

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

_	For t	he 2009 calen	dar year,	or tax year begin	nning	, 200	9, and endi	ng			,		
В		ıf applicable		С		· · · · · · · · · · · · · · · · · · ·			D Employ	er Identi	fication Num	ber	
		ddress change	Please use IRS label	LAGUNA BEA	CH COMMUNI	TY FOUNDATIO	N		20-	6390	272		
	\square_{N}	ame change	or print or type.	PO BOX 162	:8				E Telepho	ne numt	oer		
	\vdash	utial return	See specific	LAGUNA BEA	CH, CA 926	52-1628			949	-375	-7968		
	\vdash	ermination	Instruc- tions.	j									
	$\boldsymbol{\vdash}$	mended return	40115.						G Gross re	eceints ¶	. 1	555,3	306
	\vdash	pplication pending	F Name :	and address of principa	al officer			H(a) Is the	s a group retur			Yes	X No
	^	pplication pending		AS C ABOVE				1	Il affiliates incl		=	Yes	₩ _{No}
_	Tax	c-exempt statu			(insert no)	4947(a)(1) or	527	If 'No	, attach a list	(see inst	tructions)	J	٠
÷				ACHCF.ORG	(IIIsert IIO)	[] +3+7(a)(1) 01	327	1,,,, ,,,,,,	o exemption nu		•		
K		n of organization		ation X Trust	Association O	ther ► L	Year of Forma				egal domicile	CA	
_	art I	Summa		ation A Trust	ASSOCIATION O	inter- L	- Teal OF FORMA	3001 200	72 11113	tale of it	egar domiche	CA	
1.5	1			nanization's miss	ion or most signi	ficant activities: _[v	JE ENCOL	IRACE	PHTLANT	HROP	V TN T	ACIIN	Δ
	'	BEACH.	DC the or,	gamzanon s miss	non or most sign	ilicanit activities	<u>ır_n'ıro</u>	verge .	r firmini	1111/71	*_ = 12 .E	WGOI.	₽
ž		T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1											-
Activities & Governance	İ			-							. – – –		
ove	2	Check this bo	x ► 🗂	if the organization	on discontinued it	s operations or dis	posed of m	ore than	25% of its	assets			
E	3				rning body (Part		•			3			11
S	4	Number of in	depender	nt voting member	s of the governin	g body (Part VI, lır	ne 1b) .			4			11
≈1 <u>₹</u>	5		•	yees (Part V, lin	•					5			0
€	6			teers (estimate if				٠		6			<u>11</u>
		•				column (C), line 12				7a 7b			0.
OFC	<u>D</u>	Net unrelated	busines	taxable income	from Form 990-1	, line 34				- / P			
								<u> </u>	Prior Year	-		ent Yea	
	8		-	nts (Part VIII, line	•				121,2	:00.		555 <u>,</u>	<u>278.</u>
225	9	_		iue (Part VIII, line	_	J 74\	j.	<u> </u>					28.
Z	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)						• •						<u> </u>
S							line 12\		121,2	000		555,	306
()	13				IX, column (A), I		1116 12)	 	15,6				900.
	14				X, column (A), li			<u> </u>	15,0	,,,,,			900.
	15	•				X, column (A), line	oc 5.10\		15,6	565			
8	15						3-10)	•		,,,,,			
Expenses	16а				column (A), line		•						
ង	b	Total fundrais	sing expe	nses (Part IX, co	lumn (D), line 25) •							
_	17	Other expens	ses (Part	IX, column (A), I	ines 11a-11d, 11f	-24f)			133,5				<u>432.</u>
	18	Total expense	es Add Ii	nes 13-17 (must	equal Part-IX , ço	ECEIVED			164,8				<u>332.</u>
	19	Revenue less	expense	s Subtract line	18 from line 12	CCLIVED			-43,6	599.		<u>474,</u>	<u>974.</u>
Assets or Balances							SC	Beg	inning of Y	ear	End	of Yea	ır
a feet	20	Total assets	(Part X, I	ne 16)	1 100	IOV 1 5 2010	S-08		133,5	69.		608,	545.
\$ P	21	Total liabilitie	s (Part X	, line 26)] SS			0.			0.
žį	22	Net assets or	fund bal	ances. Subtract I	ine 21 from line.	2020-0-01 100	-, - .	.	133,5	69.		608,	545.
Pa	art II	Signati	ure Blo	ck		ODLIN, OT							
		Under penaltie	s of perjury,	I declare that I have e	xamıned this retyrn, in	cluding accompanying so is based on all information	hedules and sta	atements, ar	d to the best o	of my kno	wledge and	belief, it	ıs
		1 1/2	,	Declaration of prepar	rer (other than officer)	is based on all informatio	on or which prep		1	_			
Sig	gn	►× 1100	ug E	Tegnam					x Nov	8.	<u>2010</u>		
He	re	Signature	-		<u> </u>			C	Date	-,			
		IN Me	any E.	regraus,	Secreta	ery							
		Type or pr	rint name an	d title		<u> </u>							
					11-		Date		Check if	Pro (se	eparer's iden e instruction	tifying ni s)	ımber
Pa		Preparer's		nan	-40				self- employed >	X			
Pr	_	signature ROBERT L. GAMEZ, CPA 11/04/10						10		P	00046 <u>9</u>	93	
pa Us	rer's	Firm's name (or ROB	ERT L. GAM	EZ, CPA								
	ıly	yours if self- employed),	▶ 920	GLENNEYRE	ST., SUITE	#D]	EIN ► 9	5-64	00610		
_		address, and ZIP + 4	LAG	UNA BEACH,	CA 92651				Phone no	(949	9) 494-	-1034	1
Ма	y the	IRS discuss th	is return	with the prepare	r shown above? ((see instructions)					X Yes		No
BA	A Fo	r Privacy Act	and Pape	rwork Reduction	Act Notice, see	the separate instru	ıctions.		TEEA0113L	12/29/	o9 For	m 990	(2009)

