

2008 TAX RETURN

CLIENT COPY

Client: 5441

Prepared for: LAGUNA BEACH EDUCATION FOUNDATION
P.O. BOX 19
LAGUNA BEACH, CA 92652
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 FOUNDATION
P.O. BOX 19
LAGUNA BEACH, CA 92652

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

CLIENT 5441

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

December 16, 2009

LAGUNA BEACH EDUCATION FOUNDATION
P.O. BOX 19
LAGUNA BEACH, CA 92652

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 \$75 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 5441

LAGUNA BEACH EDUCATION FOUNDATION

95-3565451

12/16/09

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	2008	2007	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS	427,604	488,925	-61,321
INVESTMENT INCOME	1,955	0	1,955
NET INCOME (LOSS) - SPECIAL EVENTS	162,549	388,164	-225,615
 TOTAL REVENUE	 592,108	 880,547	 -288,439
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	373,172	0	373,172
SALARIES AND EMPLOYEE BENEFITS	116,965	0	116,965
PROFESSIONAL FEES/PYMT TO CONTRACTORS....	330	0	330
OCCUPANCY/RENT/UTILITIES/MAINTENANCE	7,500	0	7,500
PRINTING, PUBLICATIONS, AND POSTAGE.....	1,273	0	1,273
OTHER EXPENSES.....	60,306	0	60,306
 TOTAL EXPENSES.....	 559,546	 816,552	 -257,006
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR.....	32,562	63,995	-31,433
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	104,164	40,204	63,960
OTHER CHANGES IN NET ASSETS/FUND BAL.....	0	-35	35
NET ASSETS/FUND BAL. AT END OF YEAR.....	136,726	104,164	32,562

12/16/09

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	2008	2007	DIFF
REVENUE			
INTEREST.....	1,955	3,458	-1,503
OTHER INCOME.....	303,807	540,872	-237,065
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	427,604	488,925	-61,321
TOTAL INCOME.....	733,366	1,033,255	-299,889
EXPENSES AND DISBURSEMENTS			
CONTRIBUTIONS, GIFTS, GRANTS.....	373,172	617,870	-244,698
OTHER SALARIES AND WAGES.....	108,012	111,479	-3,467
TAXES.....	8,953	9,819	-866
RENTS.....	7,500	6,875	625
OTHER DEDUCTIONS.....	203,167	223,217	-20,050
TOTAL DEDUCTIONS.....	700,804	969,260	-268,456
EXCESS OF RECEIPTS OVER DISBURSEMENTS....	32,562	63,995	-31,433
FILING FEE			
FILING FEE.....	10	10	0
BALANCE DUE.....	10	10	0
SCHEDULE L			
BEGINNING ASSETS.....	104,165	53,854	50,311
BEGINNING LIABILITIES & NET WORTH.....	104,165	53,854	50,311
ENDING ASSETS.....	138,726	104,165	34,561
ENDING LIABILITIES & NET WORTH.....	138,726	104,165	34,561

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

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Please use IRS label or print or type. See Specific Instructions.</p> <p>LAGUNA BEACH EDUCATION FOUNDATION P.O. BOX 19 LAGUNA BEACH, CA 92652</p>	<p>D Employer identification number 95-3565451</p> <p>E Telephone number 949-494-6811</p> <p>F Group Exemption Number</p>
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• 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: ▶ LBSCHOOLPOWER.ORG

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

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

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. ▶ \$ 733,366.

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

	1 Contributions, gifts, grants, and similar amounts received	1	427,604.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	1,955.
REVENUE	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		<input type="checkbox"/>
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	303,807.
	b Less: direct expenses other than fundraising expenses	6b	141,258.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	162,549.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ _____)	8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	592,108.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	373,172.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	116,965.
	13 Professional fees and other payments to independent contractors	13	330.
	14 Occupancy, rent, utilities, and maintenance	14	7,500.
	15 Printing, publications, postage, and shipping	15	1,273.
	16 Other expenses (describe ▶ <u>SEE STATEMENT 2</u>)	16	60,306.
	17 Total expenses (add lines 10 through 16)	17	559,546.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	32,562.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	104,164.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	136,726.

