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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2015

Department of the Treasury Internal Revenue Service

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Open to Public Inspection

For cale	enda	r year 2015, or ta	ax year beginning A	pr 1 , 2015	, and ending Ma	ar 3	31 , 2016	
Name of fo				•		A	Employer Identification num	nber
VIRG1	INI	A BEACH LIF	FEGUARD ASSC IN if mail is not delivered to street a	C ddman)	I Doom/outo	 _ -	54-1592805	
		•		ouress)	Room/suite	В	Telephone number (see instruction (757) 724-001	•
City or tow	n, stati	REHAM CT. # e or province, country, a	f ∠ U ⊥ and ZIP or foreign postal code		<u> </u>	\vdash	(757) 724-001	
VIRGI	INI	A BEACH		VA	23451	C	If exemption application is	pending, check here. 🕨
		I that apply	Initial return	Initial return of a forme		٦,	4 Fereign ergenizations sho	ok boro
			Final return	Amended return	,	ן יין	1 Foreign organizations, che	ck nere
		ľ	Address change	Name change			2 Foreign organizations mee	
H Che	ck tv	pe of organization	n. X Section 501	(c)(3) exempt private for	undation	1	here and attach computation	vn · · · · · ► _
ſ	_ `	· =	nonexempt charitable trus		rivate foundation	E	If private foundation status	was terminated
I Fair	marke	t value of all assets a	t end of year J Acc	ounting method: X C	ash Accrual	1	under section 507(b)(1)(A),	check here · · · · ►
(from	n Part	II, column (c), line 16,	\ ' —	Other (specify)		F	If the foundation is in a 60-	month termination —
► \$		11,	. 160 . (Part I,	column (d) must be on c	ash basis)	7	under section 507(b)(1)(B),	
Part I		nalysis of Re		(a) Revenue and	(b) Net investmen	nt	(c) Adjusted net	(d) Disbursements
•	E	xpenses (The	total of amounts in nd (d) may not neces-	expenses per books	income	"	income	for charitable
	co sa	olumns (b), (c), an orily equal the amo	id (d) may not neces- ounts in column (a)					purposes (cash basis only)
		ee instructions))	ourno iir oorarriir (u)					(Cash basis only)
	1	Contributions, gifts, grants	s, etc, received (attach schedule)					
	2	Ck ► X If the foun	ndation is not required to attach Sch B					
	2	Interest on sevence and to	emporary cash investments					
l	4	-	m secunties	2.	-			
	5 a						<u>-</u>	
	l t	Net rental income or (loss)						-
R	6 6		le of assets not on line 10					
E	l t	Gross sales price for assets on line 6a						_
Ě	7		me (from Part IV, line 2)					
N	8	•	lgaın					
U E	9							
-	10 a	Gross sales less returns and	0.					
		allowances						
		goods sold · · ·	7,952.	7.050				
		Other income (attach	ch schedule) L-10. Stmt.	-7,952.				
	''	See Line 11 Str		36,004.			36,489.	
	12		through 11	28,054.			36,489.	
	13		cers, directors, trustees, etc	20,001.			30,103.	
	14	•	lanes and wages					
	15	· · · · · · · · · · · · · · · · · · ·	oyee benefits					
А	16:	Accounting tens tatta	TEN/7FD · · · · ·					
D M	ו	Accounting teas tatta						
I N	•	Other prof fees (attac	ch sch)L-1 & Stmt.	4,003.				
O Î	17	Interest AUG 2						
E Ť R R	18		see instrs) See Line: 8 Stmt	875.				
A A	19	Depreciation (attach schedule) and deplet	ion LUT i		1			
i i	20							
ĞĚ	21		and meetings	6,490.				
A E	22	• •	ions					
A X P E X	23	Other expenses (atta						
Ŋ	_	See Line 23 Str		12,950.	ļ			5,117
S E S	24	Total operating and expenses. Add lines	l administrative 3 13 through 23 · · · · · ·	24 210				5 117
S	25	Contributions, gifts, grants	=	24,318. 2,800.				5,117 2,800
	26	Total expenses and		2,000.	<u> </u>			2,000
		•	• • • • • • • • • • • • • • • • • • • •	27,118.				7,917
· · · · · ·	27	Subtract line 26 from						
	:	a Excess of revenue	**	000				
	Ι.		· · · · · · · · · · · · · · · · · · ·	936.	 		 · · - · · · · · · · · · · · · · · 	
	l		ome (if negative, enter -0-)				36 400	
	<u> </u>	- Adjusted net Incom	ne (if negative, enter -0-)	<u>I</u>	<u> </u>		36,489.	<u> </u>

