90,650		
Savings	0.00	00,000,10		0.00	0 0		
	0.00 0.00			0.00 0.00	0		
Inventories	0.00			0.00	0 0		
Propoid Expenses	0.00 0.00			0.00 0.00	0		
Prepaid Expenses	0.00			0.00	0		
Fixed Assets	0.00 0.00			0.00 0.00	0 0		
	0.00			0.00	0		
a de la constation	0.00 0.00			0.00 0.00	0 0		
Accumulated Depreciation	0.00			0.00	0		
	0.00			0.00 0.00	0 0		
	0.00			0.00	0		
	118,582.96	105,884.53		105,884.53	105,885		
Accounts Payable	0.00 0.00			0.00	0 0		
	0.00			0.00 0.00	0 0		
Sales Tax Payable	0.00 0.00			0.00	0		
Deferred Income	0.00			0.00 0.00	0		
	0.00 0.00			0.00	0		
	0.00			0.00	0		
Unrestricted Fund Balance	0.00 (125,218.44)	(118,582.96)		0.00 (118,582.96)	(105,885)		
Office Fund Balance	0.00	(110,002.00)		0.00			
Restricted Funds Balance Current Earnings	0.00 6,635.48	12,698.43		0.00 12,698.43			
	(118,582.96)	(105,884.53)		(105,884.53)	(105,885)		
Items Direct Public Support	0.00 (161,929.30)	(155,716.92)		0.00 (155,716.92)			
	0.00	(100,110.02)		0.00			
O	0.00 0.00			0.00 0.00			
Government Grants	0.00			0.00			
AA A A A A A A A A A A A A A A A A A A	0.00 0.00			0.00 0.00			
Membership Dues & Assess.	0.00			0.00			
Interest Income	(111.76) 0.00	(41.10)		(41.10) 0.00			
Rental Income	0.00 0.00			0.00 0.00			
Rental Expenses	0.00 0.00			0.00 0.00			
	0.00			0.00			
Special Events Income	0.00			0.00 0.00			
	0.00 0.00			0.00			
Special Events Expenses	0.00			0.00 0.00			
	0.00 0.00			0.00	Program	Mangement	
∌\$	0.00			0.00	Services 0	and General	Fundraising
Grants & Allocations Compensation of Officers	0.00 0.00			0.00 0.00	U		
Other Salaries	0.00			0.00			
Pension Plan Contributions	0.00 0.00			0.00 0.00			
Other Employee Benefits Payroll Tax Expense	0.00			0.00			
Professional Fundraising Fee		045.00		0.00 615.00		615	
Accounting Fees Legal Fees	695.00 0.00	615.00		0.00		013	
Supplies	0.00			0.00			
Telephone	0.00 95.00	49.00		0.00 49.00		49	
Postage & Shipping Occupancy Costs	0.00	40.00		0.00			
Equipment Rental & Maint.	0.00			0.00 0.00			
Printing & Publishing Travel	0.00 0.00			0.00			
Conferences	0.00			0.00 0.00			
Interest Expense Depreciation	0.00 0.00			0.00			
Other Expenses:	0.00			0.00	160 665		
Program Services	165,726.54 160.00	163,665.45		163,665.45 0.00	163,665	0	
State Franchise Tax Bank Charges	0.00	127.00		127.00		127	
Office Supplies	0.00 2,000.00	4,000.00		0.00 4,000.00		0 4,000	
Bookkeeping Credit Card Charges	0.00	4,000.00		0.00		0	
PO Box	0.00 0.00			0.00 0.00	0	O	
Gifts	0.00			0.00			
					163,665	4,791	0