

**2008 TAX RETURN**

**CLIENT COPY**

**Client:** 5307

**Prepared for:** LAGUNA BEACH EDUCATION ENDOWMENT AND CAP  
P.O. BOX 19  
LAGUNA BEACH, CA 92651  
949-494-6811

**Prepared by:** ROBERT L. GAMEZ, CPA  
ROBERT L. GAMEZ, CPA  
920 GLENNEYRE ST., SUITE #D  
LAGUNA BEACH, CA 92651  
(949) 494-1034

**Date:** DECEMBER 16, 2009

**Comments:**

**Route to:** \_\_\_\_\_

**2008 Exempt Org. Return**  
prepared for:

**LAGUNA BEACH EDUCATION ENDOWMENT AND CAP**  
P.O. BOX 19  
LAGUNA BEACH, CA 92651

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

CLIENT 5307

**ROBERT L. GAMEZ, CPA  
920 GLENNEYRE ST., SUITE #D  
LAGUNA BEACH, CA 92651  
(949) 494-1034**

December 16, 2009

LAGUNA BEACH EDUCATION ENDOWMENT AND CAP  
P.O. BOX 19  
LAGUNA BEACH, CA 92651

Dear Client:

Enclosed is your 2008 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page four. No tax is payable with the filing of this return. Mail your Federal return on or before November 16, 2009 to:

DEPARTMENT OF TREASURY  
INTERNAL REVENUE SERVICE  
OGDEN, UT 84201-0027

Enclosed is your 2008 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. There is a balance due of \$10 payable by November 16, 2009. Mail the California return on or before November 16, 2009 and make the check payable to:

FRANCHISE TAX BOARD  
P.O. BOX 942857  
SACRAMENTO, CA 94257-0701

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$50 payable by November 16, 2009. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before November 16, 2009 to:

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

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

Sincerely,

ROBERT L. GAMEZ, CPA

CLIENT 5307

LAGUNA BEACH EDUCATION ENDOWMENT AND CAP

93-1021970

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	2008	2007	DIFF
<b>FORM 990-EZ REVENUE</b>			
CONTRIBUTIONS, GIFTS, AND GRANTS .....	70,427	567,038	-496,611
INVESTMENT INCOME .....	54,245	0	54,245
TOTAL REVENUE .....	124,672	713,269	-588,597
<b>EXPENSES</b>			
GRANTS AND SIMILAR AMOUNTS PAID.....	149,050	0	149,050
PROFESSIONAL FEES/PYMT TO CONTRACTORS....	310	0	310
OTHER EXPENSES.....	654,602	0	654,602
TOTAL EXPENSES.....	803,962	142,019	661,943
<b>NET ASSETS OR FUND BALANCES</b>			
EXCESS OR (DEFICIT) FOR THE YEAR.....	-679,290	571,250	-1,250,540
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	2,674,489	2,103,240	571,249
NET ASSETS/FUND BAL. AT END OF YEAR.....	1,995,199	2,674,490	-679,291

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	2008	2007	DIFF
<b>REVENUE</b>			
INTEREST.....	54,245	20,970	33,275
OTHER INCOME.....	0	125,261	-125,261
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	70,427	567,038	-496,611
TOTAL INCOME.....	124,672	713,269	-588,597
<b>EXPENSES AND DISBURSEMENTS</b>			
CONTRIBUTIONS, GIFTS, GRANTS.....	149,050	136,440	12,610
OTHER DEDUCTIONS.....	654,912	5,579	649,333
TOTAL DEDUCTIONS.....	803,962	142,019	661,943
EXCESS OF RECEIPTS OVER DISBURSEMENTS....	-679,290	571,250	-1,250,540
<b>FILING FEE</b>			
FILING FEE.....	10	10	0
BALANCE DUE.....	10	10	0
<b>SCHEDULE L</b>			
BEGINNING ASSETS.....	2,778,770	2,103,240	675,530
BEGINNING LIABILITIES & NET WORTH.....	2,778,770	2,103,240	675,530
ENDING ASSETS.....	1,995,199	2,778,770	-783,571
ENDING LIABILITIES & NET WORTH.....	1,995,199	2,778,770	-783,571

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

**2008**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

**A** For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	LAGUNA BEACH EDUCATION ENDOWMENT AND CAP P.O. BOX 19 LAGUNA BEACH, CA 92651	93-1021970
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		949-494-6811
<input type="checkbox"/> Termination		<b>F</b> Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ N/A