Page 2

Part		Balance Sheets column should be for end-of-year amounts only.	Beginning of year	Ena o	<u> </u>
		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Caşh – non-interest-bearing	10,224.	11,160.	11,160.
	2	Savings and temporary cash investments			
	3	Accounts receivable	- ·		
		Less: allowance for doubtful accounts		_	
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
A		Less: allowance for doubtful accounts			
A S E T	8	Inventories for sale or use			
E	9	Prepaid expenses and deferred charges			
s	10:	a Investments — U S. and state government obligations (attach schedule)			
	l	b Investments — corporate stock (attach schedule)			
		c Investments — corporate bonds (attach schedule)			
	11				
		equipment basis			
		(attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I).	10,224.	11,160.	11,160.
Ļ	17	Accounts payable and accrued expenses			
Ä	18	Grants payable			
В	19	Deferred revenue			
Ĺ	20	Loans from officers, directors, trustees, & other disqualified persons			
ļ	21	Mortgages and other notes payable (attach schedule)			
T I E	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)		***************************************	
	l i	Foundations that follow SFAS 117, check here X and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted	10,224.	11,160.	
E U T N	25	Temporarily restricted			
D	26	Permanently restricted			
A S B S A E L T A		Foundations that do not follow SFAS 117, check here . Fand complete lines 27 through 31.			To constitution of the con
ĔĹ	27	Capital stock, trust principal, or current funds			
T A S N	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
С	29	Retained earnings, accumulated income, endowment, or other funds			
O E R S	30	Total net assets or fund balances (see instructions)	10,224.	11,160.	
	31		10,224.	11,160.	
Par	t III	Analysis of Changes in Net Assets or Fund Balance		, = = 2 2	
1	Tota	il net assets or fund balances at beginning of year — Part II, column (a-of-year figure reported on prior year's return)	a), line 30 (must agree w	ith	10,224.
2		er amount from Part I, line 27a			936.
3	Other	r increases not included in line 2 (itemize)		3	950.
4	Add	lines 1, 2, and 3 · · · · · · · · · · · · · · · · · ·		4	11,160.
5		eases not included in line 2 (itemize)		5	<u> </u>
		al net assets or fund balances at end of year (line 4 minus line 5) — Pa	art II, column (b). line 30	_	11,160.
			, , , , , , , , , , , , , , , , , , , ,	1 -	

