

**Stephens, Reidinger & Beller LLP**  
Certified Public Accountants

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Newport Beach, CA 92660  
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November 2, 2015

The Illumination Foundation  
2691 Richter Avenue Suite 107  
Irvine, CA 92606

The Illumination Foundation:

Enclosed is the organization's 2014 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

CALIFORNIA FORM 199 RETURN:

The Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail a paper copy of the return to the FTB.

Your payment should be made as instructed below on or before December 15, 2015.

Separately mail California Form FTB 3586 with a check or money order for \$10, payable to Franchise Tax Board.

Mail to: Franchise Tax Board  
PO BOX 942857  
Sacramento CA 94257-0531

Include the corporation number or FEIN and "2014 FORM 3586" on the check or money order.

CALIFORNIA FORM RRF-1 RETURN:

Please sign and mail Form RRF-1 on or before November 16, 2015.

Mail to - Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

Enclose a check for \$150 made payable to Attorney General's Registry of Charitable Trusts. Include "Form RRF-1," the report year and the organization's state charity registration number and/or organization number on the remittance.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

David R. Stephens

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
December 31, 2014

<b>Prepared for</b>	The Illumination Foundation 2691 Richter Avenue Suite 107 Irvine, CA 92606
<b>Prepared by</b>	Stephens, Reidinger & Beller LLP 1301 Dove Street, Suite 890 Newport Beach, CA 92660
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

# IRS e-file Signature Authorization for an Exempt Organization

Form **8879-EO**

For calendar year 2014, or fiscal year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_, 20\_\_\_\_

# 2014

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

The Illumination Foundation

71-1047686

Name and title of officer

Paul Cho  
CFO

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>4,104,788.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize Stephens, Reidinger & Beller LLP to enter my PIN 65432  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\* Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

33523598765  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization The Illumination Foundation		<b>D</b> Employer identification number 71-1047686	
	Doing business as		<b>E</b> Telephone number 949 273-0555	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2691 Richter Avenue Suite 107	<b>G</b> Gross receipts \$ 4,264,744.		
	City or town, state or province, country, and ZIP or foreign postal code Irvine, CA 92606		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
	<b>F</b> Name and address of principal officer: Paul Leon 2691 Richter Ave. #107, Irvine, CA 92606		<b>H(c)</b> Group exemption number	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527  
**J** Website: [www.ifhomeless.org](http://www.ifhomeless.org)  
**K** Form of organization:  Corporation  Trust  Association  Other   
**L** Year of formation: 2008 **M** State of legal domicile: CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: Provide housing and healthcare services to break or prevent the cycle of homelessness.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	18
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	80
	<b>6</b> Total number of volunteers (estimate if necessary)	6	2000
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,395,757.	1,750,927.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,812,473.	2,137,069.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	853.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	189,804.	215,939.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,398,034.	4,104,788.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	63,000.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,509,578.	1,946,124.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	425,999.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,817,294.	2,383,480.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,389,872.	4,329,604.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	8,162.	-224,816.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	842,119.	1,006,110.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	640,776.	1,029,583.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	201,343.	-23,473.	

**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.

<b>Sign Here</b>	Signature of officer Paul Cho, CFO		Date	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name David R. Stephens	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P00339728
	Firm's name Stephens, Reidinger & Beller LLP	Firm's EIN 33-0639599		Firm's address 1301 Dove Street, Suite 890 Newport Beach, CA 92660
				Phone no. (949) 752-7400

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission: Our vision is to break the cycle of homelessness. Our public/private partnership combines healthcare and mental health services with housing and social services to reduce the impacts of homelessness and reduce people's vulnerability to future homelessness.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,684,244. including grants of \$ ) (Revenue \$ 4,104,788.) Provide housing, social services and healthcare services to homeless individuals and families.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,684,244.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	X	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....



Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes/No, and numerical responses (75, 0, 80, etc.).

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 18		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 15		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **Paul Cho - 949 273-0559**  
**2691 Richter Avenue Suite 107, Irvine, CA 92606**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Michael Haynes Board director	3.00	X					0.	0.	0.	
(2) Jack Toan Board director	3.00	X					0.	0.	0.	
(3) Aiko Tan Secretary	50.00	X		X			56,398.	0.	0.	
(4) Paul Cho Treasurer	50.00	X		X			72,997.	0.	0.	
(5) Paul Leon CEO	50.00	X		X			88,170.	0.	0.	
(6) Alan Epperson Vice Chairman	3.00	X		X			0.	0.	0.	
(7) Ripu Arora, MD Board director	3.00	X					0.	0.	0.	
(8) Larry Haynes Board director	3.00	X					0.	0.	0.	
(9) Scott Kelly Board director	3.00	X					0.	0.	0.	
(10) Greg Pena Board director	3.00	X					0.	0.	0.	
(11) Ginny Ripslinger Board director	3.00	X					0.	0.	0.	
(12) Barbara Scheinman Board director	3.00	X					0.	0.	0.	
(13) Mary Niven Chairman	3.00	X		X			0.	0.	0.	
(14) Tony Rotundo Board director	3.00	X					0.	0.	0.	
(15) Kalpana Ramakrishnan Board director	3.00	X					0.	0.	0.	
(16) Alison Gokal Board director	3.00	X					0.	0.	0.	
(17) Walt Lynch Board director	3.00	X					0.	0.	0.	