	990 (2009) LAGUNA BEACH COMMUNITY FOUNDATION	20-639027	2	Į	Page 2
Pa	Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission:				
	WE ENCOURAGE PHILANTHROPY IN LAGUNA BEACH.		-		
			- - -		
	Did the organization undertake any significant program services during the year which were not listed on the	prior			
-	Form 990 or 990-EZ?	, p. 1.0.	Yes	X	No
	If 'Yes,' describe these new services on Schedule O.			تت	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?	Yes	\overline{X}	No
	If 'Yes,' describe these changes on Schedule O			_	
4		expenses Se	ction 5	01(c)	(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported.	locations to ot	ners, t	ne tota	al
	or process, and a constant of the constant of				
	76.300				
48	PROVIDED ASSISTANCE AND MANAGEMENT AID TO DONORS AND EXEMPT ORGANIZ		TUE)
	LAGUNA BEACH SPHERE OF INFLUENCE TO ENHANCE PHILANTHROPY.	VIION2 IN	1110	-	
			- -		
				-	
			- - -		
			- -		
41	b (Code. (Expenses \$ including grants of \$) (Rev	venue \$)
			_ .		
			 -		
				-	
				-	
					-
_					
40	c (Code) (Expenses \$ including grants of \$) (Rev	/enue \$)
			- -		
				- 	
			- -		
40	d Other program services (Describe in Schedule O)				
	(Expenses \$ including grants of \$) (Revenue \$)	
46	e Total program service expenses ► 76,309.	 			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1_	х	l
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.			
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.			
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 A			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13_		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
t	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u> </u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25. 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 240 . . d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Х Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 37 Х

38 BAA

Form 990 (2009)

Х

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

		Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns Enter -0- if not applicable	2		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a	0		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	+	Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b	 	
4a 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)?	4 <u>4a</u>		Х
b If 'Yes,' enter the name of the foreign country. ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	 	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were deductible?	not 6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	ces 7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	e 7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year. e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
benefit contract?	7e	ļ	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	 	<u>X</u>
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79	_	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?.	. 9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	96		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12		(i	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders 11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.			