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(a) List and describ 2-story brick warehou	How acquired — Purchase — Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)			
1a			Conducti		<u> </u>	
b						
d						
e						
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or	(loss)	
(e) Gloss sales price	(or allowable)	plus expense of sale		(e) plus (f) mi		
a				-		
b		- " "				
	1				-	
d						
e	-			·		
	wing gain in column (h) and owned by the	foundation on 12/31/69				
(i) F.M.V.	(j) Adjusted basis	(k) Excess of col. (i)	— ,	l) Gains (Co) aın mınus col. (k), b		
as of 12/31/69	as of 12/31/69	over col (j), if any		an -0-) or Losses (fr		
· · · · · · · · · · · · · · · · · · ·						
a						
b						
c						
d						
<u>e</u>				1	<u> </u>	
2 Capital gain net income or (ne		enter in Part I, line 7 r -0- in Part I, line 7	2			
3 Net short-term capital gain or	(loss) as defined in sections 1222(5) and	I (6):				
If gain, also enter in Part I, line	e 8, column (c) (see instructions). If (loss), enter -0-	3			
	ler Section 4940(e) for Reduce			<u></u>		
	ction 4942 tax on the distributable amoui	• •	1?	· · · · Tes	No	
	in each column for each year; see the in		ntries.			
(a)	(b)	(c)	1	(d)		
Base period years Calendar year (or tax year beginning in)	ears Adjusted qualifying distributions Net value of noncharitable-use assets		(col.	Distribution ratio (col. (b) divided by col. (c))		
2014	19,906.	10,4	109.		1.91238	
2013	14,795.		314.		4.46439	
2012	21,519.		538.		5.915063	
2011	21,883.		71.		6.90097	
2010	0.		0.		0.00000	
2 Total of line 1, column (d)			2		19.19281	
• • • • • • • • • • • • • • • • • • • •	he 5-year base penod — divide the total			1	1201	
	on has been in existence if less than 5 ye		3		3.83856	
4 Enter the net value of noncha	ritable-use assets for 2015 from Part X, I	ine 5	4		2,995	
5 Multiply line 4 by line 3			5		11,496	
6 Enter 1% of net investment in	come (1% of Part I, line 27b)		6			
7 Add lines 5 and 6			7		11,496	
8 Enter qualifying distributions f	from Part XII, line 4		8		7,917	
	than line 7, check the box in Part VI, line			rate. See the		

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see	Instru	ictions	5) _		
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary – see instrs)					
þ	Domestic foundations that meet the section 4940(e) requirements in Part V,	1				
	check here . P and enter 1% of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)					'
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5				0.
	Credits/Payments:					
	2015 estimated tax pmts and 2014 overpayment credited to 2015 6 a					
b	Exempt foreign organizations — tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868) 6 c					
	Backup withholding erroneously withheld		****			كا
	Total credits and payments. Add lines 6a through 6d					
	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				0.
11	Enter the amount of line 10 to be. Credited to 2016 estimated tax Refunded	11				
Part	VII-A Statements Regarding Activities					
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Į		Yes	No_
	participate or intervene in any political campaign?	• • •	• • •	1 a		X
þ	Did it spend more than \$100 duning the year (either directly or indirectly) for political purposes (see Instructions for the definition)?			1 b		Х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			٠. ا		
	Did the foundation file Form 1120-POL for this year?			1 c		_ X_
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
_	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on					,
	foundation managers • \$		1			
	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If 'Yes,' attach a detailed description of the activities			_		<u> </u>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					į
	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4 a		X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?			4 b		ļ
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		$\cdot \cdot \cdot $	5		X
	If 'Yes,' attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or			-		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?			6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV			7	Х	
	Enter the states to which the foundation reports or with which it is registered (see instructions)		Ì			
			-			
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation			8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part XIV)?)(5)		9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses			10		х
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Form	n 990-PF (2015) VIRGINIA BEACH LIFEGUARD ASSC INC 54-15928	305	Р	age 5
Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	. 11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	. 12		x
13		. 13	Х	
	Website address			
14	The books are in care of GARY FELCH Telephone no (757	<u>) 724</u>	-001	0
15		- -		
	• • • • • • • • • • • • • • • • • • • •		Yes	No
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	. 16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly):	-		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		*	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	. -		ł
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	7. 2 2	,	
	To the benefit of use of a disqualified person):	- 1	ľ	
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination	رائية غراث الأ	宝 ,	k,
	of government service, if terminating within 90 days.)		5 g	J-5x
ı	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1t		
	Organizations relying on a current notice regarding disaster assistance check here			
(c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
;	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If 'Yes,' list the years ► 20 _ , 20 _ , 20			
I	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer 'No' and attach statement - see instructions)	2 t	<u> </u>	ļ
•	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 , 20 , 20 .			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	,		
1	b If 'Yes,' did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to			
	determine if the foundation had excess business holdings in 2015)	31	<u> </u>	_
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 8		x
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could			
	peopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	41		X