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	129,939.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,620,988.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		322,344.				
	<b>h Total.</b> Add lines 1a-1f		1,750,927.				
<b>Program Service Revenue</b>	<b>2 a</b> Program service fees	<b>Business Code</b> 624200	2,137,069.	2,137,069.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		2,137,069.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)						
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses		4,936.			
		<b>c</b> Gain or (loss)		4,083.			
		<b>d</b> Net gain or (loss)		853.	853.		
	<b>8 a</b> Gross income from fundraising events (not including \$ 129,939. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		314,763.			
		<b>b</b> Less: direct expenses	<b>b</b>	155,873.			
		<b>c</b> Net income or (loss) from fundraising events		158,890.			158,890.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> Misc rentals		531110	57,049.	57,049.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			57,049.			
<b>12 Total revenue.</b> See instructions.			4,104,788.	2,194,971.	0.	158,890.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	217,565.	133,761.	43,513.	40,291.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,443,208.	1,260,483.	43,167.	139,558.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	121,798.	103,893.	5,341.	12,564.
10 Payroll taxes	163,553.	138,049.	9,426.	16,078.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	135,950.	60,194.	38,140.	37,616.
12 Advertising and promotion	24,896.	4,745.	669.	19,482.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	224,576.	208,205.	9,958.	6,413.
17 Travel	28,422.	22,345.	2,933.	3,144.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,649.	9,771.	12,459.	419.
20 Interest	10,255.	1,275.	8,980.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	64,130.	53,035.	3,592.	7,503.
23 Insurance	114,155.	95,872.	5,936.	12,347.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Direct client care</b>	998,474.	994,030.	1,264.	3,180.
b <b>Donated materials and s</b>	201,499.	117,127.		84,372.
c <b>Bad debt expense</b>	190,164.	190,164.		
d <b>Vacation expense</b>	80,342.	63,982.	5,296.	11,064.
e All other expenses	287,968.	227,313.	28,687.	31,968.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	4,329,604.	3,684,244.	219,361.	425,999.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	150,941.	<b>1</b>	120,732.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	388,640.	<b>4</b>	421,037.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	66,827.	<b>8</b>	53,462.
	<b>9</b> Prepaid expenses and deferred charges .....	72,948.	<b>9</b>	77,602.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 456,373.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 150,248.		
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	29,057.	<b>15</b>	27,152.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	842,119.	<b>16</b>	1,006,110.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	279,134.	<b>17</b>	263,001.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	47,112.	<b>19</b>	245,166.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....	53,329.	<b>22</b>	162,190.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	261,201.	<b>24</b>	359,226.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	640,776.	<b>26</b>	1,029,583.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	162,913.	<b>27</b>	-96,654.
	<b>28</b> Temporarily restricted net assets .....	38,430.	<b>28</b>	73,181.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	201,343.	<b>33</b>	-23,473.	
<b>34</b> Total liabilities and net assets/fund balances .....	842,119.	<b>34</b>	1,006,110.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,104,788.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,329,604.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-224,816.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	201,343.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-23,473.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization **The Illumination Foundation** Employer identification number **71-1047686**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	76,145.	1,855,676.	1,960,159.	1,725,577.	2,065,690.	7,683,247.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	2,939.	1,789,338.	1,314,255.	1,812,473.	2,137,069.	7,056,074.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	79,084.	3,645,014.	3,274,414.	3,538,050.	4,202,759.	14,739,321.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						14,739,321.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....	79,084.	3,645,014.	3,274,414.	3,538,050.	4,202,759.	14,739,321.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	79,084.	3,645,014.	3,274,414.	3,538,050.	4,202,759.	14,739,321.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	100.00 %
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	100.00 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	.00 %
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			





