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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2015

Open to Public Inspection

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

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning **DECEMBER 1**, 2015, and ending **DECEMBER 31**, 20 **15**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
LOOKING GLASS CORVETTE ASSOCIATION
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P O B 150101
City or town, state or province, country, and ZIP or foreign postal code
LAKEWOOD, CO, USA 80215

D Employer identification number
84-6118274
E Telephone number
720-280-4103
F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ **WWW.LGCACORVETTE.ORG**

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) (7) ◀ (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 ▶ \$ **22434**

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

		1		2		3		4		5a		5b		5c		6a		6b		6c		6d		7a		7b		7c		8		9		10		11		12		13		14		15		16		17		18		19		20		21			
		1		2		3		4		5a		5b		5c		6a		6b		6c		6d		7a		7b		7c		8		9		10		11		12		13		14		15		16		17		18		19		20		21			
		Contributions, gifts, grants, and similar amounts received		Program service revenue including government fees and contracts		Membership dues and assessments		Investment income		Gross amount from sale of assets other than inventory		Less: cost or other basis and sales expenses		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		Gaming and fundraising events		Gross income from gaming (attach Schedule G if greater than \$15,000)		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)		Less: direct expenses from gaming and fundraising events		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		Gross sales of inventory, less returns and allowances		Less: cost of goods sold		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		Other revenue (describe in Schedule O)		Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		Grants and similar amounts paid (list in Schedule O)		Benefits paid to or for members		Salaries, other compensation, and employee benefits		Professional fees and other payments to independent contractors		Occupancy, rent, utilities, and maintenance		Printing, publications, postage, and shipping		Other expenses (describe in Schedule O)		Total expenses. Add lines 10 through 16		Excess or (deficit) for the year (Subtract line 17 from line 9)		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)		Other changes in net assets or fund balances (explain in Schedule O)		Net assets or fund balances at end of year. Combine lines 18 through 20	
		2949		0		16731		5		0		0		0		0		0		0		0		2103		2154		(51)		646		20280				0		0		0		2000		159		18759		20918		(639)		43197		0		42558			

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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

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

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 **46** Yes No

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 **47** Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No

b If "Yes," was the related organization a section 527 organization? **49b** Yes No

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 ▶ _____

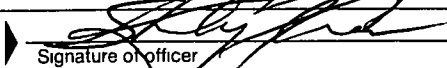
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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.

Sign Here  Signature of officer Date 02/11/2016
Stanley Ames - Treasurer Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
 Firm's name ▶ Firm's EIN ▶
 Firm's address ▶ Phone no ▶

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.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

LOOKING GLASS CORVETTE ASSOCIATION

Employer identification number

84-6118274

Form 990-EZ, Part 1, Line 8 - Other revenue includes amounts donated to offset costs of meetings and newsletter distribution used to provide educational materials and promote interest in the Chevrolet Corvette.

Form 990-EZ Part 1, Line 16 - Other expenses included payments for memorial flowers, charities, fees, insurance, website maintenance, office supplies, administrative expenses, meeting costs and social events.