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Par	Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)							
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'							
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation						
NON	Е .							
Total	number of others receiving over \$50,000 for professional services	No <u>ne</u>						
Päř	t IX-A Summary of Direct Charitable Activities							
List the	e foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of zations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses						
1	HOSTED VARIOUS COMPETITIONS WHICH BENEFIT ORGANIZATIONS							
	THE U.S. LIFESAVING SUCH AS ASSOCIATION, ATLANTIC LIFE							
	SAVING ASSOCIATION, SCHOOLS, AND VIRGINIA PARKS.	1,719.						
2	THE ASSOCIATION MEMBERS ARE VOLUNTEERS WHO PROVIDE							
	INSTRUCTIONS ON TOPICS OF BEACH AND WATER SAFETY.							
	THESE VOLUNTEERS TRAVEL TO VARIOUS SCHOOLS AND SURF CA	3,398.						
3		· · · · · · · · · · · · · · · · · · ·						
4								
Par	t IX-B Summary of Program-Related Investments (see instructions)							
Desc	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount						
1								
2								
All o	ther program-related investments. See instructions.							
3								
_								
Tota	I. Add lines 1 through 3							
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Par	X Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn fou	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes Average monthly fair market value of securities	1 a	-
	Average of monthly cash balances		0.
	Fair market value of all other assets (see instructions)		3,041.
	Total (add lines 1a, b, and c)	1 d	2 041
	Reduction claimed for blockage or other factors reported on lines 1a and 1c	<u> </u>	3,041.
•	(attach detailed explanation)		
	Acquisition indebtedness applicable to line 1 assets	2	
2	Subtract line 2 from line 1d	├ ──	2 041
3	Subtract line 2 from line 1d	3	3,041.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	. 4	46.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	. 5	2,995.
6	Minimum investment return. Enter 5% of line 5	6	150.
Pār	t XI⊋ Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here □ and do not complete this part.)	found	dations
1		1 [150.
2 a	Tax on investment income for 2015 from Part VI, line 5 · · · · · · · · ·	製練	
t	Income tax for 2015. (This does not include the tax from Part VI.) 2 b		
c	Add lines 2a and 2b	2 c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	. 3	150.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	. 5	150.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	150.
Pai	€XII Qualifying Distributions (see instructions)		
1 8	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	7,917.
ŀ	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes		
3	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	置 <u>含</u> 3 a	
	Cash distribution test (attach the required schedule)		
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	7,917.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	. 5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	7,917.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for qualifies for the section 4940(e) reduction of tax in those years.	oundatio	n
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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years pnor to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7 · · · · · · · · · · · · · · · · · ·				150.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for pnor years 20 , 20 , 20			•	
3 Excess distributions carryover, if any, to 2015				
a From 2010 0 .				
b From 2011				,
c From 2012				i ,
d From 2013				
c From 2012 21,519. d From 2013 14,795. e From 2014 19,386.				!
f Total of lines 3a through e	77,583.	-		
4 Qualifying distributions for 2015 from Part	11,303.			
XII, line 4: \$ 7,917. a Applied to 2014, but not more than line 2a				
a Applied to 2014, but not more than time 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2015 distributable amount				
e Remaining amount distributed out of corpus	7,917.			
5 Excess distributions carryover applied to 2015				
(If an amount appears in column (d), the same amount must be shown in column (a))				
Same amount must be snown in column (a))				
6 Enter the net total of each column as indicated below:				!
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	85,500.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
© Enter the amount of prior years' undistributed				
income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
e Undistributed income for 2014. Subtract line 4a from				-
line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				150.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2016.	0.			
Subtract lines 7 and 8 from line 6a	85,500.			
10 Analysis of line 9:				
a Excess from 2011 21,883.				
b Excess from 2012 21,519.				
c Excess from 2013 14,795.				
d Excess from 2014 19, 386.				
e Excess from 2015 7, 917.				