**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Name of the organization

The Illumination Foundation

Employer identification number

71-1047686

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization <b>The Illumination Foundation</b>	Employer identification number <b>71-1047686</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Walt Disney Company Foundation 500 So. Buena Vista Street Burbank, CA 91521-6441	\$ 21,115.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Baden Family Trust 5 Redonda Irvine, CA 92620	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Change a Life Foundation 5 Corporate Park Irvine, CA 92606	\$ 15,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Blue Shield of California 50 Beale Street 14th Fl San Francisco, CA 94105-1819	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Long Family Foundation 333 N. Indian Hill Blvd. Claremont, CA 91711-4612	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Michael Haynes 9362 Folkstone Circle Huntington Beach, CA 92646	\$ 30,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Illumination Foundation</b>	Employer identification number <b>71-1047686</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	United Way of Orange County 18012 Mitchell South Irvine, CA 92614	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Wells Fargo Foundation 90 S. 7th Street Minneapolis, MN 55479	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Joerger Family Charitable Foundation 638 Camino de Los Mares San Clemente, CA 92673	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Michael Cupps 78 Golden Eagle Irvine, CA 92603	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Kaiser Permanente Orange County 3440 E La Palma Ave Anaheim, CA 92806	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Charitable Ventures of Orange County 887 S. Anaheim Blvd Anaheim, CA 92805-5204	\$ 8,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Illumination Foundation</b>	Employer identification number <b>71-1047686</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Mary Niven 6192 Leyte Street Cypress, CA 90630	\$ 17,230.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Charles F. Horstmann 21051 Hillside Lane Huntington Beach, CA 92646	\$ 23,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	IntelliTime 3700 S. Susan St. Ste 250 Santa Ana, CA 92704-7912	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Glick Family Foundation P.O. Box 40177 Indianapolis, IN 46240	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Buena Park Hotel & Suites 7555 Beach Blvd. Buena Park, CA 90620	\$ 7,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	AKA Bags 6891 Florence Place Bell Gardens, CA 90201	\$ 8,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Illumination Foundation</b>	Employer identification number <b>71-1047686</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Allergan Foundation 501 Silverside Road, Suite 123 Wilmington, DE 19809	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	Annenberg Foundation 2000 Avenue of the Stars #1000S Los Angeles, CA 90067	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	Applied Medical 22872 Avenida Empresa Rancho Santa Margarita, CA 92688	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	Blaine Curtis PO BOX 445 Laguna Beach, CA 92652	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	Don Davis 18201 Von Karman Ave. Suite 100 Irvine, CA 92612	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	Edwards Lifesciences Fund 1 Edwards Way Irvine, CA 92614	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Illumination Foundation</b>	Employer identification number <b>71-1047686</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Employees Community Fund of Boeing CA 3855 Lakewood Blvd. Long Beach, CA 90845	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	Hoag Hospital Memorial Presbyterian 1190 Baker St #102 Costa Mesa, CA 92626	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	In-N-Out Burger Foundation 4199 Campus Drive, 9th floor Irvine, CA 92612	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	Kalpna Ramakrishnan 12 Wedgewood I Irvine, CA 92620	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	Kelly Guerrero 263 Nieto Avenue Long Beach, CA 90803	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	Kenneth Fait PO Box 1960 Newport Beach, CA 92658-8932	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Illumination Foundation</b>	Employer identification number <b>71-1047686</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	KPMG LLP 20 Pacifica Ave, Ste 700 Irvine, CA 92618	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	LDC Partners 2361 Campus Drive, Suite 280 Irvine, CA 92612	\$ 76,738.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	Marcia Batzloff 3213 Twilight Dr. Fullerton, CA 92835	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	Marisla Foundation 668 N. Coast Hwy PMB 1400 Laguna Beach, CA 92651-1513	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	Mohan Phansalkar 40 Old Course Dr Newport Beach, CA 92660	\$ 20,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	Nestle Waters 3230 e. Imperial Hwy #100 Brea, CA 92821	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Illumination Foundation</b>	Employer identification number <b>71-1047686</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	Nicholas Endowment 1505 E. 17th St. #101 Santa Ana, CA 92705	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	O.L. Halsell Foundation PO BOX 6300 Santa Ana, CA 92706	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	Orange County Community Foundation 4041 MacArthur Boulevard #510 Newport Beach, CA 92660	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	Pacific Life Foundation 700 Newport Center Drive Newport Beach, CA 92660	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	Paul Leon 1111 Keller Way Laguna Beach, CA 92651-1513	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	PIMCO Foundation 840 Newport Center Drive Newport Beach, CA 92660	\$ 56,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>The Illumination Foundation</b>	Employer identification number <b>71-1047686</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	ReachOut OC 4041 MacArthur Boulevard #510 Newport Beach, CA 92660	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	Richard Hopcraft 3047 Club House Circle Costa Mesa, CA 92626	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	St. Joseph Health Comm Ptn Fund 3345 Michelson Dr. Irvine, CA 92612	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	State Street Foundation, Inc. One Lincoln Street Boston, MA 02111	\$ 14,813.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	Sunspace Eyewear INC 17526 Von Karman Ave. STE A Irvine, CA 92614	\$ 8,784.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	Susan Abrahams 2711 Aliso Creek Rd. #185 Aliso Viejo, CA 92656	\$ 18,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Illumination Foundation</b>	Employer identification number <b>71-1047686</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	The Colton Company 2361 Campus Drive #280 Irvine, CA 92612	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	The James Irvine Foundation One Bush Street, Ste. 800 San Francisco, CA 94104	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	Toyota 221 S. Figueroa St., Ste 400 Los Angeles, CA 90012	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	Ueberroth Family Foundation P.O. Box 37 Corona Del Mar, CA 92625	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	Unihealth Foundation 800 Wilshire Blvd. #1300 Los Angeles, CA 90017	\$ 169,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	Weingart Foundation 1055 W. 7th St. #3200 Los Angeles, CA 90017	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>The Illumination Foundation</b>	Employer identification number <b>71-1047686</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	Wells Fargo 2030 Maine St. #1100 Irvine, CA 92614	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	West Anaheim Medical Center 3033 W. Orange Ave. Anaehim, CA 92804	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	William Thompson 610 Newport Center Dr., Ste 1220 Newport Beach, CA 92660	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	Winston's Jewelers 1775 Newport Boulevard Costa Mesa, CA 92627	\$ 21,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	Haynes Foundation 9362 Folkstone Circle Huntington Beach, CA 92646	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>The Illumination Foundation</b>	Employer identification number  <b>71-1047686</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
17	Beds, comforters, etc. _____ _____ _____	\$ 7,000.	11/13/14
18	Backpacks _____ _____ _____	\$ 8,000.	09/25/14
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>The Illumination Foundation</b>	Employer identification number <b>71-1047686</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Name of the organization** The Illumination Foundation **Employer identification number** 71-1047686

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
    - Revenue included in Form 990, Part VIII, line 1 .....
    - Assets included in Form 990, Part X .....
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
  - Revenue included in Form 990, Part VIII, line 1 .....
  - Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<b>3a(i)</b>	
(ii) related organizations	<b>3a(ii)</b>	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		167,708.	69,350.	98,358.
c Leasehold improvements				
d Equipment		174,097.	51,546.	122,551.
e Other		114,568.	29,352.	85,216.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>306,125.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	4,525,891.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	265,230.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	155,873.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	421,103.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,104,788.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	4,104,788.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	4,750,707.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	265,230.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	155,873.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	421,103.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,329,604.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	4,329,604.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 2d - Other Adjustments:

Fundraising events expenses 155,873.

