



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



**Short Form**

**Return of Organization Exempt From Income Tax**

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

**2015**

**Open to Public Inspection**

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A For the 2015 calendar year, or tax year beginning** \_\_\_\_\_, 2015, and ending \_\_\_\_\_, 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>Kasem Coalition, Inc.</b>		<b>D Employer identification number</b> 46-4241234
	Number and street (or P O box, if mail is not delivered to street address) <b>1530 J Street</b>		<b>E Telephone number</b> 916-442-7757
	Room/suite <b>Suite 360</b>		<b>F Group Exemption Number</b> ▶
	City or town, state or province, country, and ZIP or foreign postal code <b>Sacramento, CA 95814</b>		

**G Accounting Method**  Cash  Accrual  Other (specify) ▶ \_\_\_\_\_

**I Website:** ▶ \_\_\_\_\_

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

**J Tax-exempt status** (check only one) –  501(c)(3)  501(c) ( 4 ) ◀ (insert no)  4947(a)(1) or  527

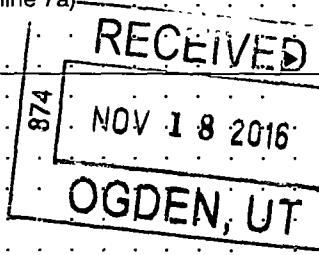
**K Form of organization**  Corporation  Trust  Association  Other \_\_\_\_\_

**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts** If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **56,406**

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

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

SCANNED BY NOV 23 2016	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	56,406
	2	Program service revenue including government fees and contracts . . . . .	2	0
	3	Membership dues and assessments . . . . .	3	0
	4	Investment income . . . . .	4	0
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	5b	Less: cost or other basis and sales expenses . . . . .	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	0
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	0
	6c	Less: direct expenses from gaming and fundraising events . . . . .	6c	0
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	0
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	0
	7b	Less: cost of goods sold . . . . .	7b	0
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line-7a) . . . . .	7c	0
	8	Other revenue (describe in Schedule O) . . . . .	8	0
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	56,406
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	270
	11	Benefits paid to or for members . . . . .	11	0
	12	Salaries, other compensation, and employee benefits . . . . .	12	1,000
	13	Professional fees and other payments to independent contractors . . . . .	13	27,892
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	0
	15	Printing, publications, postage, and shipping . . . . .	15	73
	16	Other expenses (describe in Schedule O) . . . . .	16	37,529
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	66,764
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(10,358)
	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	13,341
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . ▶	21	2,983





Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2015) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and tax matters. Includes a table with Yes/No columns for each question.

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	Yes	No
			<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	Yes	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		
b	If "Yes," was the related organization a section 527 organization? . . . . .		
50	Complete this table for the organization's 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

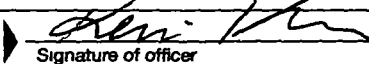
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  Yes  No

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.

<b>Sign Here</b>		Date
	Kerri Kasem, President	Nov 10 2016

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶		Phone no.	
	Firm's address ▶				

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

**Kasem Coalition, Inc.**

Employer identification number

**46-4241234**

**Part I**

**Line 10: civic donation**

**Line 16: fundraising, meeting, travel, website, and office expenses**

**Part III**

The organization's primary exempt purpose is to advocate for reforming the statutory rights of adult children to visitation with, and  
**other access to, ailing parents.**

NCTO

3622701

A0749577

CERTIFICATE OF AMENDMENT  
OF  
ARTICLES OF INCORPORATION

FILED  
Secretary of State  
State of California  
DEC 19 2013  
TMS

The undersigned certifies that:

1. She is the sole incorporator of The Kasem Falk Foundation, a California nonprofit public benefit corporation.
2. Article I of the Articles of Incorporation of this corporation is amended to read as follows:

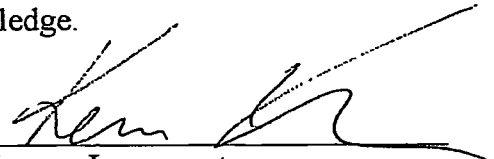
I

The name of this corporation is The Kasem Cares Foundation.

3. The foregoing amendment of Articles of Incorporation has been duly approved by the sole incorporator.
4. Directors were not named in the original Articles of Incorporation and have not been elected.
5. The corporation has no members.

I further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

Dated: Dec 16 2013

  
Kerri Kasem, Incorporator



I hereby certify that the foregoing transcript of \_\_\_\_\_ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

DEC 26 2013

*J*

Date: \_\_\_\_\_

*Debra Bowen*

DEBRA BOWEN, Secretary of State

NCFO

A0777004

3622701

FILED L30

Secretary of State  
State of California

IPC NOV 04 2015

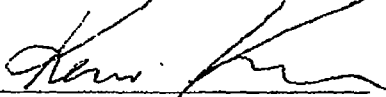
Certificate of Amendment  
of  
Articles of Incorporation

The undersigned certify that:

1. They are the president and the secretary, respectively, of The Kasem Cares Foundation, a California corporation.
2. Article 1 of the Articles of Incorporation of this corporation is amended to read as follows:  
  
The name of the corporation is Kasem Coalition, Inc.
3. The foregoing amendment of Articles of Incorporation has been duly approved by the board of directors.
4. The corporation has no members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

DATE: October 3, 2015

  
Kerri Kasem, President

  
Martha Jo Patterson, Secretary