Form	990-PF (2015) VIRGINIA BEACH LI	FEGUARD ASS	C INC		54-1592805	Page 10		
	t XIV Private Operating Foundation		N/A					
	1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling.							
	Check box to indicate whether the foundation		ng foundation descri		4942(j)(3) or	4942(J)(5)		
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	T			
	investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total		
b	85% of line 2a							
	Qualifying distributions from Part XII, line 4 for each year listed							
	Amounts included in line 2c not used directly for active conduct of exempt activities							
	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the alternative test relied upon:							
а	'Assets' alternative test - enter:							
	(1) Value of all assets							
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							
	b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed							
C	: 'Support' alternative test - enter:							
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)							
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)							
	(3) Largest amount of support from an exempt organization					_		
	(4) Gross investment income							
Par	t XV Supplementary Information (assets at any time during the	Complete this year – see ir	part only if the structions.)	e foundation ha	d \$5,000 or more	e in		
1	Information Regarding Foundation Manage	ers:						
a	List any managers of the foundation who have close of any tax year (but only if they have con NONE	e contributed more than ntributed more than	than 2% of the total n \$5,000). (See secti	contributions receiv ion 507(d)(2))	ed by the foundation b	pefore the		
Ŀ	List any managers of the foundation who own	10% or more of th	e stock of a corpora	tion (or an equally la	rge portion of the own	ership of		
	a partnership or other entity) of which the four NONE	ndation has a 10%	or greater interest.					
2	Information Regarding Contribution, Grant Check here X if the foundation only make requests for funds. If the foundation makes gri	kes contributions to	preselected charita	ble organizations ar	nd does not accept uns	solicited		
	complete items 2a, b, c, and d.							
2	The name, address, and telephone number of	i e-mail address of	the person to whom	i applications should	i ve addressed			
ŀ	The form in which applications should be sub-	mitted and informa	tion and materials th	ney should include:				
	Any submission deadlines:	"						
	d Any restrictions or limitations on awards, such	n as by geographic	al areas, chantable f	fields, kinds of institu	tions, or other factors			
				_				

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment									
Recipient			If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount			
Name and address (home or	busine	ss)	substantial contributor	rooipioni					
a Paid during the year									
LIVON			N/A	U.S.	CHARITABLE DONATION				
P.O.BOX. 1275				PUBLIC	TO FOUNDATION FOR				
VIRGINIA BEACH	VA	23451		CHARITY	FIGHTING COLON CANCER	1,600.			
VBSPCA			N/A	U.S.	PREVENT ALL FORMS				
3040 HOLLAND ROAD				PUBLIC	OF CRUELTY AND				
VIRGINIA BEACH	VA	23453			NEGLECT TO ANIMALS	1,200.			
						2,200.			
				İ					
				ŀ					
					:				
Total					3a	2,800.			
b Approved for future payment									
			}	1					
					1				
				1					
Total			J						
10001	· · · ·								

Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)		
A Drogram convec revenue	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)		
1 Program service revenue:			code	· ····································	15.000		
a JR LIFEGUARD CAMP b					15,200.		
c							
d							
e							
f							
g Fees and contracts from government agencies							
2 Membership dues and assessments					9,200.		
3 Interest on savings and temporary cash investments			· · · · · ·		2.		
4 Dividends and interest from securities			-				
5 Net rental income or (loss) from real estate			٤, ١	7.7(Jan 6 "		
a Debt-financed property				-			
b Not debt-financed property							
6 Net rental income or (loss) from personal property							
7 Other investment income							
8 Gain or (loss) from sales of assets other than inventory							
9 Net income or (loss) from special events					12,089.		
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:		2	基础表	And the second s	主義性工作		
a							
b							
C							
d							
e 12 Cultatel Add columns (b) (d) and (c)					26 401		
12 Subtotal. Add columns (b), (d), and (e)		<u> </u>	<u> </u>	42	36,491.		
See worksheet in line 13 instructions to verify calculations				13	36,491.		
Part XVI-B Relationship of Activities to the	Accomp	lishment of Exemp	ot Purp	oses			
Line No. Explain below how each activity for which inco	me is report	ed in column (e) of Part er than by providing fund	XVI-A co	ontributed importantly to ch purposes). (See instru	the ictions.)		
A JR. LIFEGUARD CAMP IS THE PRIMARY MEANS	BY WHICH T	THE ASSOCIATION ACCOM	PT.TSHES	TTS FOUCATIONAL AND	TRAINING PURPOSE		
DUES ARE COLLECTED IN ORDER TO ENGENDER							
SPECIAL EVENTS ARE HELD SEVERAL TIMES THROUGHOUT THE							
Stading Byshite And hade buybas Time innoconcer the	TERM TO ONLID	TAMES CONTESTIONS TAND THOUSE	on in oire	MICHIEL TON THE BEHONOTHERE	ON ON INDIONEE TRIBENTS		
							