Part XII, Line 2d - Other Adjustments:

Fundraising events expenses 155,873.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization **The Illumination Foundation** Employer identification number **71-1047686**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Kristin Martin - 1 Timberland, Alisa Viejo, CA	Gala dinner		X	278,655.	70,000.	208,655.
Sunday Sol Events - 305 Orange Ave. Ste. D,	Carnival for Kids		X	20,088.	9,350.	10,738.
<b>Total</b>				298,743.	79,350.	219,393.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Gala Dinner	Designer Runway	2	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	278,655.	110,530.	55,517.	444,702.
	2	Less: Contributions	44,945.	77,309.	7,685.	129,939.
	3	Gross income (line 1 minus line 2)	233,710.	33,221.	47,832.	314,763.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	2,194.			2,194.
	8	Entertainment				
	9	Other direct expenses	107,039.	5,079.	41,561.	153,679.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				155,873.
11	Net income summary. Subtract line 10 from line 3, column (d)				158,890.	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:**

(i) Name of Fundraiser: Kristin Martin

(i) Address of Fundraiser: 1 Timberland, Alisa Viejo, CA 92656

(i) Name of Fundraiser: Sunday Sol Events

(i) Address of Fundraiser:

305 Orange Ave. Ste. D, Huntington Beach, CA 92648



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open To Public Inspection**

Name of the organization **The Illumination Foundation** Employer identification number **71-1047686**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Paul Cho	Treasurer	Unpaid	X		162,190.	162,190.		X		X		X
<b>Total</b> .....						▶ \$ 162,190.						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

See Part V for Continuations

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
2 board members	Directors	262,897.	Service fee		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

**Schedule L, Part II, Loans To and From Interested Persons:**

(a) Name of Person: Paul Cho

(b) Relationship with Organization: Treasurer

(c) Purpose of Loan: Unpaid expenses of an officer

**Sch L, Part IV, Business Transactions Involving Interested Persons:**

(a) Name of Person: 2 board members

(d) Description of Transaction: Service fee income -2 Board members are on the Board of Integrated Community Healthcare Solutions

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **The Illumination Foundation** Employer identification number **71-1047686**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		189,799.	Thrift store value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( Playground Eq )	X	1	70,178.	fair market value
26 Other ▶ ( Furniture/app )	X	5	26,800.	fair market value
27 Other ▶ ( Air condition )	X	1	20,000.	fair market value
28 Other ▶ ( Eyeglass fram )	X	500	11,700.	fair market value

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2014)



**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**Part I, Other Types of Property:**

**Other**

(a) Check if applicable = **X**

(b) Number of Contributions = **2**

(c) Revenue Reported on Form 990, Part VIII \$ **3867.**

(d) Method of determining revenue: **fair market value**

**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](http://www.irs.gov/form990).

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**2014**

Open to Public  
Inspection

Name of the organization

The Illumination Foundation

Employer identification number

71-1047686

Form 990, Part VI, Section B, line 11:

The Finance Committee reviews the completed Form 990 and makes a recommendation to the full board for approval. A copy is made available for any board members who want to receive a copy.

Form 990, Part VI, Section B, Line 12c:

The conflict of interest policy is signed annually by the members of the Board and reviewed by the Financial committee Chair and Chairman of the Board. If there is an apparent conflict of interest it is investigated immediately by the head of the Finance committee.

If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the members has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Form 990, Part VI, Section B, Line 15:

The review procedures for the CEO are: the CFO is asked to provide comparable salaries from the most recent edition of Compensation & Benefits Survey from the Center for Nonprofit Management. This information is reviewed periodically by the Board Chair and is available upon request for other Board members. The Board may also ask for information from other

Name of the organization

The Illumination Foundation

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71-1047686

similar nonprofits whose CEO/ED performs similar duties, i.e. fund development, grant writing, etc. At a regular Board meeting the Chair solicited input from Board members regarding the CEO performance and the Board established the CEO's compensation for the year. The Chair and CEO may wish to establish goals for the following year at that time or at another meeting, for example, in conjunction with the annual budget.

Form 990, Part VI, Section C, Line 19:

Financial statement is made available on our website and through Guidestar.org. Governing documents, including conflict of interest policy, are made available at our main office to anyone who wants to review.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization **The Illumination Foundation** Employer identification number **71-1047686**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Community Healthcare Solutions 8352 Commonwealth Ave. Buena Park, CA 90064	Community Clinic	California	501(c)(3)	Line 7	None		X



**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Community Healthcare Solutions	L	262,897.	cash
(2)			
(3)			
(4)			
(5)			
(6)			