**J** Organization type (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 124,672.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	70,427.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	54,245.
REVENUE	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch.)	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	
	<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b> Less: cost of goods sold	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
	<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>	
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	124,672.
EXPENSES	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	149,050.
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	310.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ <u>SEE STATEMENT 2</u> )	<b>16</b>	654,602.
	<b>17 Total expenses</b> (add lines 10 through 16)	<b>17</b>	803,962.
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-679,290.
ASSETS	<b>19</b> 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)	<b>19</b>	2,674,489.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	1,995,199.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>22</b> Cash, savings, and investments		2,778,770.	<b>22</b> style="text-align:right;">1,995,199.
<b>23</b> Land and buildings			<b>23</b>
<b>24</b> Other assets (describe ▶ _____)			<b>24</b>
<b>25 Total assets</b>		2,778,770.	<b>25</b> style="text-align:right;">1,995,199.
<b>26 Total liabilities</b> (describe ▶ <u>SEE STATEMENT 3</u> )		104,280.	<b>26</b> style="text-align:right;">0.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		2,674,489.	<b>27</b> style="text-align:right;">1,995,199.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>
What is the organization's primary exempt purpose? <u>ENDOWMENT EDUCATIONAL FUND</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
<b>28</b>	<u>ENDOWMENT AND CAPITAL FUND FOR THE LONG TERM BENEFIT OF THE LAGUNA BEACH UNIFIED SCHOOL DISTRICT. INCOME FROM FUND TO BE USED TO ASSIST THE SCHOOL DISTRICT.</u> (Grants \$ <u>149,050.</u> ) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>28 a</b> 793,450.
<b>29</b>	----- ----- (Grants \$ _____ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>29 a</b>
<b>30</b>	----- ----- (Grants \$ _____ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>30 a</b>
<b>31</b>	Other program services (attach schedule) ..... (Grants \$ _____ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>31 a</b>
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) ..... <input type="checkbox"/>	<b>32</b> 793,450.

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> (List each one even if not compensated. See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
----- <u>SEE STATEMENT 4</u>		0.	0.	0.
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**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity. . . . .		X
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes . . . . .		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
<b>b</b>	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N. . . . .		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. . . . . ▶ <b>37a</b> 0.		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		X
<b>b</b>	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. . . . . <b>38b</b> N/A		
<b>39</b>	501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> N/A		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> N/A		
<b>40a</b>	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>b</b>	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I. . . . . <b>40b</b>		X
<b>c</b>	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ▶ 0.		
<b>d</b>	Enter amount of tax on line 40c reimbursed by the organization. . . . . ▶ 0.		
<b>e</b>	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. . . . . <b>40e</b>		X
<b>41</b>	List the states with which a copy of this return is filed ▶ <u>CA</u>		

**42a** The books are in care of ▶ ROBERT L. GAMEZ, CPA Telephone no. ▶ 949-494-1034  
 Located at ▶ 920 GLENNEYRE ST. D, LAGUNA BEACH, CA ZIP + 4 ▶ 92651

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

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

		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ . . . . . <b>44</b>		X
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ . . . . . <b>45</b>		X



**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 5

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49b</b> If 'Yes,' was the related organization(s) a section 527 organization?.....	<input type="checkbox"/>	<input type="checkbox"/>

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
/	0	0.	0.	0.
Total number of other employees paid over \$100,000..... ▶	0			

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
/		0.
Total number of other independent contractors receiving over \$100,000..... ▶	0	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

▶ Type or print name and title. \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature ▶ ROBERT L. GAMEZ, CPA Date 12/16/09 Check if self-employed ▶  Preparer's Identifying Number (See instructions) P00046993

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ROBERT L. GAMEZ, CPA 920 GLENNEYRE ST., SUITE #D LAGUNA BEACH, CA 92651 EIN ▶ 95-6400610 Phone no. ▶ (949) 494-1034

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization <b>LAGUNA BEACH EDUCATION ENDOWMENT AND CAP</b>	Employer identification number <b>93-1021970</b>
---	---

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III — Functionally integrated
  - d  Type III — Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