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.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	95,431.	129,557.
23 Land and buildings	23	
24 Other assets (describe ▶ <u>SEE STATEMENT 3</u>)	8,734.	9,169.
25 Total assets	104,165.	138,726.
26 Total liabilities (describe ▶ <u>SEE STATEMENT 4</u>)	0.	2,000.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	104,164.	136,726.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	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
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	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	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. 40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d	Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 40e		X
41	List the states with which a copy of this return is filed ▶ CA		

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	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 Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c		X
	If 'Yes,' enter the name of the foreign country: . . . ▶ _____		

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

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44		X
45	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 45		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 7

	Yes	No
46 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.....	46	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?.....	49a	X
b If 'Yes,' was the related organization(s) a section 527 organization?.....	49b	

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 ▶ <input checked="" type="checkbox"/>	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

BAA Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

Name of the organization LAGUNA BEACH EDUCATION FOUNDATION	Employer identification number 95-3565451
--	---

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?	11 g (i)	
(ii) a family member of a person described in (i) above?	11 g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

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	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 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.						
4 Total. Add lines 1-3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	398,406.	483,139.	470,459.	488,925.	427,604.	2,268,533.
2 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.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1-5	398,406.	483,139.	470,459.	488,925.	427,604.	2,268,533.
7a Amounts included on lines 1, 2, 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						2,268,533.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	398,406.	483,139.	470,459.	488,925.	427,604.	2,268,533.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,836.	3,893.	4,850.	3,458.	1,954.	15,991.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	1,836.	3,893.	4,850.	3,458.	1,954.	15,991.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (add lns 9, 10c, 11, and 12.)						2,284,524.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	99.3 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.3 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.7 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.7 %

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. ▶

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ and 990-PF**
▶ **See separate instructions.**

OMB No. 1545-0047

2008

Name of the organization

LAGUNA BEACH EDUCATION FOUNDATION

Employer identification number

95-3565451

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

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

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule –

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

Special Rules –

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

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
	DINNER DANCE (event type)	GOLF TOURNAMEN (event type)	1 (total number)	(Add col. (a) through col. (c))	
1	Gross receipts	191,509.	90,503.	21,795.	303,807.
2	Less: Charitable contributions				
3	Gross revenue (line 1 minus line 2)	191,509.	90,503.	21,795.	303,807.
DIRECT EXPENSES	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	81,246.	39,693.	20,319.
8	Direct expense summary. Add lines 4- through 7 in column (d)				141,258.
9	Net income summary. Combine lines 3 and 8 in column (d)				162,549.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col. (a) through col. (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' Explain: ----- -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' Explain: ----- -----		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility.	13a	%	
b An outside facility.	13b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name: ▶ -----			
Address: ▶ -----			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a		
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.			
c If 'Yes,' enter name and address:			
Name: ▶ -----			
Address: ▶ -----			
16 Gaming manager information			
Name: ▶ -----			
Gaming manager compensation ▶ \$ _____			
Description of services provided: ▶ -----			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____			

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

CLASS OF ACTIVITY:	CONTRIBUTION TO GEN. FUND		
DONEE'S NAME:	LAGUNA BEACH UNIFIED SCH.		
DONEE'S ADDRESS:	BLUMONT DRIVE LAGUNA BEACH, CA 92651		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	344,165.
CLASS OF ACTIVITY:	CASH DONATION TO ENDOW.		
DONEE'S NAME:	LAGUAN BEACH EDUCATION FOUND.		
DONEE'S ADDRESS:	675 PARK AVE LAGUNA BEACH, CA 92651		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	13,177.
CLASS OF ACTIVITY:	ASSIST GENERAL FUND		
DONEE'S NAME:	LAGUNA BEACH ATHLETIC BOOSTERS		
DONEE'S ADDRESS:	645 BLUMONT LAGUNA BEACH, CA 92651		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	15,830.