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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	<b>Buildings</b>														
72	L/I-Stanton	04/01/12	SL	2.00		16	10,000.				10,000.	8,750.		1,250.	10,000.
73	L/I-Stanton	05/01/12	SL	2.00		16	11,200.				11,200.	9,333.		1,867.	11,200.
74	L/I-Stanton	06/01/12	SL	2.00		16	2,856.				2,856.	2,261.		595.	2,856.
75	L/I-Stanton	07/01/12	SL	2.00		16	4,000.				4,000.	3,000.		1,000.	4,000.
96	CRC trailer	06/19/13	SL	7.00		16	17,094.				17,094.	1,221.		2,442.	3,663.
97	Power pole	07/01/13	SL	7.00		16	1,495.				1,495.	107.		214.	321.
98	Irrigation system	07/09/13	SL	7.00		16	4,900.				4,900.	350.		700.	1,050.
101	L/I Mesa tops-3977	02/28/13	SL	2.00		16	2,884.				2,884.	1,202.		1,442.	2,644.
102	L/I Tina Pacific 8881 Rehab	05/27/13	SL	2.00		16	2,866.				2,866.	836.		1,433.	2,269.
103	L/I CRC modular office	06/30/13	SL	2.00		16	3,425.				3,425.	856.		1,713.	2,569.
104	L/I Asphalt	07/15/13	SL	2.00		16	10,882.				10,882.	2,721.		5,441.	8,162.
105	L/I CRC materials	07/25/13	SL	2.00		16	3,910.				3,910.	815.		1,955.	2,770.
106	L/I sewer installation	07/31/13	SL	2.00		16	5,125.				5,125.	1,068.		2,563.	3,631.
107	L/I driveway	07/31/13	SL	2.00		16	4,700.				4,700.	979.		2,350.	3,329.
108	L/I Grading	07/31/13	SL	2.00		16	8,000.				8,000.	1,667.		4,000.	5,667.
109	L/I ADA ramp	07/31/13	SL	2.00		16	1,010.				1,010.	210.		505.	715.
110	L/I fence	08/31/13	SL	2.00		16	1,055.				1,055.	176.		528.	704.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
111	L/I handrail	09/09/13	SL	2.00		16	3,000.				3,000.	500.		1,500.	2,000.
129	Rubber matting-playground	09/23/14	SL	2.00		16	14,400.				14,400.			1,800.	1,800.
130	Ross St Improvement Matl & labor	12/31/14	SL	15.00		16	34,098.				34,098.			0.	
131	Tina Pacific St Improvement Matl & Labor	12/31/14	SL	5.00		16	20,808.				20,808.			0.	
	* 990 Page 10 Total Buildings						167,708.				167,708.	36,052.		33,298.	69,350.
	Furniture & Fixtures														
1	Furniture	01/28/09	SL	5.00		HY17	226.				226.	222.		4.	226.
2	Desks	03/31/09	SL	5.00		HY17	681.				681.	647.		34.	681.
3	Mobile clinic table & chairs	12/16/10	SL	5.00		HY17	539.				539.	441.		98.	539.
4	2 tables & 4 chairs	05/20/10	SL	5.00		HY17	240.				240.	172.		48.	220.
5	Recep desk & bookshelf	09/30/10	SL	5.00		HY17	150.				150.	97.		30.	127.
6	Desks, credenza, file cabinet	09/30/10	SL	5.00		HY17	290.				290.	188.		58.	246.
7	Furniture	10/30/10	SL	5.00		HY17	508.				508.	323.		102.	425.
8	Shelf master - Irvine office	10/30/10	SL	5.00		HY17	1,393.				1,393.	882.		279.	1,161.
9	Microwave ovens	10/31/10	SL	5.00		HY17	213.				213.	136.		43.	179.
10	Safe	11/23/10	SL	5.00		HY17	299.				299.	185.		60.	245.
11	Folding chairs	11/24/10	SL	5.00		HY17	370.				370.	222.		74.	296.
12	Folding chairs, tables	12/23/10	SL	5.00		HY17	233.				233.	141.		47.	188.

2014 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
13	Office chairs	01/10/11	SL	5.00		HY17	862.				862.	502.		172.	674.
14	Desks	01/10/11	SL	5.00		HY17	816.				816.	476.		163.	639.
15	Filing cabinets	01/19/11	SL	5.00		HY17	587.				587.	342.		117.	459.
16	Server	12/23/08	SL	3.00		HY17	431.				431.	431.		0.	431.
17	Computer equip	01/28/09	SL	3.00		HY17	762.				762.	762.		0.	762.
18	PC Anaheim office	01/28/09	SL	3.00		HY17	547.				547.	547.		0.	547.
19	PC Valencia office	02/17/09	SL	3.00		HY17	555.				555.	555.		0.	555.
20	PC Valencia office	02/26/09	SL	3.00		HY17	566.				566.	566.		0.	566.
21	Projector	12/16/09	SL	3.00		HY17	598.				598.	598.		0.	598.
22	Barbeque	02/28/10	SL	3.00		HY17	602.				602.	602.		0.	602.
23	Canopies & patio heaters	02/28/10	SL	3.00		HY17	1,512.				1,512.	1,512.		0.	1,512.
24	Copier & printer	03/31/10	SL	3.00		HY17	280.				280.	280.		0.	280.
25	Refrigerator	03/19/10	SL	3.00		HY17	225.				225.	225.		0.	225.
26	Recuperative PC	03/19/10	SL	3.00		HY17	560.				560.	560.		0.	560.
27	Toshiba Ultrathin	03/31/10	SL	3.00		HY17	570.				570.	570.		0.	570.
67	Tonopen Optical Equipment	03/30/12	SL	5.00		HY17	3,016.				3,016.	905.		603.	1,508.
68	Bunk Beds	09/27/12	SL	5.00		HY17	2,508.				2,508.	754.		502.	1,256.
76	Chairs-Workforce office	01/18/13	SL	5.00		16	829.				829.	152.		166.	318.