BAA

Form 990 (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Secti	ion A.	Governing E	sody and Mana	gement								
								1		- THE SEC.	Yes	No
			ng members of the		-		·	<u>1a</u>	11	100		
b l	Enter the	number of votir	ng members that a	re independent			L	1b	11		38	
2 (Did any o officer, d	officer, director, t irector, trustee o	trustee, or key emp r key employee?.	ployee have a f SEE SCHI	family relation EDULE O	nship or a bus	siness rela	ationship wi	th any other	2	X	
3 1	Did the o	organization dele s, directors or tri	gate control over r ustees, or key emp	management du ployees to a ma	uties customa anagement co	orily performed company or oth	d by or un her persor	nder the dire	ect supervision	3		X
4 (Did the d	rganization mak	e any significant c	hanges to its o	rganızatıonal	documents				4		Χ_
		prior Form 990		• •					•			
		-	me aware during t	-	aterial divers	ion of the org	janization'	's assets?	• • •	5 6		X
		-	ve members or sto			, .h.a				-		
(governin	g body?	ve members, stock	•	•	•	•	•		7a		X
	-		governing body su	• • • • • • • • • • • • • • • • • • • •	-	·	-	•		7b	3.6 T	X
	Did the o the follow		emporaneously do	cument the me	etings held o	r written actio	ons under	taken during	g the year by		track to	
	•	erning body?				•			•	8a	Х	
bl	Each cor	nmittee with auth	nority to act on bel	nalf of the gove	rning body?	• • •		•	•	8b	X	
9 (ls there a	any officer, direction's mailing ad-	tor or trustee, or k dress? <i>If 'Yes,' pro</i>	ey employee lis ovide the name	sted in Part \ s and addres	/II, Section A, ses in Schedu	, who can ule O	not be reacl	hed at the	9		X
Secti	ion B.	Policies (This Section B	requests info	ormation a	bout policie	es not re	equired by	the Internal	-		
Rever	iue Code)										
											Yes	No
		•	ve local chapters,	•					•	10 a	-	<u>X</u>
b (if 'Yes,' o and bran	does the organizations to ensure t	ation have written heir operations are	policies and pre consistent wit	ocedures gov h those of th	verning the act e organization	tivities of n?	such chapte	ers, affiliates,	10b		
		•	rided a copy of this			-		-		11		<u>X</u>
			he process, if any,				Form 990	SEE SC	CHEDULE O		Artista Asia	```````
		_	ve a written conflic		-					12a	X	
1	to conflic	cts?	trustees, and key o			•				12b	х	
c l	Does the <i>Schedule</i>	organization req O how this is d	gularly and consist one SEE St	ently monitor a CHEDULE O	nd enforce c	ompliance with	th the poli	cy? If 'Yes,	' describe in	12c	х	
		_	ve a written whistle			•	•			13	Х	
14	Does the	organization ha	ve a written docun	nent retention a	and destruction	on policy?		•	•	14	X	20 X 3. 2.4
15	Did the p persons,	rocess for deteri comparability da	mining compensati ata, and contempo	ion of the follow raneous substa	ving persons intiation of th	ınclude a revi e deliberation	riew and a n and deci	pproval by sion?	ındependent			
a ·	The orga	nızatıon's CEO,	Executive Director	, or top manag	ement officia	I.	• •		• •	15a	Х	
b (Other off	ficers of key emp	loyees of the orga	inization						15 b	#1.*Sa### +	X
			, describe the prod		•	•						
	entity du	ring the year?	st in, contribute as					,		16a	29426	X
			tion adopted a writ ents under applica ch arrangements?	tten policy or p	rocedure required takes and takes and takes and takes and takes and takes are	uiring the orga en steps to sa	anızatıon i afeguard t	to evaluate he organiza	its participation ation's exempt	16b		
Sect	ion C.	Disclosures										
17	List the s	states with which	a copy of this For	m 990 is requir	ed to be filed	: ► <u>CA</u>						
18			organization to myou make these av), 990, and	d 990-T (50	1(c)(3)s only) a	vailabl	e for p	oublic
L		website	X Another's we		X Upon re	•						
19	Describe statemer	in Schedule O vots available to the	whether (and if so, ne public	how) the organ	nization make	es its governin	ng docume	ents, conflic	t of interest pol	ıcy, ar	nd fina	ncial
			address, and telep , CPA 920 GI									

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees; and former such persons

