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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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)

▶ 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.

OMB No 1545-1150
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 GLENDALE QUILT GUILD

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 PO BOX 9392

City or town, state or province, country, and ZIP or foreign postal code
 GLENDALE, CA 91226

D Employer identification number
 95-3705979

E Telephone number
 (909) 599-7093

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ WWW.GLENDALEQUILTGUILD.ORG

J Tax-exempt status (check only one) 501(c)(3) 501(c)(7) (insert no) 4947(a)(1) or 527

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

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. ▶ \$ 35,223

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				
Revenue	1 Contributions, gifts, grants, and similar amounts received																																
	2 Program service revenue including government fees and contracts																												29,652				
	3 Membership dues and assessments																												4,740				
	4 Investment income																												831				
	5a Gross amount from sale of assets other than inventory																																
	b Less cost or other basis and sales expenses																																
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																
	6 Gaming and fundraising events																																
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																																
	b 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)																																
c Less direct expenses from gaming and fundraising events																																	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																	
7a Gross sales of inventory, less returns and allowances																																	
b Less cost of goods sold																																	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																	
8 Other revenue (describe in Schedule O)																																	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																35,223	
Expenses	10 Grants and similar amounts paid (list in Schedule O)																																
	11 Benefits paid to or for members																																
	12 Salaries, other compensation, and employee benefits																																
	13 Professional fees and other payments to independent contractors																																1,000
	14 Occupancy, rent, utilities, and maintenance																																2,216
	15 Printing, publications, postage, and shipping																																
	16 Other expenses (describe in Schedule O)																																29,677
17 Total expenses. Add lines 10 through 16																																32,893	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																																2,330
	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)																																110,443
	20 Other changes in net assets or fund balances (explain in Schedule O)																																0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																																

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	110,259	22	112,663
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	184	24	110
25 Total assets	110,443	25	112,773
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	110,443	27	112,773

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
TO EXCHANGE KNOWLEDGE & APPRECIATION OF QUILT MAKING

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	32	23,324

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SANDY BRADFIELD PRESIDENT	2 00	0	0	0
COLLEEN SHIER VICE PRESIDENT	2 00	0	0	0
NAN MAPLES RECORDING SECRETARY	2 00	0	0	0
BARBARA GIBSON CORRESPONDING SECRETARY	2 00	0	0	0
KATHY FOGEL TREASURER	2 00	0	0	0
SHARON BISHOP PARLIAMENTARIAN	2 00	0	0	0
KAREN MILLMAN PROGRAM CO-CHAIR	2 00	0	0	0
SUE VITE PROGRAM CO-CHAIR	2 00	0	0	0
LEANNE COMPEAN MEMBERSHIP CO-CHAIR	2 00	0	0	0
TIM SPINN MEMBERSHIP CO-CHAIR	2 00	0	0	0
JONI KELLAM NEWLETTER CO-EDITOR	2 00	0	0	0
JACKIE CARLOS WORKSHOP CO-CHAIR	2 00	0	0	0

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 response columns. Rows include questions 33 through 40e regarding organizational activities, expenditures, and tax shelter status.

41 List the states with which a copy of this return is filed CA
42a The organization's books are in care of KATHY FOGEL Telephone no (818) 890-3337
Located at PO BOX 5366 GLENDALE, CA ZIP +4 91221

Table for questions 42b and 42c regarding foreign financial accounts and offices. Includes instructions for FBAR reporting.

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

Table for questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

Yes No

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

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

Yes No

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

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"

Table with 5 columns: (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"

Table with 3 columns: (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 (KATHY FOGEL TREASURER) and Date (2016-09-14)

Paid Preparer Use Only: Preparer's name (DONALD E RUSS), signature, date, firm's name (RUSS & ALLCROFT CPAS), firm's address (741 GLENVIA ST SUITE 100, GLENDALE, CA 91206), firm's EIN (95-1637831), and phone no (818) 247-8260

May the IRS discuss this return with the preparer shown above? See instructions

Additional Data

Software ID:
Software Version:
EIN: 95-3705979
Name: GLENDALE QUILT GUILD

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 QUILT SHOW (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	11,417
29 PROGRAM EXPENSES (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	6,026
30 WORKSHOP (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	3,066
OTHER PROGRAM EXPENSES (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		2,815

**TY 2015 Transfers Personal Benefits
Contracts Declaration**

Name: GLENDALE QUILT GUILD

EIN: 95-3705979

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2015

Open to Public Inspection

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.

Name of the organization
GLENDALE QUILT GUILD

Employer identification number

95-3705979

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 831
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 74 DESCRIPTION OTHER EXPENSES AMOUNT 2,142 TOTAL TO FORM 990-EZ, LINE 14 2,216
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION PROGRAM EXPENSES AMOUNT 23,334 DESCRIPTION MEMBERSHIP EXPENSES AMOUNT 5 59 DESCRIPTION DUES & MEETING EXPENSES AMOUNT 40 DESCRIPTION WEBSITE AMOUNT 1,049 DESCRIPTION ADMINISTRATIVE EXPENSES AMOUNT 870 DESCRIPTION BANK FEES AMOUNT 165 D DESCRIPTION INSURANCE AMOUNT 1,351 DESCRIPTION STORAGE AMOUNT 1,948 DESCRIPTION TA XES & LICENSES AMOUNT 35 DESCRIPTION PRESIDENT'S QUILT AMOUNT 88 DESCRIPTION INTER NET AMOUNT 221 DESCRIPTION MISC AMOUNT 17 TOTAL TO FORM 990-EZ, LINE 16 29,677
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 184 END OF YEAR AMOUNT 110