2014 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
77	Bunk beds-Tina Pacific	02/27/13	SL	5.00		16	1,436.				1,436.	239.		287.	526.
78	Folding chairs	02/28/13	SL	5.00		16	809.				809.	135.		162.	297.
79	Training tables	02/28/13	SL	5.00		16	2,313.				2,313.	386.		463.	849.
80	Casework cabinet	03/19/13	SL	5.00		16	1,522.				1,522.	228.		304.	532.
81	Stanton MSC desks	04/30/13	SL	5.00		16	1,469.				1,469.	196.		294.	490.
82	Training tables-MS	05/27/13	SL	5.00		16	1,585.				1,585.	185.		317.	502.
83	Desks-Stanton MSC	05/31/13	SL	5.00		16	1,469.				1,469.	171.		294.	465.
84	Chair-Stanton training room	05/31/13	SL	5.00		16	1,279.				1,279.	149.		256.	405.
85	CRC interior furnishings	08/27/13	SL	5.00		16	2,068.				2,068.	138.		414.	552.
86	Emergency house furniture	11/30/13	SL	5.00		16	4,375.				4,375.	73.		875.	948.
87	Office chairs	11/30/13	SL	5.00		16	1,390.				1,390.	23.		278.	301.
88	Desks-OC Recup	12/26/13	SL	5.00		16	1,512.				1,512.			302.	302.
89	Desks-Stanton MSC	12/31/13	SL	5.00		16	551.				551.			110.	110.
90	Microwaves and refrigerators	12/31/13	SL	5.00		16	2,480.				2,480.			496.	496.
91	Mattresses-OC Recup	12/31/13	SL	5.00		16	2,981.				2,981.			596.	596.
113	Canopies	01/31/14	SL	5.00		16	3,240.				3,240.			594.	594.
114	Furniture for Springs	02/27/14	SL	5.00		16	728.				728.			121.	121.
115	20 Steel beds for Springs	02/28/14	SL	5.00		16	13,977.				13,977.			2,330.	2,330.

2014 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
116	Office furniture -Springs	03/31/14	SL	5.00		16	7,500.				7,500.			1,125.	1,125.
117	Air conditioner -Ross St	09/02/14	SL	5.00		16	20,000.				20,000.			1,000.	1,000.
118	Furniture donated -used	09/30/14	SL	5.00		16	1,700.				1,700.			85.	85.
119	Mattresses/Appliances	11/30/14	SL	5.00		16	7,850.				7,850.			131.	131.
120	Donated furniture	12/31/14	SL	5.00		16	8,550.				8,550.			0.	0.
121	Mattresses for Springs	12/31/14	SL	5.00		16	2,816.				2,816.			0.	0.
	* 990 Page 10 Total Furniture & Fixtures						114,568.				114,568.	15,918.		13,434.	29,352.
	Machinery & Equipment														
28	2 Compaq & 1 Acer computer	04/01/10	SL	3.00	HY	17	954.				954.	954.		0.	954.
29	Compaq computer	04/30/10	SL	3.00	HY	17	391.				391.	391.		0.	391.
30	1 Compaq & 2 Acer computer	04/30/10	SL	3.00	HY	17	684.				684.	684.		0.	684.
31	Compaq widescreen monitor	04/30/10	SL	3.00	HY	17	120.				120.	120.		0.	120.
32	Laptop - K. Shettler	04/30/10	SL	3.00	HY	17	435.				435.	435.		0.	435.
33	Shed for recycling program	05/31/10	SL	3.00	HY	17	260.				260.	260.		0.	260.
34	Used optical equip	06/01/10	SL	3.00	HY	17	1,100.				1,100.	1,100.		0.	1,100.
35	Desktop PC	06/30/10	SL	3.00	HY	17	282.				282.	282.		0.	282.
36	Desktop PC	07/31/10	SL	3.00	HY	17	465.				465.	465.		0.	465.
37	Desktop PC	07/31/10	SL	3.00	HY	17	451.				451.	451.		0.	451.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
38	Printers	08/31/10	SL	3.00		HY17	130.				130.	130.		0.	130.
39	Dell computer	08/31/10	SL	3.00		HY17	521.				521.	521.		0.	521.
40	HP Desktop & digital camera	08/31/10	SL	3.00		HY17	299.				299.	299.		0.	299.
41	Computers for LA Recup	08/31/10	SL	3.00		HY17	1,477.				1,477.	1,477.		0.	1,477.
42	Printer CMMI Recep	09/30/10	SL	3.00		HY17	310.				310.	310.		0.	310.
43	2 PCs	10/31/10	SL	3.00		HY17	652.				652.	652.		0.	652.
44	Printer Lester Plaza	10/31/10	SL	3.00		HY17	310.				310.	310.		0.	310.
45	2 Monitors	10/31/10	SL	3.00		HY17	217.				217.	217.		0.	217.
46	Projector	10/31/10	SL	3.00		HY17	369.				369.	369.		0.	369.
47	Laptop for workforce intern	10/26/10	SL	3.00		HY17	489.				489.	489.		0.	489.
48	Laptop	12/31/10	SL	3.00		HY17	315.				315.	315.		0.	315.
49	Laptop	12/31/10	SL	3.00		HY17	315.				315.	315.		0.	315.
50	E-machine PC	12/05/10	SL	3.00		HY17	451.				451.	450.		0.	450.
51	Cmpaq PC for Irvine	12/14/10	SL	3.00		HY17	326.				326.	326.		0.	326.
52	Cmpaq PC for ISS	12/18/10	SL	3.00		HY17	451.				451.	450.		0.	450.
53	3 PCs and monitors	01/24/11	SL	3.00		HY17	1,403.				1,403.	1,326.		77.	1,403.
54	Router switch	08/31/11	SL	3.00		HY17	1,204.				1,204.	935.		269.	1,204.
55	PC & 2 monitors	02/28/11	SL	3.00		HY17	505.				505.	476.		29.	505.