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B) (c) Average Position (check all that apply)		(D)	(E)	(F)					
Name and Title	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
LAURA TARBOX		.,						0.		
CHAIRMAN BOB DORNIN	4	X			-	-	├─	0.	0.	0.
TRUSTEE	1 2	Х						0.	0.	0.
ROBERT L. GAMEZ	 	 	-			-	 			
TREASURER	4	Х						0.	0.	0.
MARY FEGRAUS										
SECRETARY	4	X	<u> </u>			<u> </u>	<u> </u>	0.	0.	0.
RICK BALZER					1					
TRUSTEE	2	X	<u> </u>	Ĺ	Ĺ-		 	0.	0.	0.
RICHARD CRUM	-	,,								0
TRUSTEE PETER KOTE	2	X			┢	 	├	0.	0.	0.
TRUSTEE	 2	X						0.	0.	0.
W L LYONS BROWN		^	 	-			╁─		0.	<u>_</u>
VICE PRESIDENT	1 4	x					l	0.	0.	0.
MICHAEL PINTO										
TRUSTEE	2	X						0.	0.	0.
ROBERT SHELDON										
EXECUTIVE DIREC	4		<u> </u>	X	<u> </u>		<u> </u>	0.	0.	0.
AMANDA J. FERRARI	ا .				ļ					_
EXECUTIVE DIREC	4			X		 	╀─	0.	0.	0.
	-									
	}		├-		⊢		╁─			
	-									
	† 		_		-		† —			
	7	İ	ĺ	ĺ	ĺ	İ	ĺ	ĺ		
	_	_		_	_		<u> </u>			
	4									
	 	-	 -	_	_	-	├—			
	-						-			
		1	1	i	i	1	1	1		

Part VIII Section A. Officers, Directors, Trus	$\overline{}$	(ey	Em			es,	and			
(A)	(B)	_			c)		1. 3	(D)	(E)	(F)
Name and Title	Average hours per week			Officer			_	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
									 -	
								-		
					<u> </u>					
					<u> </u>					
		_					-			
									H	}
1 b Total .		<u>.</u>					•	0.	0.	
2 Total number of individuals (including but not limite from the organization ► 0	d to the	se lis	sted	l ab	ove)	wh	o re	ceived more than	\$100,000 in repor	table compensati
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıdua	iL			•			•		3
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t individual	han \$15	0,00	0?	If 'Y	es'	com	plet	e Schedule J for s	such	4
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens hedule .	atior <i>I for</i>	n fro suc	om a h pe	any e <i>rso</i>	unre n	late	ed organization foi	services	5
Complete this table for your five highest compensate	led inde	penc	dent	cor	ntrac	tors	tha	it received more t	han \$100,000 of	
compensation from the organization (A)								(B)) .	(C)
Name and business addres	s				_		_	Description of	of Services	Compensation
										
							-			

<u>Paı</u>	t VIII Statement of Revenue					
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
22	1a Federated campaigns 1a					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues 1b					
5.5	c Fundraising events 1c					
Ë	d Related organizations 1d					
S. ∃	e Government grants (contributions) 1 e					
52	f All other contributions gifts grants and]				
쿌퇿	f All other contributions, gifts, grants, and similar amounts not included above 1 f 55	5,278.				
ξô	g Noncash contribns included in Ins 1a-1f. \$					
8₹	h Total. Add lines 1a-1f .	>	555,278.			
3		ess Code				
Ē	2a					
2	b					
ž	c					
8	d					
X	e					
5	f All other program service revenue					
_=	g Total. Add lines 2a-2f .					
	3 Investment income (including dividends, interest other similar amounts)	st and	28.			28.
<u> </u>		rananda 🕨				
	·	oceeus -				
		Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
}	d Net rental income or (loss)	>		·		
	(i) Securitor (ii)) Other				
	7a Gross amount from sales of assets other than inventory	<u></u>				
	b Less: cost or other basis					
	and sales expenses	İ				
ļ	c Gain or (loss)					
	d Net gain or (loss)	•				
ľ	8a Gross income from fundraising events					
불	(not including \$					}
2	of contributions reported on line 1c).					
8	See Part IV, line 18					}
OTHER REVEN	b Less: direct expenses b				····	J
۱	c Net income or (loss) from fundraising events			· · · · · · · · · · · · · · · · · · ·		
l	9a Gross income from gaming activities. See Part IV, line 19					
	b Less direct expenses . b					
	c Net income or (loss) from gaming activities	▶				
l	· · · · · · · · · · · · · · · · · · ·					
Į	10a Gross sales of inventory, less returns and allowances	İ				
Ì	b Less cost of goods sold . b					
	c Net income or (loss) from sales of inventory	•				
(Miscellaneous Revenue Busine	ess Code				
	11a					
	b			·		
	c				 	
	d All other revenue .					<u> </u>
	e Total. Add lines 11a-11d	•	FFF 225			
	12 Total revenue. See instructions	▶	555,306.	0.	0.	28.