							
				-			
		<u>-</u>		 			
				· · · · · · · · · · · · · · · · · · ·			
							

Part XVII. Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

de rel a Tra (1) (2) b Ott (1) (2) (3) (4) (5) (6) c Sh	scribed atting to ansfers Cash Other train Sales Purclin Reim Loan Performance of the ansistence of th	rganization directly is in section 501(c) o political organizat from the reporting from t	of the Code (other ions? foundation to a concharitable exem m a noncharitable oment, or other adments	pt organization the exempt organissets or fundraising other assets, omplete the follo	exempt organ	ganization	ns) or in	section 527,	how the fair n	narket v	1 b (1) 1 b (2) 1 b (3) 1 b (4) 1 b (5) 1 b (6) 1 c	Yes	X X X X X X X
the an	e good: v trans	s, other assets, or s action or sharing a	services given by rrangement, sho	the reporting win column (d	foundation. If I) the value o	f the found f the good	dation r ds, othe	eceived less that or assets, or ser	an fair marke vices receive	t value ı d.	n		
(a) Line		(b) Amount involved		of nonchantable e	. .			Description of trans			nanng arran	gements	 S
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			<u> </u>										
_										•			
de	scribe	indation directly or d in section 501(c) omplete the followi	of the Code (other	ed with, or relat er than section	ed to, one or 501(c)(3)) o	more tax	e-exempon 527?	ot organizations			. Yes	X	No
	(a)	Name of organizat	ion	(b) T	ype of organi	zation		(c) Description	of relati	onship		
										_			
-1	l ladas a	enalties of perjury, I decla	us that I have avamen	ad thus return unch	<i>a.</i>						haf it is tone		
Sign Here	correct,	and complete. Declaratio	n of prenaror (other th	artaxpayer) is bas	on all informal	ion of which	preparer	has any knowledge	est of my knowled	ige and be	May the lithis return preparer (see instr	n with the shown b	elow
	Signal	ture of officer or trustee		/	Date		Til	lle				Yes	No
		Print/Type preparer's n	ame /	Prepare	s signature	ml		Date	Check	ıf	PTIN		
Paid		RALPH MAIN		1/50	Sept !	11/ai		08/01/16	self-emplo	yed	P01648	3432	
Prepa	rer	Firm's name	BOUCHER A	CCOUNTING	& TAX	SVCS I	NC.		Firm's EIN	<u>30-0</u> 0	36153		
Use O		Firm's address	1104 JENSI										
			VIRGINIA I	BEACH		V	A 23	451-5872	Phone no	(757)	425-	<u> 2585</u>	
BAA											Form 99	0-PF (2015)