2014 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
56	3 PCs and monitors	08/17/11	SL	3.00	HY17	1,422.				1,422.	1,106.		316.	1,422.
57	Phoropter	04/30/11	SL	3.00	HY17	979.				979.	869.		110.	979.
58	Time clocks	10/11/11	SL	3.00	HY17	4,364.				4,364.	3,152.		1,212.	4,364.
59	2 PCs	11/30/11	SL	3.00	HY17	654.				654.	454.		200.	654.
60	4 PCs	11/30/11	SL	3.00	HY17	1,207.				1,207.	837.		370.	1,207.
61	Switch	09/30/11	SL	3.00	HY17	2,817.				2,817.	2,113.		704.	2,817.
63	TechSoup Microsoft office	02/16/10	SL	3.00	HY17	3,920.				3,920.	3,920.		0.	3,920.
64	TechSoup Microsoft office	02/01/10	SL	3.00	HY17	209.				209.	209.		0.	209.
66	Air conditioner	08/25/11	SL	5.00	HY17	1,450.				1,450.	677.		290.	967.
69	4 PC's and Monitors	03/01/12	SL	5.00	HY17	1,519.				1,519.	456.		304.	760.
70	BPCC PC's and Monitors	09/30/12	SL	5.00	HY17	2,100.				2,100.	630.		420.	1,050.
71	Tono-pen Case	10/30/12	SL	3.00	HY17	1,160.				1,160.	581.		387.	968.
92	PC's and projector-Workforce develop	02/28/13	SL	3.00	16	9,100.				9,100.	2,528.		3,033.	5,561.
93	CCTV security system	05/31/13	SL	3.00	16	2,592.				2,592.	504.		864.	1,368.
94	Tent	09/09/13	SL	3.00	16	1,100.				1,100.	122.		367.	489.
95	Electric magnetic entry system	10/25/13	SL	3.00	16	1,243.				1,243.	69.		414.	483.
122	Desktop PC	01/21/14	SL	3.00	16	601.				601.			184.	184.
123	Del Wyse Zero Client	01/21/14	SL	3.00	16	1,345.				1,345.			411.	411.

2014 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
124	PC Monitors	01/21/14	SL	3.00		16	1,065.				1,065.			325.	325.
125	4 Electric Dryers -Springs	04/30/14	SL	3.00		16	1,200.				1,200.			267.	267.
126	KaBoom Equipment -mat	08/20/14	SL	5.00		16	8,500.				8,500.			567.	567.
127	KaBoom playground	08/20/14	SL	15.00		16	70,178.				70,178.			1,560.	1,560.
	* 990 Page 10 Total Machinery & Equipment						133,611.				133,611.	32,736.		12,680.	45,416.
	Transportation Equipment														
99	LA Recup vehicle	06/13/13	SL	5.00		16	14,411.				14,411.	1,680.		2,882.	4,562.
100	(D)SCV Recup vehicle	10/10/13	SL	5.00		16	5,000.				5,000.	250.		667.	
112	Toyota Sienna	06/19/13	SL	5.00		16	4,000.				4,000.	400.		800.	1,200.
128	Mobile clinic van	11/26/14	SL	5.00		16	22,075.				22,075.			368.	368.
	* 990 Page 10 Total Transportation Equipment						45,486.				45,486.	2,330.		4,717.	6,130.
	* Grand Total 990 Page 10 Depr						461,373.				461,373.	87,036.		64,129.	150,248.



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. <b>The Illumination Foundation</b>	Employer identification number (EIN) or <b>71-1047686</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2691 Richter Avenue Suite 107</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Irvine, CA 92606</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**Paul Cho**

• The books are in the care of  **2691 Richter Avenue Suite 107 - Irvine, CA 92606**  
 Telephone No.  **949 273-0559** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until **November 15, 2015**.

**5** For calendar year **2014**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**6** If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

**7** State in detail why you need the extension  
**Taxpayer requires additional time to file a complete and accurate tax return.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2014

<b>Prepared for</b>	The Illumination Foundation 2691 Richter Avenue Suite 107 Irvine, CA 92606
<b>Prepared by</b>	Stephens, Reidinger & Beller LLP 1301 Dove Street, Suite 890 Newport Beach, CA 92660
<b>Amount due or refund</b>	Balance due of \$10
<b>Make check payable to</b>	Franchise Tax Board
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	<p>The Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail a paper copy of the return to the FTB.</p> <p>Your payment should be made as instructed below on or before December 15, 2015.</p> <p>Separately mail California Form FTB 3586 with a check or money order for \$ 10, payable to Franchise Tax Board.</p> <p>Mail to:                   Franchise Tax Board                                   PO BOX 942857                                   Sacramento CA 94257-0531</p> <p>Include the corporation number or FEIN and "2014 FORM 3586" on the check or money order.</p>

# California Exempt Organization Annual Information Return

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization Name <b>THE ILLUMINATION FOUNDATION</b>	California corporation number <b>3063690</b>
Additional Information. See instructions.	FEIN <b>71-1047686</b>

Street address (suite or room) <b>2691 RICHTER AVENUE SUITE 107</b>		PMB no.
City <b>IRVINE</b>	State <b>CA</b>	ZIP code <b>92606</b>
Foreign country name	Foreign province/state/country	Foreign postal code