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

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .						
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. . . . .						
<b>4 Total.</b> Add lines 1-3. . . . .						
<b>5</b> 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). . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4. . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10. . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions). . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	%
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f. . . . .	<b>15</b>	%
<b>16a 33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>b 33-1/3 support test – 2007.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) . . . . .	280,070.	190,700.	420,368.	567,038.	704,227.	2,162,403.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose . . . . .						0.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>6 Total.</b> Add lines 1-5 . . . . .	280,070.	190,700.	420,368.	567,038.	704,227.	2,162,403.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons . . . . .	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b . . . . .	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						2,162,403.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .	280,070.	190,700.	420,368.	567,038.	704,227.	2,162,403.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	44,605.	52,715.	56,904.	20,970.	54,244.	229,438.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0.
<b>c</b> Add lines 10a and 10b . . . . .	44,605.	52,715.	56,904.	20,970.	54,244.	229,438.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0.
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.) . . . . .						2,391,841.

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	90.4 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	81.9 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	9.6 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	18.2 %

**19a 33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶

**b 33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. . . . . ▶

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

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**STATEMENT 1  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY: ASSIST GENERAL FUND  
 DONEE'S NAME: LAGUNA UNIFIED SCHOOL DISTRICT  
 DONEE'S ADDRESS: 675 BLUMONT  
 LAGUNA BEACH, CA 92651  
 RELATIONSHIP OF DONEE: NONE  
 CASH AMOUNT GIVEN: \$ 149,050.

**STATEMENT 2  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

BANK CHARGES .....	\$	70.
INSURANCE .....		1,500.
PAYROLL TAX .....		-169.
RETREAT EXPENSE .....		3,784.
SALES OF SECURITIES .....		8,256.
SCHOOLPOWER OVERHEAD .....		5,017.
VALUATION OF SECURITIES .....		636,144.
TOTAL	\$	<u>654,602.</u>

**STATEMENT 3  
FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
GRANTS PAYABLE .....	\$ 104,280.	\$ 0.
TOTAL	<u>\$ 104,280.</u>	<u>\$ 0.</u>

**STATEMENT 4  
FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
FOUAD HOUALLA 30 N. STONINGTON LAGUNA BEACH, CA 92651	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.
WILLIAM O'HARE 888 REMBRANDT DRIVE LAGUNA BEACH, CA 92651	PRESIDENT 1.00	0.	0.	0.

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**STATEMENT 4 (CONTINUED)**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
LAURA TARBOX MANZANITA LAGUNA BEACH, CA 92651	TREASURER 1.00	\$ 0.	\$ 0.	\$ 0.
KEN PARKER 3023 MOUNTAIN VIEW LAGUNA BEACH, CA 92651	SECRETARY 1.00	0.	0.	0.
KENDALL CLARKE 19 NORTH LA SENDA LAGUNA BEACH, CA 92651	DIRECTOR 2.00	0.	0.	0.
JIM JONES 484 JASMINE LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
GARY JENKINS 1939 ALISOS AVE LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
DOUG MCCOMBS 9 NO LA SENDA LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
ROBIN ROUNAGHI 31481 WEST ST LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
BILL MOORE 84 EMERALD BAY LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
BILL O'HARE 888 REMBRANDT LAGUNA BEACH, CA 92651	PRESIDENT 2.00	0.	0.	0.
TONY SHUTTS 31111 HOLLY DRIVE LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
MICHAEL PINTO PO BOX 1809 LAGUNA BEACH, CA 92652	DIRECTOR 1.00	0.	0.	0.
GEORGE WOOD 2616 TEMPLE HILLS DR LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.

**STATEMENT 4 (CONTINUED)  
FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MIKE YODER 10 SURFSPRAY BLUFF , NC	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

**STATEMENT 5  
FORM 990-EZ, PART VI  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

- (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO
- (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO



California Exempt Organization Annual Information Return

Calendar year 2008 or fiscal year beginning month 07 day 01 year 2008, and ending month 06 day 30 year 2009

**A** First Return Filed?  Yes  No **B** Type of organization Exempt under Section 23701 D (insert letter)  IRC Section 4947(a)(1) trust  CORP # D-1656992

Corporation/Organization Name LAGUNA BEACH EDUCATION ENDOWMENT AND CAP FEIN 93-1021970

Address P.O. BOX 19 City LAGUNA BEACH, CA 92651 State ZIP Code

**C** Amended Return?  Yes  No **H** Accounting method used. 1  Cash 2  Accrual 3  Other

**D** Are you a subordinate/affiliate in a group exemption?  Yes  No **I** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations.  Yes  No

