

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 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 7/01, **2015, and ending** 6/30, **2016**

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

C
LAGUNA BEACH LIVE!
 31391 ALTA LOMA
 LAGUNA BEACH, CA 92651-6924

D Employer identification number
91-2160009

E Telephone number
949-715-9713

G Gross receipts \$ 335,448.

F Name and address of principal officer:
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) Yes No

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.LAGUNABEACHLIVE.ORG **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 2001 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: CHAMBER MUSIC CONCERTS FOR THE PUBLIC AND EDUCATION ABOUT MUSIC.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	0
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	0
6	Total number of volunteers (estimate if necessary)	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.

	Prior Year	Current Year	
8	Contributions and grants (Part VIII, line 1h)	173,987.	219,482.
9	Program service revenue (Part VIII, line 2g)	186,017.	115,931.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38.	35.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	360,042.	335,448.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	500.	1,000.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	39,000.	40,250.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	296,790.	289,573.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	336,290.	330,823.
19	Revenue less expenses. Subtract line 18 from line 12	23,752.	4,625.

	Beginning of Current Year	End of Year	
20	Total assets (Part X, line 16)	164,374.	168,721.
21	Total liabilities (Part X, line 26)	278.	0.
22	Net assets or fund balances. Subtract line 21 from line 20	164,096.	168,721.

Part II Signature Block

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: LUCINDA PREWITT Date: _____
 Type or print name and title: PRESIDENT

Paid Preparer Use Only
 Print/Type preparer's name: MARILYN M. BLANK Preparer's signature: [Signature] Date: 11/7/14
 Check if self-employed PTIN: P00365474
 Firm's name: M BLANK & COMPANY, CPAS Firm's EIN: 33-0641520
 Firm's address: 23705 BIRTCHE DR. LAKE FOREST, CA 92630 Phone no.: 949-830-5231

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No