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

ADVERTISING.....	\$	169.
BANK CHARGES.....		1,982.
BOARD EXPENSE.....		190.
BUSINESS ALLIANCE COSTS.....		308.
COMMUNITY CAMPAIGN.....		8,375.
COMPUTER COSTS.....		4,454.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		330.
COPIES.....		6,620.
DIRECTORY EXPENSE.....		18,867.
INSURANCE.....		4,462.
INTERNET EXPENSE.....		69.
OFFICE SUPPLIES.....		2,715.
PROPERTY TAX.....		284.
PUBLIC RELATIONS.....		3,415.
TELEPHONE.....		3,821.
UTILITIES.....		202.
YEAR END EVENT.....		4,043.
	TOTAL \$	<u>60,306.</u>

**STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	BEGINNING	ENDING
MACHINERY AND EQUIPMENT.....	\$ 8,734.	\$ 8,734.
PREPAID EXPENSES AND DEFERRED CHARGES.....	0.	435.
TOTAL	<u>\$ 8,734.</u>	<u>\$ 9,169.</u>

**STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
DEFERRED REVENUE	\$ 0.	\$ 2,000.
TOTAL	<u>\$ 0.</u>	<u>\$ 2,000.</u>

**STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

SCHOOLPOWER IS A VOLUNTEER-BASED, NON-PROFIT ORGANIZATION WHOSE MISSION IS TO RAISE MONEY TO ENRICH THE EDUCATION OF ALL CHILDREN IN THE LAGUNA BEACH SCHOOL DISTRICT.

**STATEMENT 6
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 & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
CYNTHIA HOUALLA 30 N VISTA DE CATALINA LAGUNA BEACH, CA 92651	SECRETARY 0	\$ 0.	\$ 0.	\$ 0.
JEFF SPURLOCK 425 BLUEBIRD CANYON LAGUNA BEACH, CA 92651	PRESIDENT 0	0.	0.	0.
DIANA AUSTIN	DIRECTOR 0	0.	0.	0.
'				
DANA LA ROSE 37 PHEASANT LANE ALISO VIEJO, CA 92651	TREASURER 1.00	0.	0.	0.
KRISTI CANCELLIERI	DIRECTOR 0	0.	0.	0.
'				
CLAES ANDERSEN 602 VISTA LANE LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
MARI BARTON 931 EMERALD BAY LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.

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LAGUNA BEACH EDUCATION FOUNDATION

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STATEMENT 6 (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 & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
SILVIA COLLADAY	DIRECTOR	\$ 0.	\$ 0.	\$ 0.
'	0			
MITCHELLENE CHANNELS 17 SO. LA SENDA LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
TINA COOK 253 EMERALD BAY LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
ERIN DECKER	DIRECTOR 1.00	0.	0.	0.
'				
DENISE FORNARO	DIRECTOR 1.00	0.	0.	0.
'				
LYNN GREGORY	DIRECTOR 1.00	0.	0.	0.
'				
ALIX JARRARD , 92651	DIRECTOR 1.00	0.	0.	0.
LYNN JOAQUIM , 92651	DIRECTOR 1.00	0.	0.	0.
PAM AND JIM LEVIN LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
CHRIS LOIDOLT LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
CICI AND SCOTT LONG LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
JAN AND CRAIG METZ LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.

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LAGUNA BEACH EDUCATION FOUNDATION

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STATEMENT 6 (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 & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
WENDY AND PAUL MEYER LAGUNA BEACH, CA 92651	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
JEANNETTE AND STIAN MORCK LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
CRISTINE AND EELCO NIEMEIJER LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
BETH MCCOMBS 21 N. VISTA DE LUNA LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
CAROL AND KEN NORMANDIN LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
CARRIE AND MICHAEL REYNOLDS LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
KIMBERLY AND VICTOR SALVINO+ LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
CAROL NORMANDIN 3023 MOUNTAIN VIEW LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
BILL OHARE 888 REMBRANDT LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
LINDA AND MESCHI SCHMIDT LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
ROBIN ROUNAGHI 31481 WEST ST LAGUNA BEACH, CA 92651	VICE PRESIDENT 1.00	0.	0.	0.
KRISTA AND BUZZ SHAW LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.