**a** Is this a group filing for affiliates? See General Instruction L.  Yes  No **J** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents.  Yes  No

**b** If 'Yes,' enter the number of affiliates. **c** Are all affiliates included?  Yes  No (If 'No,' attach a list. See instructions.) **d** Is this a separate return filed by an organization covered by a group ruling?  Yes  No **e** Federal Group Exemption Number **f** Is a roster of subordinates attached?  Yes  No

**E** Final return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized (attach explanation) If a box is checked, enter date. **F** Check the box if the organization filed: 1  990T 2  990PF 3  990H **K** Is the organization exempt under R&TC Section 23701g?  Yes  No If 'Yes,' enter amount of gross receipts from nonmember sources. \$ **L** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No **M** Is the organization a Limited Liability Corporation?  Yes  No **N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

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

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

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	● 1	54,245.
	2	Gross dues and assessments from members and affiliates.	● 2	
	3	Gross contributions, gifts, grants, and similar amounts received.	● 3	70,427.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction C.	● 4	124,672.
	5	Cost of goods sold	● 5	
	6	Cost or other basis, and sales expenses of assets sold.	● 6	
	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4	● 8	124,672.
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	● 9	803,962.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	● 10	-679,290.
<b>Filing Fee</b>	11	Filing fee \$10 or \$25. See General Instruction F.	11	10.
	12	Total Payments	12	
	13	Penalties and Interest. See General Instruction J.	13	
	14	Use tax. See General Instruction K.	● 14	
	15	<b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer  Title  Date  Telephone  949-494-6811

**Paid Preparer's Use Only** Preparer's signature  ROBERT L. GAMEZ, CPA Date  12/16/09 Check if self-employed  Preparer's SSN/PTIN  P00046993

Firm's name (or yours, if self-employed) and address  ROBERT L. GAMEZ, CPA  FEIN  95-6400610

920 GLENNEYRE ST., SUITE #D  Telephone  (949) 494-1034

LAGUNA BEACH, CA 92651

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

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts—complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions . . . . .	● 1	
	2	Interest . . . . .	● 2	54,245.
	3	Dividends . . . . .	● 3	
	4	Gross rents . . . . .	● 4	
	5	Gross royalties . . . . .	● 5	
	6	Gross amount received from sale of assets (See Instructions) . . . . .	● 6	
	7	Other income. Attach schedule . . . . .	● 7	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . .	8	54,245.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . . SEE STATEMENT 1	● 9	149,050.
	10	Disbursements to or for members . . . . .	● 10	
	11	Compensation of officers, directors, and trustees. Attach schedule . . . . . SEE STATEMENT 2	● 11	0.
	12	Other salaries and wages . . . . .	● 12	
	13	Interest . . . . .	● 13	
	14	Taxes . . . . .	● 14	
	15	Rents . . . . .	● 15	
	16	Depreciation and depletion (See Instructions) . . . . .	● 16	
	17	Other. Attach schedule . . . . . SEE STATEMENT 3	● 17	654,912.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .	18	803,962.

**Schedule L Balance Sheets**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash . . . . .		2,778,770.		1,995,199.
2 Net accounts receivable . . . . .				
3 Net notes receivable. Attach schedule . . . . .				
4 Inventories . . . . .				
5 Federal and state government obligations . . . . .				
6 Investments in other bonds. Attach sch . . . . .				
7 Investments in stock. Attach schedule . . . . .				
8 Mortgage loans (number of loans _____) . . . . .				
9 Other investments. Attach schedule . . . . .				
10a Depreciable assets . . . . .				
b Less accumulated depreciation . . . . .				
11 Land . . . . .				
12 Other assets. Attach schedule . . . . .				
13 <b>Total assets</b> . . . . .		2,778,770.		1,995,199.
<b>Liabilities and net worth</b>				
14 Accounts payable . . . . .				
15 Contributions, gifts, or grants payable . . . . .		104,280.		
16 Bonds and notes payable. Attach schedule . . . . .				
17 Mortgages payable . . . . .				
18 Other liabilities. Attach schedule . . . . .		1.		
19 Capital stock or principle fund . . . . .		2,674,489.		1,995,199.
20 Paid-in or capital surplus. Attach reconciliation . . . . .				
21 Retained earnings or income fund . . . . .				
22 <b>Total liabilities and net worth</b> . . . . .		2,778,770.		1,995,199.