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,900.	1,900.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.1	0.	0.	0.
7	Other salaries and wages.				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits			·· ···· ······························	
10	Payroll taxes			<u>-</u>	
11	Fees for services (non-employees)				
а	Management				. —
b	Legal				
C	Accounting				
	Lobbying				
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees				
_	Other		1 0 0 1		
	Advertising and promotion	1,964.	1,964.	600	
	Office expenses	629.	1 020	629.	
14	Information technology	1,239.	1,239.		
15	Royalties				·- <u></u>
16	Occupancy	<u> </u>	<u> </u>	•	
18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization				
23	Insurance	1,269.		1,269.	
24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below).				
а	EXECUTIVE DIRECTORS	66,000.	66,000.		
	TEACHERS	2,667.	2,667.		
	MAILING LISTS	1,495.	1,495.		
	EVENT_COSTS	1,120.	1,120.		
	SUPPLIES	644.	644.		
f	All other expenses	1,405.	1,183.	222.	
25	Total functional expenses. Add lines 1 through 24f	80,332.	78,212.	2,120.	0.
26	Joint costs. Check here ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form 990 (2009)

Page 11

607,136.

1,409.

608,545

0.

(B) End of year

20-6390272 Form 990 (2009) LAGUNA BEACH COMMUNITY FOUNDATION **Balance Sheet** (A) Beginning of year 1 Cash - non-interest-bearing 133,569 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 7 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other basis 10a 1.409. Complete Part VI of Schedule D 10b 10 c **b** Less accumulated depreciation. 11 11 Investments - publicly-traded securities 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11. 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 133,569 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 25 0 Total liabilities. Add lines 17 through 25. 26 Organizations that follow SFAS 117, check here ▶ |X| and complete lines 27 through 29 and lines 33 and 34. 133,569. 27

608,545. 27 Unrestricted net assets . . 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, and equipment fund. 32 32 Retained earnings, endowment, accumulated income, or other funds 133,569. 33 608,545. 33 Total net assets or fund balances

34

Total liabilities and net assets/fund balances.

P

608,545. Form 990 (2009)

133,569.