990-EZ, 990, 990-T and 990-PF **Information Worksheet**

2015

Part I - Identifying Information Employer Identification Number . 54-1592805 Name VIRGINIA BEACH LIFEGUARD ASSC INC Doing Business As Address 604 SHOREHAM CT. #201 Room/Suite . City. VIRGINIA BEACH State . . . VA ZIP Code . . . 23451 Province/State Foreign Postal Code . . _ ___ Foreign Code Foreign Country Fax..... E-Mail Address . . garyfelch@cox.net Eligible for hurricane tax relief legislation benefits, check here Part II — Type of Return Form 990-EZ only Form 990-EZ with Form 990-T Form 990 only Form 990 with Form 990-T Form 990-PF only Form 990-PF with Form 990-T Form 990-T only Form 990-N (gross receipts \$50,000 or less) for Electronic Filing only QuickBooks Import Users & 990 to 990-EZ Data Transfer Option: Check if you're filing the EZ & want 990 imported data copied to the EZ OR for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ. **IMPORTANT** Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line. Part III — Type of Organization 501(c) Corporation/Association 3 (subsection number) 220(e) Trust (subsection number) 501(c) Trust 408A Trust 4947(a)(1) Trust 529(a) Corporation 408(e) Trust 529(a) Trust 401(a) Trust 530(a) Trust (describe) Corporation/Association 527 Organization Or Trust 501(c) Association Part IV - Tax Year and Filing Information Calendar year Fiscal year -Ending month . . . _ _ 3 Beginning date . . _____3

X | Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Short year -

Ending date . . .

X Check this box if the	ne organization is a	private founda	ation	Form 990-T	Form 990-PF
Amount of 2014 overpay	ment credited to 20	015 estimated	tax		
		Form	n 990-T	Form	990-PF
Payment Quarters	Due Date	Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment 2nd Quarter Payment 3rd Quarter Payment 4th Quarter Payment	08/17/15 09/15/15 12/15/15 03/15/16				
Additional Payment 1 Additional Payment 2 Additional Payment 3 Additional Payment 4	-				
lectronic Filing:	-	Schedule.		Schedule O or the	
lectronic Filing:	urn electronically ectronically es to file electronica				
Electronic Filing: File the federal ret File the state(s) ele	urn electronically ectronically				
File the federal ret File the state(s) ele * Select the state or state	urn electronically ectronically es to file electronica	ally. (Multiple s	tates can be entere	ed)	
File the federal ret File the state(s) ele * Select the state or state * File Form 114 Rep Practitioner PIN program X Sign this return ele X ERO entered PIN Officer's PIN (enter any Date PIN entered	ort of Foreign Bank ectronically es to file electronical State(s) * port of Foreign Bank ectronically using the state of	k and Financia the Practitioner 12805	tates can be entere	ed) electronically	
File the federal ret File the state(s) ele * Select the state or state * File Form 114 Rep Practitioner PIN program X Sign this return ele X ERO entered PIN Officer's PIN (enter any Date PIN entered	ort of Foreign Bank ectronically es to file electronical State(s) * port of Foreign Bank ectronically using the state of	k and Financia the Practitioner 12805	tates can be entere	ed) electronically FELCH	

Check this box to file amended return electronically

Check this box to file the state and/or city amended return(s) electronically

* Select the state and/or city amended return(s) to file electronically.

	State(s) *			
	File Amended Form 114 Report of Foreign Bank and			ically
Pa	rt VII — Electronic Funds Withdrawal Informatio	n (<i>Form 990PF</i>)	mers only)	
	Use electronic funds withdrawal of federal Use electronic funds withdrawal of Form 88 Use electronic funds withdrawal of amende any options selected above, enter information below, (Re	68 balance due (E d return balance d	F only)? lue (EF only)?	ccuracy)
Ва	nk Information			
	ame of Financial Institution (optional)			
	heck the appropriate box	- —		
	outing number	<u> </u>		
		-		
VI	RGINIA BEACH LIFEGUARD ASSC INC		54-159	2805 Page 3
B E If P B	nter the payment date to withdraw tax payment alance due amount from this return		- 	
Pa	rt VIII — Information for Client Letter			
		Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Е	xtended Due Date			
				L
L	etter Salutation			
Pa	rt IX — Return Preparer			
	ter preparer code from Firm/Preparer Info (See Help) ickZoom to Firm/Preparer Info			
Qi Qi Qi	nickZoom to Form 990-EZ, Pages 1 through 4			
_	iickZoom to Client Status			

