

YEAR
2005

California Exempt Organization Annual Information Return

FORM
199

For calendar or fiscal year beginning month 07 day 01 year 2005, and ending month 06 day 30 year 2006

IMPORTANT: Your number is required.

California corporation number D-0576324	Federal employer identification number (FEIN) 95-3565451
Corporation/Organization name LAGUNA BEACH EDUCATION FOUNDATION	
Address P.O. BOX 19	PMB no.
City LAGUNA BEACH, CA 92652	State ZIP Code

A Final return? Check applicable box. Yes No
 Dissolved Withdrawn Merged/Reorganized (attach explanation)
 If a box is checked, enter date ●

B Check forms filed this year: State: 109 100 100S 100W Fed: 990
 Fed: 990EZ 990T 990PF 1041 1120H 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. **See General Instruction F. No filing fee is required.** ●

D Is this a group filing? See General Instruction N Yes No

E Accounting method used . CASH

F Type of organization Exempt under Section 23701 D (insert letter)
 IRC Section 4947(a)(1) trust

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●	1	496,163.
	2 Gross dues and assessments from members and affiliates. ●	2	
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions ●	3	483,139.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$25,000, see General Instruction C. ●	4	979,302.
	5 Cost of goods sold 5		
	6 Cost or other basis, and sales expenses of assets sold. 6		
	7 Total costs. Add line 5 and line 6	7	
	8 Total gross income. Subtract line 7 from line 4	8	979,302.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	898,691.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	80,611.
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F.	11	10.
	12 Penalty for failure to file on time. See General Instruction L.	12	
	13 Use tax. See instructions. ●	13	
	14 Balance due. Add line 11, line 12, and line 13	14	10.

- 15** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. Yes No
- 16** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. Yes No
- 17** Is the organization exempt under R&TC Section 23701g? Yes No
 If 'Yes,' enter amount of gross receipts from nonmember sources. . . . \$ _____
- 18** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? Yes No
 If 'Yes,' enter amount of total income reported. . . . \$ _____
- 19** The financial records are in care of. ROBERT L. GAMEZ, CPA Daytime telephone 949-494-1034
 located at 920 GLENNEYRE ST. D, LAGUNA BEACH, CA 92651

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 taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here	Signature of officer	Date	Title
			● 949-494-6811 Daytime telephone
Paid Preparer's Use Only	Paid Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>
	ROBERT L. GAMEZ, CPA	8/29/07	● P00046993
	Firm's name (or yours, if self-employed) and address		FEIN
	ROBERT L. GAMEZ, CPA 920 GLENNEYRE ST., SUITE #D LAGUNA BEACH, CA 92651		● 95-6400610
		● Daytime telephone	(949) 494-1034

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts—complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	3,893.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income. Attach schedule SEE STATEMENT 1	7	492,270.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	496,163.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2	9	566,829.
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3	11	0.
	12	Other salaries and wages	12	71,496.
	13	Interest	13	
	14	Taxes	14	5,335.
	15	Rents	15	7,900.
	16	Depreciation and depletion	16	
	17	Other. Attach schedule SEE STATEMENT 4	17	247,131.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	898,691.

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		130,606.		175,035.
2 Net accounts receivable				
3 Net notes receivable. Attach schedule				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds. Attach schedule				
7 Investments in stock. Attach schedule				
8 Mortgage loans (number of loans)				
9 Other investments. Attach schedule				
10a Depreciable assets	8,734.		8,734.	
b Less accumulated depreciation		8,734.		8,734.
11 Land				
12 Other assets. Attach schedule ST. 5		10,263.		10,000.
13 Total assets		149,603.		193,769.
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable. Attach schedule				
17 Mortgages payable				
18 Other liabilities. Attach schedule ST. 6		46,445.		10,000.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		103,158.		183,769.
22 Total liabilities and net worth		149,603.		193,769.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	80,611.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	80,611.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	80,611.			

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**STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME**

INCOME FROM SPECIAL EVENTS..... \$ 492,270.
TOTAL \$ 492,270.