34

Pancal Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	t 3b		

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

LAG	<u>UNA</u>	BEACH COMMU	JNITY FOUNDATI	ON					20-63	<u> 90272</u>	2	
Parl		Reason for Pul	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See II	nstructi	ions	
The c	rgar	ization is not a priv	vate foundation becau	ise it is (For lines 1 thro	ugh 11,	check o	nly one	box)				
1		A church, convention	on of churches or ass	ociation of churches desc	cribed in	section	170(b)	(i)(A)(I)	•			
2	\Box	A school described	in section 170(b)(1)(/	A)(ii). (Attach Schedule E	Ξ.)							
3	Π,	A hospital or coope	erative hospital service	e organization described	ın secti e	on 170(l	οχ1χΑχ	iii).		,		
4		A medical research	organization operate	d in conjunction with a h	ospital d	describe	d in sec	tion 17	0(b)(1)(A)(iii) En	nter the hospital	's
		name, city, and sta										
5		An organization op 170(b)(1)(A)(iv). (C	erated for the benefit Complete Part II)	of a college or university	owned	or oper	ated by	a gover	nmental	unit des	scribed in sectio	on
6 7	Н.	An organization tha		governmental unit descri substantial part of its su art II)					t or from	the ger	neral public desc	cribed
8				170(b)(1)(A)(vi). (Comple	te Part I	1.)						
9	X	An organization that from activities related investment income	normally receives: (1) d to its exempt function	more than 33-1/3 % of its says — subject to certain excess taxable income (less	support f	rom cont and (2) r	io more t	han 33-	1/3 % of	its suppo	ort from gross	after
10	Π.	An organization org	ganized and operated	exclusively to test for pu	iblic safe	ety. See	section	509(a)	(4).			
11		more publicly supp	orted organizations d	exclusively for the benef lescribed in section 509(a zation and complete lines	a)(1) or	section	509(a)(2	ctions (!) See	of, or car section	ry out th 5 09(a)(3)	ne purposes of o). Check the bo	ne or x that
		a Type I	b Type II	c Type III	l — Fund	ctionally	ıntegrat	ed		d 🗌	Type III- Othe	r
е	ш.	By checking this both than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not controll n one or more publicly si	ed direc upportec	tly or in d organi	directly zations (by one describe	or more ed in sec	disquali tion 509	fied persons ot (a)(1) or section	her n
f	,	If the organization check this box		ermination from the IRS	•	•			•		•	
g		Since August 17, 2	006, has the organiza	ition accepted any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	,7	
	,	(i) a person who	directly or indirectly	controls, either alone or upported organization?	together	with pe	rsons de	escribe	d in (ii) a	ınd (ııı)	11 g (i)	No
			ber of a person desc	- · · · · · · · · · · · · ·	_						11 g (ii)	T
		• •	•	n described in (i) or (ii) a	hove?		·		•	·	11 g (iii)	
h		• •	• •	the supported organization			• •				9 \/1	
<u></u>		Name of Supported Organization	(ii) EiN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) (organizat (i) listed	is the tion in cold in your trning ment?	(v) Did your su	ızatıon in (i) of	(vi) l: organizati (i) organiz U S	on in col	(vii) Amount of Su	pport
					Yes	No	Yes	No	Yes	No		
_		-										
			-		-							
		 				_						
					ļ <u>.</u>	<u> </u>						
lotai					1	ļ						

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 1) Section A. Public Support Calendar year (or fiscal year (a) 2005 (d) 2008 (e) 2009 (b) 2006 (c) 2007 (f) Total beginning in) È Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Total. Add lines 1-through 3 . . 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (d) 2008 (e) 2009 (b) 2006 (c) 2007 (f) Total beginning in) È 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions). 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 14 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33-1/3 support test — 2009. 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 b 33-1/3 support test — 2008. 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 17a 10%-facts-and-circumstances test — 2009 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. **b 10%-facts-and-circumstances test** — **2008.** 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. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18 BAA Schedule A (Form 990 or 990-EZ) 2009

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

	(Complete only if you ched	cked the box on li	ne 9 of Part I)		- <u></u>		
<u>Sec</u>	tion A. Public Support					·	
Caler	ndar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	11,000.	11,075.	3,535.	121,200.	555,278.	702,088.
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.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	11,000.	11,075.	_3,535.	121,200.	555,278.	702,088.
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 amount on line 13 for the	0.	0.	0.	0.	0.	_ 0.
_	year Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line				<u>``</u>		<u> </u>
Ū	7c from line 6)						702,088.
Sec	tion B. Total Support						, 02, 000.
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	11,000.	11,075.	3,535.	121,200.	555,278.	702,088.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	11,000.	494.	561.	389.	28.	1,472.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.		434.	301.	307.	20.	0.
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	0.	494.	561.	389.	28.	1,472. 0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth,	or fifth tax year as	a section 501(c)(703,560.
							<u></u>
	Bubble support perceptage for 20			o 12 onlyma (6)		15	00 00
15	,, ,			e 13, column (f)).	•	15	99.8%
<u>16</u>	Public support percentage from					. [16]	99.8%
	tion D. Computation of Inv				ma (fl)	17	0.2%
17	•			=	nn (t)) .	. 17	0.0%
18 19 a	Investment income percentage f 33-1/3 support tests – 2009. If the of more than 33-1/3%, check this b	organization did not	check the box on li	ne 14, and line 15 i	s more than 33-1/3 blicly supported o	%, and line 17 is not	
b	33-1/3 support tests – 2008. If the support tests is not more than 33-1/3%, check	he organization die	d not check a box	on line 14 or 19a	i, and line 16 is n	nore than 33-1/3%	
20	Private foundation. If the organi	-					►□

Schedule /	A (Form 990 or	990-EZ)	2009	LAGUNA	BEACH	COMMU	NITY	FOUNDAT	'ION	20-6390272	Page 4
Part IV	A (Form 990 or Suppleme	ntal Inf	ormat	ion. Com	olete this	s part to	provi	de the ex	planations red	quired by Part II rmation. See ins	line 10;
	Part II, line	e 17a o	r 17b:	and Part	III, line	12. Prov	vide ar	ny other a	additional info	mation. See ins	tructions.
											