Form 990-PF, Page 1, Part I, Line 11 Line 11 Stmt

· , , >

Other income:	Rev/Exp Book	Net Inv Inc	Adj Net Inc
MEMBERSHIP DUES	9,200.		9,200.
JR. LIFEGUARD CAMPS	14,715.		15,200.
SWIM SERIES RACES	8,260.		8,260.
SANTA ON THE BEACH	3,829.		3,829.

Total 36,004. 36,489.

Form 990-PF, Page 1, Part I, Line 18 Line 18 Stmt

Taxes	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
CITY OF VIRGINIA BEACH	0.			
STATE CORPORATION COMMISSION	25.			
IRS RE-INSTATEMENT FEE	850.			

Total <u>875.</u>

Form 990-PF, Page 1, Part I, Line 23 Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
INSURANCE	1,300.			0.
BANQUET AND REUNION	1,500.			1,500.
SWIM SERIES SUPPLIES	647.			647.
JR GUARD CAMPS LUNCHES	649.			649.
JR. GUARD CAMP SUPPLIES	602.			602.
COMPETITION EXPENSE	1,719.			1,719.
DUES	6,750.			0.
OFFICE EXPENSE	-217.			

Total 12,950. 5,117.

Form 990-PF, Page 1, Part I, Line 10 L-10 Stmt

Line 10 - Gross Sales of Inventory	Gross Sales Less: Returns and Allowances	Less: Cost of Goods Sold	Gross Profit (Loss)
GROSS FUNDRAISING SALES	0.	7,952.	<u>-7,952.</u>
Total	0.	7,952.	<u>-7,952.</u>

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BOUCHER ACCOUNTING & TAX SERVICES	TAX PREPARATION	4,003.			

Total

. , , .

4,003.

Supporting Statement of:

Form 990-PF, p1/Line 11(a)-2

Description	Amount
CAMP REVENUE REFUNDS	15,200. -485.
Total	14,715.

Supporting Statement of:

Form 990-PF, p1/Line 11(a)-3

Description	Amount
TOTAL DEPOSITS APRIL 2016 DEPOSIT (FOR NEXT TAX YEAR)	8,400.
Total	8,260.

Supporting Statement of:

Form 990-PF, p1/Line 21(a)

Description	Amount
REGIONAL HOTELS	2,776.
NATIONAL HOTELS	1,225.
MEETINGS	2,489.
Total	6,490.

Supporting Statement of:

Form 990-PF, p1/Line 23(a)-6

Description	Amount
REGIONAL REGISTRATION	375.
REGIONAL EXPENSE	514.
NATIONAL EXPENSE	830.
Total	1,719.

Supporting Statement of:

Form 990-PF, p1/Line 23(a)-8

Description	Amount
CLIENT OVERSTATED EXPENSES VS BANK STMTS	-217.
Total	-217.

Supporting Statement of:

Form 990-PF, p2/Line 1(b)

Description	Amount
CALCULATED END OF YEAR BOOK BALANCE BANK STATEMENT END OF YEAR BALANCE DIFF	11,952. -792.
Total	11,160.

Supporting Statement of:

Form 990-PF,p12/Line 9 Column (e)

Description	Amount
FUNDRAISING - SWIM SERIES RACES	8,260.
FUNDRAISING - SANTA ON THE BEACH	3,829.
Total	12,089.

Supporting Statement of:

Gross Sales of Inventory/Ln 10b COGS-1

Description	Amount
JR. GUARD CAMP T-SHIRTS	1,478.
JR. GUARD CAMP INSTRUCTORS	4,050.
BANQUET PLAQUES	323.
SWIM SERIES MEDALS	330.
SWIM AERIES SHIRTS	1,021.
SWIM SERIES CLOCKS	750.

Total _____7,952.