**STATEMENT 2
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY: CONTRIBUTION TO GEN. FUND
DONEE'S NAME: LAGUNA BEACH UNIFIED SCH.
DONEE'S STREET ADDRESS: BLUMONT DRIVE
DONEE'S CITY, STATE, ZIP: LAGUNA BEACH, CA 92651,
RELATIONSHIP OF DONEE: NONE
AMOUNT GIVEN: \$ 358,959.

CLASS OF ACTIVITY: CASH DONATION TO ENDOW.
DONEE'S NAME: LAGUNA BEACH EDUCATION FOUND.
DONEE'S STREET ADDRESS: 675 PARK AVE
DONEE'S CITY, STATE, ZIP: LAGUNA BEACH, CA 92651,
RELATIONSHIP OF DONEE: NONE
AMOUNT GIVEN: 190,000.

CLASS OF ACTIVITY: SUPPORT ATHLETICS
DONEE'S NAME: LAGUNA BEACH BOOSTERS CLUB
DONEE'S STREET ADDRESS: 675 PARK AVE
DONEE'S CITY, STATE, ZIP: LAGUNA BEACH, CA 92651,
RELATIONSHIP OF DONEE: NONE
AMOUNT GIVEN: 17,870.

TOTAL \$ 566,829.

**STATEMENT 3
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TOM ADDIS 1 NO. ENCINO LAGUNA BEACH, CA 92651	PRESIDENT 4	\$ 0.	\$ 0.	0.
JENNIFER MEISWINKEL 29882 TOP OF THE WORLD LAGUNA BEACH, CA 92651	VICE PRESIDENT 1	0.	0.	0.
GAIL HAGLAND 31 HUMMINGBIRD ALISO VIEJO, CA 92656	SECRETARY 1	0.	0.	0.

CLIENT 5441

LAGUNA BEACH EDUCATION FOUNDATION

95-3565451

8/29/07

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STATEMENT 3 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
FRANK CRONIN 22611 ALLVIEW TERRACE LAGUNA BEACH, CA 92651	TREASURER 1	\$ 0.	\$ 0.	\$ 0.
AMY KRAMER 707 MARLIN DRIVE LAGUNA BEACH, CA 92651	DIRECTOR 1	0.	0.	0.
TOTAL		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 4
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$ 5,250.
BANK CHARGES.....	1,010.
BOARD EXPENSE.....	800.
COMMUNITY CAMPAIGN.....	14.
COMPUTER COSTS.....	4,446.
CONFERENCES, CONVENTIONS, AND MEETINGS.....	195.
COPIES.....	1,074.
DIRECTORY EXPENSE.....	17,247.
EQUIPMENT RENTAL.....	401.
FEES.....	85.
GIFTS & PROMOTION.....	1,559.
INSURANCE.....	5,092.
INTERNET EXPENSE.....	281.
LOCALS CARD.....	7,570.
NEWSLETTER.....	384.
OFFICE SUPPLIES.....	2,603.
OTHER EXPENSE.....	-35.
PHONE-A-THON FUND.....	7,914.
POSTAGE AND SHIPPING.....	969.
PRINTING AND PUBLICATIONS.....	102.
PUBLIC RELATIONS.....	5,570.
REPAIRS & MAINTENANCE.....	1,194.
SPECIAL EVENT EXPENSES.....	177,046.
TELEPHONE.....	3,589.
UTILITIES.....	859.
YEAR END EVENT.....	1,912.
TOTAL	<u>\$ 247,131.</u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES 10,000.
TOTAL \$ 10,000.

STATEMENT 6
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

DEFERRED REVENUE 10,000.
TOTAL \$ 10,000.

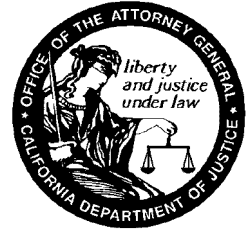
IN
MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>46604</u> LAGUNA BEACH EDUCATION FOUNDATION <small>Name of Organization</small> <u>P.O. BOX 19</u> <small>Address (Number and Street)</small> <u>LAGUNA BEACH, CA 92652</u> <small>City or Town State ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>D-0576324</u> Federal Employer ID No. <u>95-3565451</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/05 ending 6/30/06) list:
 Gross annual revenue \$ 802,256. Total assets \$ 193,769.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number 949-494-6811
 Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer _____ Printed Name _____ Title _____ Date _____