											
		_								· 	
									 -		
	-	-				- -,	, -				
										·	
									- -		
	-										
					- -						
				- 					·	. 	
									·		
	-									·	
				_ 		-			 _		
				- -						. 	
									-	 	
									· 		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer Identification number

AGUNA BEACH COMMUNITY FOUNDATION	20-6390272
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ac	
the organization answered 'Yes' to Form 990, Part IV, line 6.	ourits complete in
	Funds and other accounts
1 Total number at end of year	, and and other decounts
2 Aggregate contributions to (during year)	
3 Aggregate grants from (during year)	····
4 Aggregate value at end of year	
	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advise funds are the organization's property, subject to the organization's exclusive legal control?	d ☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other	∏Yes ∏No
purpose conferring impermissible private benefit??	
Part II Conservation Easements Complete if the organization answered 'Yes' to Form 9	990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply)	
Preservation of land for public use (e.g., recreation or pleasure) Preservation of an histori	• •
Protection of natural habitat Preservation of certified t	nistoric structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of last day of the tax year	f a conservation easement on the
	Held at the End of the Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a) .	
d Number of conservation easements included in (c) acquired after 8/17/06	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the o	organization during the tax
year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violand enforcement of the conservation easement it holds?	olations, Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶	
 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ 	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
$170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)^7$	Yes No
include, if applicable, the text of the footnote to the organization's financial statements that describes the conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Si	milar Assets
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and bal treasures, or other similar assets held for public exhibition, education, or research in furtherance of public the text of the footnote to its financial statements that describes these items	ance sheet works of art, historical lic service, provide, in Part XIV,
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balanc treasures, or other similar assets held for public exhibition, education, or research in furtherance of pub amounts relating to these items:	e sheet works of art, historical lic service, provide the following
(i) Revenues included in Form 990, Part VIII, line 1	⊳ \$
(ii) Assets included in Form 990, Part X	·
tily reducte intelluded in a contract of the c	▶\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial amounts required to be reported under SFAS 116 relating to these items:	···
2 If the organization received or held works of art, historical treasures, or other similar assets for financial	···

Schedule D (Form 990) 2009 LAGUI				20-63	
Partill Organizations Mainta	ining Collection	ns of Art, Histo	orical Treasures, o	r Other Similar As	sets (continued)
3 Using the organization's acquisition (check all that apply):	on accession and	other records, che	ck any of the following	that are a significant u	se of its collection
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e 📙 Other			
c Preservation for future gener	ations				
4 Provide a description of the orga Part XIV		,			ose in
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or rece ather than to be r	ive donations of ar naintained as part	t, historical treasures, of the organization's co	or other similar ollection?	☐ Yes ☐ No
Escrow and Custodia 9, or reported an amo	I Arrangement	s Complete if o	organization answe		
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or	other intermediary	for contributions or ot	her assets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV and c	omplete the follow	ing table [.]		
					Amount
c Beginning balance		•		1c	
d Additions during the year			• • • • • • • • • • • • • • • • • • • •	1 d	
e Distributions during the year		•		1 e	
f Ending balance				. <u> 1f </u>	
2a Did the organization include an a		90, Part X, line 213	,		∐ Yes
b If 'Yes,' explain the arrangement					
Part V Endowment Funds Co					
	(a) Current year	(b) Prior yea	r (c) Two years bad	k (d) Three years back	(e) Four years back
1 a Beginning of year balance.					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	L	<u> </u>			
2 Provide the estimated percentag					
a Board designated or quasi-endov		*			
b Permanent endowment ►					
c Term endowment	 8				
3a Are there endowment funds not organization by.	in the possession	of the organization	that are held and adm	ninistered for the	Yes No
(i) unrelated organizations .					3a(i)
(ii) related organizations	•	•	•		. 3a(ii)
b If 'Yes' to 3a(II), are the related of	-	•		•	3b
4 Describe in Part XIV the intende					
Part VI Investments—Land, B				(, line 10.	
Description of investment	(a) (Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Deprectation	(d) Book Value
1a Land	ļ				<u> </u>
b Buildings .	<u> </u>				
c Leasehold improvements	ļ				
d Equipment .	<u> </u>		1,409.	ļ	1,409.
e Other .	L			<u></u>	ļ
Total Add lines 1a through 1e (Colum	in (d) must equal (Form 990 Part X	column (B) line 10(c) 1	>	1 409