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

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books . . . . .	● -679,290.	7	Income recorded on books this year not included in this return. Attach schedule . . . . .	●
2	Federal income tax . . . . .	●	8	Deductions in this return not charged against book income this year. Attach schedule . . . . .	●
3	Excess of capital losses over capital gains . . . . .	●	9	Total. Add line 7 and line 8 . . . . .	
4	Income not recorded on books this year. Attach schedule . . . . .	●	10	Net income per return. Subtract line 9 from line 6 . . . . .	
5	Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .	●			
6	<b>Total.</b> Add line 1 through line 5 . . . . .	-679,290.			-679,290.

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**STATEMENT 1  
FORM 199, PART II, LINE 9  
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	ASSIST GENERAL FUND		
DONEE'S NAME:	LAGUNA UNIFIED SCHOOL DISTRICT		
DONEE'S STREET ADDRESS:	675 BLUMONT		
DONEE'S CITY, STATE, ZIP:	LAGUNA BEACH, CA 92651		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:		\$	149,050.
		TOTAL	<u>\$ 149,050.</u>

**STATEMENT 2  
FORM 199, PART II, LINE 11  
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES**

**CURRENT OFFICERS:**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
FOUAD HOUALLA 30 N. STONINGTON LAGUNA BEACH, CA 92651	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.
WILLIAM O'HARE 888 REMBRANDT DRIVE LAGUNA BEACH, CA 92651	PRESIDENT 1.00	0.	0.	0.
LAURA TARBOX MANZANITA LAGUNA BEACH, CA 92651	TREASURER 1.00	0.	0.	0.
KEN PARKER 3023 MOUNTAIN VIEW LAGUNA BEACH, CA 92651	SECRETARY 1.00	0.	0.	0.
KENDALL CLARKE 19 NORTH LA SENDA LAGUNA BEACH, CA 92651	DIRECTOR 2.00	0.	0.	0.
JIM JONES 484 JASMINE LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
GARY JENKINS 1939 ALISOS AVE LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
DOUG MCCOMBS 9 NO LA SENDA LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.

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LAGUNA BEACH EDUCATION ENDOWMENT AND CAP

93-1021970

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**STATEMENT 2 (CONTINUED)**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ROBIN ROUNAGHI 31481 WEST ST LAGUNA BEACH, CA 92651	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
BILL MOORE 84 EMERALD BAY LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
BILL O'HARE 888 REMBRANDT LAGUNA BEACH, CA 92651	PRESIDENT 2.00	0.	0.	0.
TONY SHUTTS 31111 HOLLY DRIVE LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
MICHAEL PINTO PO BOX 1809 LAGUNA BEACH, CA 92652	DIRECTOR 1.00	0.	0.	0.
GEORGE WOOD 2616 TEMPLE HILLS DR LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
MIKE YODER 10 SURFSPRAY BLUFF , NC	DIRECTOR 1.00	0.	0.	0.
		TOTAL \$ 0.	\$ 0.	\$ 0.

**STATEMENT 3**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ACCOUNTING FEES.....	\$ 310.
BANK CHARGES.....	70.
INSURANCE.....	1,500.
PAYROLL TAX.....	-169.
RETREAT EXPENSE.....	3,784.
SALES OF SECURITIES.....	8,256.
SCHOOLPOWER OVERHEAD.....	5,017.
VALUATION OF SECURITIES.....	636,144.
TOTAL	\$ 654,912.

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.



<b>State Charity Registration Number</b> <u>075608</u>  <b>LAGUNA BEACH EDUCATION ENDOWMENT AND CAP</b> <small>Name of Organization</small> <u>P.O. BOX 19</u> <small>Address (Number and Street)</small> <u>LAGUNA BEACH, CA 92651</u> <small>City or Town State ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report  <b>Corporate or Organization No.</b> <u>D-1656992</u>  <b>Federal Employer ID No.</b> <u>93-1021970</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
**Make Check Payable to Attorney General's Registry of Charitable Trusts**

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

**PART A – ACTIVITIES**

**For your most recent full accounting period (beginning 7/01/08 ending 6/30/09) list:**  
**Gross annual revenue** \$ 124,672.    **Total assets** \$ 1,995,199.

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

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

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

Organization's area code and telephone number 949-494-6811  
 Organization's e-mail address \_\_\_\_\_

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

Signature of authorized officer \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_