**STATEMENT 6 (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
ANGELA AND DAVE SHIPP LAGUNA BEACH, CA 92651	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
PATIENCE AND TONY SHUTTS LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
APRIL STEINERT 1074 VAN DYKE LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
TAMMY AND MARCUS SKENDERIAN LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
SAMANTHA AND GREG WASHER LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
KRISTIN AND RALPH WINTER LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
AMY AND MIKE YODER LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
TOTAL		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 7
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	B Type of organization Exempt under Section 23701 <u>D</u> (insert letter) IRC Section 4947(a)(1) trust <input type="checkbox"/>	CORP # D-0576324
--	--	---------------------

Corporation/Organization Name <u>LAGUNA BEACH EDUCATION FOUNDATION</u>	FEIN 95-3565451
---	--------------------

Address
P.O. BOX 19
City _____ State _____ ZIP Code _____

LAGUNA BEACH, CA 92652

<p>C Amended Return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Are you a subordinate/affiliate in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>a Is this a group filing for affiliates? See General Instruction L. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b If 'Yes,' enter the number of affiliates _____</p> <p>c Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If 'No,' attach a list. See instructions.)</p> <p>d Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>e Federal Group Exemption Number _____</p> <p>f Is a roster of subordinates attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>E Final return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date _____</p> <p>F Check the box if the organization filed: 1 <input type="checkbox"/> 990T 2 <input type="checkbox"/> 990PF 3 <input type="checkbox"/> 990H</p> <p>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. <input type="checkbox"/></p>	<p>H Accounting method used. 1 <input checked="" type="checkbox"/> Cash 2 <input type="checkbox"/> Accrual 3 <input type="checkbox"/> Other</p> <p>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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' enter amount of gross receipts from nonmember sources. \$ _____</p> <p>L Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Is the organization a Limited Liability Corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
---	--

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	● 1	305,762.
	2 Gross dues and assessments from members and affiliates.	● 2	
	3 Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B	● 3	427,604.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C.	● 4	733,366.
	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	733,366.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	● 9	700,804.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	● 10	32,562.
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F.	11	10.
	12 Total Payments	12	
	13 Penalties and Interest. See General Instruction J.	13	
	14 Use tax. See General Instruction K.	● 14	
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.

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 _____

Paid Preparer's Use Only	Preparer's signature ROBERT L. GAMEZ, CPA	Date 12/16/09	Check if self-employed <input checked="" type="checkbox"/>	● Telephone 949-494-6811
	Firm's name (or yours, if self-employed) and address ROBERT L. GAMEZ, CPA 920 GLENNEYRE ST., SUITE #D LAGUNA BEACH, CA 92651			● Preparer's SSN/PTIN P00046993
				● FEIN 95-6400610 ● Telephone (949) 494-1034

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

**STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME**

INCOME FROM SPECIAL EVENTS..... \$ 303,807.
TOTAL \$ 303,807.

**STATEMENT 2
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY: CONTRIBUTION TO GEN. FUND
DONEE'S NAME: LAGUNA BEACH UNIFIED SCH.
DONEE'S STREET ADDRESS: BLUMONT DRIVE
DONEE'S CITY, STATE, ZIP: LAGUNA BEACH, CA 92651
RELATIONSHIP OF DONEE: NONE
AMOUNT GIVEN: \$ 344,165.

CLASS OF ACTIVITY: CASH DONATION TO ENDOW.
DONEE'S NAME: LAGUNA BEACH EDUCATION FOUND.
DONEE'S STREET ADDRESS: 675 PARK AVE
DONEE'S CITY, STATE, ZIP: LAGUNA BEACH, CA 92651
RELATIONSHIP OF DONEE: NONE
AMOUNT GIVEN: 13,177.

CLASS OF ACTIVITY: ASSIST GENERAL FUND
DONEE'S NAME: LAGUNA BEACH ATHLETIC BOOSTERS
DONEE'S STREET ADDRESS: 645 BLUMONT
DONEE'S CITY, STATE, ZIP: LAGUNA BEACH, CA 92651
RELATIONSHIP OF DONEE: NONE
AMOUNT GIVEN: 15,830.

TOTAL \$ 373,172.

**STATEMENT 3
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
CYNTHIA HOULLA 30 N VISTA DE CATALINA LAGUNA BEACH, CA 92651	SECRETARY 0	\$ 0.	\$ 0.	0.
JEFF SPURLOCK 425 BLUEBIRD CANYON LAGUNA BEACH, CA 92651	PRESIDENT 0	0.	0.	0.