TEEA3302L 02/02/10

BAA

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 LAGUNA BEACH COMMU		20-6390272 Pag	је 3
Part VII Investments-Other Securities See Fo			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
			
			_
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)			
Part VIII Investments—Program Related (See F	orm 990. Part X. line	e 13) N/A	_
(a) Description of investment type	(b) Book value	(c) Method of valuation	_
	(5) 55011 1515	Cost or end-of-year market value	
			,
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13.)			
Part IX Other Assets (See Form 990, Part X, I	ine 15) N/A		
· · · · · · · · · · · · · · · · · · ·	scription	(b) Book value	
			
			
			
Total. (Column (b) must equal Form 990, Part X, col (B), III	no 15)		
Part X Other Liabilities (See Form 990, Part X			
(a) Description of Liability	(b) Amount		
Federal Income Taxes	(S) / IIII Gain	1	
Todal al Moonto Taxos			
		7	
			İ
		_	
		4	
		4	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche	edule D (Form 990) 2009 LAGUNA BEACH COMMUNITY FOUNDATION	20-639	0272	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net). Add lines 4 through 8 .	•		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	N/A	
1	Total revenue, gains, and other support per audited financial statements	1	11/11	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	<u> </u>		
	Net unrealized gains on investments			
	Donated services and use of facilities	 '	1	
		 , ,		
	· · · · · · · · · · · · · · · · · · ·			
	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.		
	Investments expenses not included on Form 990, Part VIII, line 7b 4a			
	Other (Describe in Part XIV)			
	Add lines 4a and 4b	4c		<u> </u>
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Or Pote	NY /7	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	erkeu	III N/A	
	Total expenses and losses per audited financial statements	<u>-</u> -		
	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities			
		 ·		
	e Add lines 2a through 2d. Subtract line 2e from line 1	2e		
_	1 1	-		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b.	{		
	Other (Describe in Part XIV)			
	Add lines 4a and 4b	4c		
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
Pai	t XIV Supplemental Information			
line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this mation.	IV, lines part to p	1b and 2b; P provide any ac	art V, Iditional
				
		-		

TEEA3304L 02/02/10

Schedule **D** (Form 990) 2009

BAA

Schedule D (Form 990) 2009 LAGUNA BEACH COMMUNITY FOUNDATION	20-6390272	Page 5
Part XIV Supplemental Information (continued)		
- Control of the cont		
		- -
		
·	-	
·		 -
· · · · · · · · · · · · · · · · · · ·		
	-	
		- -
		-
	-	 -
		-
	- 	
		 -

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

LAGUNA BEACH COMMUNITY FOUNDATION	20-6390272
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY REI	LATIONSHIP OF OFFICERS, DIRECT
ROBERT GAMEZ IS THE TAX PREPARER FOR MICHAI	EL PINTO, DONALD CLURMAN AND RICK BALZER.
OTHERWISE, NO OTHER BUSINESS OR FAMILY RELA	ATIONSHIPS
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PRO	DCESS
NO REVIEW WAS OR WILL BE CONDUCTED.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MON	ITORING AND ENFORCEMENT OF CONFLICTS
EXECUTIVE COMMITTEE REVIEWS ACTIONS OF ALL	DIRECTORS
	·

Schedule () (Form 9	90) 2009	Page 2
Name of the o	rganization		Employer identification number
LAGUNA	BEACH	COMMUNITY FOUNDATION	20-6390272
			·
		~	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	~	·	
~ <del>-</del> -			
~			
_			
	- <i>-</i>		