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LAGUNA BEACH EDUCATION FOUNDATION

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STATEMENT 3 (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
DIANA AUSTIN	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
,				
DANA LA ROSE 37 PHEASANT LANE ALISO VIEJO, CA 92651	TREASURER 1.00	0.	0.	0.
KRISTI CANCELLIERI	DIRECTOR 0	0.	0.	0.
,				
CLAES ANDERSEN 602 VISTA LANE LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
MARI BARTON 931 EMERALD BAY LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
SILVIA COLLADAY	DIRECTOR 0	0.	0.	0.
,				
MITCHELLENE CHANNELS 17 SO. LA SENDA LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
TINA COOK 253 EMERALD BAY LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
ERIN DECKER	DIRECTOR 1.00	0.	0.	0.
,				
DENISE FORNARO	DIRECTOR 1.00	0.	0.	0.
,				
LYNN GREGORY	DIRECTOR 1.00	0.	0.	0.
,				
ALIX JARRARD 92651	DIRECTOR 1.00	0.	0.	0.

CLIENT 5441

LAGUNA BEACH EDUCATION FOUNDATION

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STATEMENT 3 (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
LYNN JOAQUIM , 92651	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
PAM AND JIM LEVIN LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
CHRIS LOIDOLT LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
CICI AND SCOTT LONG LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
JAN AND CRAIG METZ LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
WENDY AND PAUL MEYER LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
JEANNETTE AND STIAN MORCK LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
CRISTINE AND EELCO NIEMEIJER LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
BETH MCCOMBS 21 N. VISTA DE LUNA LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
CAROL AND KEN NORMANDIN LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
CARRIE AND MICHAEL REYNOLDS LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
KIMBERLY AND VICTOR SALVINO+ LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.

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LAGUNA BEACH EDUCATION FOUNDATION

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STATEMENT 3 (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
CAROL NORMANDIN 3023 MOUNTAIN VIEW LAGUNA BEACH, CA 92651	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
BILL OHARE 888 REMBRANDT LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
LINDA AND MESCHI SCHMIDT LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
ROBIN ROUNAGHI 31481 WEST ST LAGUNA BEACH, CA 92651	VICE PRESIDENT 1.00	0.	0.	0.
KRISTA AND BUZZ SHAW LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
ANGELA AND DAVE SHIPP LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
PATIENCE AND TONY SHUTTS LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
APRIL STEINERT 1074 VAN DYKE LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
TAMMY AND MARCUS SKENDERIAN LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
SAMANTHA AND GREG WASHER LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
KRISTIN AND RALPH WINTER LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
AMY AND MIKE YODER LAGUNA BEACH, CA 92651	DIRECTOR 1.00	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

CLIENT 5441

LAGUNA BEACH EDUCATION FOUNDATION

95-3565451

12/16/09

01:25PM

STATEMENT 4
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$	330.
ADVERTISING.....		169.
BANK CHARGES.....		1,982.
BOARD EXPENSE.....		190.
BUSINESS ALLIANCE COSTS.....		308.
COMMUNITY CAMPAIGN.....		8,375.
COMPUTER COSTS.....		4,454.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		330.
COPIES.....		6,620.
DIRECTORY EXPENSE.....		18,867.
INSURANCE.....		4,462.
INTERNET EXPENSE.....		69.
OFFICE SUPPLIES.....		2,715.
POSTAGE AND SHIPPING.....		853.
PRINTING AND PUBLICATIONS.....		420.
PROPERTY TAX.....		284.
PUBLIC RELATIONS.....		3,415.
SPECIAL EVENT EXPENSES.....		141,258.
TELEPHONE.....		3,821.
UTILITIES.....		202.
YEAR END EVENT.....		4,043.
	TOTAL \$	<u>203,167.</u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES.....		435.
	TOTAL \$	<u>435.</u>

STATEMENT 6
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

DEFERRED REVENUE.....		2,000.
	TOTAL \$	<u>2,000.</u>

IN
MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>46604</u> LAGUNA BEACH EDUCATION FOUNDATION <small>Name of Organization</small> P.O. BOX 19 <small>Address (Number and Street)</small> LAGUNA BEACH, CA 92652 <small>City or Town State ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>D-0576324</u> Federal Employer ID No. <u>95-3565451</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 \$ 592,108. Total assets \$ 138,726.

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 _____