<p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Information Return?  <input type="checkbox"/> Dissolved    <input type="checkbox"/> Surrendered (Withdrawn)  <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p><b>E</b> Check accounting method:          (1) <input type="checkbox"/> Cash    (2) <input checked="" type="checkbox"/> Accrual    (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed?          (1) <input type="checkbox"/> 990T    (2) <input type="checkbox"/> 990-PF    (3) <input type="checkbox"/> Sch H (990)</p> <p><b>G</b> Is this a group filing? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If "Yes," what is the parent's name? _____</p> <p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$ _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>L</b> If organization is exempt under R&amp;TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>P</b> Is an IRS Form 1023/1024 pending? Date filed with IRS _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
---	---

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

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,513,817.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received	3	1,750,927.00
	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 \$50,000, see General Instruction B	4	4,264,744.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	4,083.00
	7 Total costs. Add line 5 and line 6	7	4,083.00
	8 Total gross income. Subtract line 7 from line 4	8	4,260,661.00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	4,485,477.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-224,816.00
<b>Filing Fee</b>	11 Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
	15 <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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.

<b>Sign Here</b>	Signature of officer <b>CFO</b>	Date	<input type="checkbox"/> Telephone <input type="checkbox"/> PTIN <input type="checkbox"/> FEIN
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	<input type="checkbox"/> Check if self-employed <b>P00339728</b>
	Firm's name (or yours, if self-employed) and address <b>STEPHENS, REIDINGER &amp; BELLER LLP</b> <b>1301 DOVE STREET, SUITE 890</b> <b>NEWPORT BEACH, CA 92660</b>		<input type="checkbox"/> Telephone <b>(949) 752-7400</b>
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

428951 11-26-14

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	314,763.00	
	2	Interest	•	2	00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3	•	6	4,936.00
	7	Other income	SEE STATEMENT 4	•	7	2,194,118.00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	2,513,817.00
	9	Contributions, gifts, grants, and similar amounts paid		•	9	00
	10	Disbursements to or for members		•	10	00
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 5	•	11	217,565.00
	12	Other salaries and wages		•	12	1,443,208.00
	13	Interest		•	13	10,255.00
	14	Taxes		•	14	163,553.00
	15	Rents		•	15	224,576.00
	16	Depreciation and depletion (See instructions)		•	16	64,130.00
	17	Other Expenses and Disbursements	SEE STATEMENT 6	•	17	2,362,190.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	4,485,477.00

<b>Schedule L Balance Sheets</b>		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		150,941.		120,732.
2	Net accounts receivable		388,640.		421,037.
3	Net notes receivable				
4	Inventories		66,827.		53,462.
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments				
10 a	Depreciable assets <b>STMT 10</b>	220,742.		456,373.	
b	Less accumulated depreciation	( 87,036. )	133,706.	( 150,248. )	306,125.
11	Land				
12	Other assets <b>STMT 7</b>		102,005.		104,754.
13	<b>Total assets</b>		842,119.		1,006,110.
<b>Liabilities and net worth</b>					
14	Accounts payable		279,134.		263,001.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable <b>STMT 8</b>		53,329.		162,190.
17	Mortgages payable				
18	Other liabilities <b>STMT 9</b>		308,313.		604,392.
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		201,343.		-23,473.
22	<b>Total liabilities and net worth</b>		842,119.		1,006,110.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	-224,816.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5		-224,816.
7	Income recorded on books this year not included in this return.	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		-224,816.

Form 199 Cash Contributions Statement 1  
 Included on Part I, Line 3

Contributor's Name	Contributor's Address	Date of Gift	Amount
Walt Disney Company Foundation	500 So. Buena Vista Street Burbank, CA 91521-6441		21,115.
Baden Family Trust	5 Redonda Irvine, CA 92620		10,000.
Change a Life Foundation	5 Corporate Park Irvine, CA 92606		15,800.
Blue Shield of California	50 Beale Street 14th Fl San Francisco, CA 94105-1819		15,000.
Long Family Foundation	333 N. Indian Hill Blvd. Claremont, CA 91711-4612		15,000.
Michael Haynes	9362 Folkstone Circle Huntington Beach, CA 92646		30,175.
United Way of Orange County	18012 Mitchell South Irvine, CA 92614		25,000.
Wells Fargo Foundation	90 S. 7th Street Minneapolis, MN 55479		150,000.
Joerger Family Charitable Foundation	638 Camino de Los Mares San Clemente, CA 92673		5,000.
Michael Cupps	78 Golden Eagle Irvine, CA 92603		15,000.
Kaiser Permanente Orange County	3440 E La Palma Ave Anaheim, CA 92806		20,000.
Charitable Ventures of Orange County	887 S. Anaheim Blvd Anaheim, CA 92805-5204		8,150.
Mary Niven	6192 Leyte Street Cypress, CA 90630		17,230.
Charles F. Horstmann	21051 Hillsdale Lane Huntington Beach, CA 92646		23,500.
IntelliTime	3700 S. Susan St. Ste 250 Santa Ana, CA 92704-7912		7,500.
Glick Family Foundation	P.O. Box 40177 Indianapolis, IN 46240		10,000.

Allergan Foundation	501 Silverside Road, Suite 123 Wilmington, DE 19809	10,000.
Annenberg Foundation	2000 Avenue of the Stars #1000S Los Angeles, CA 90067	45,000.
Applied Medical	22872 Avenida Empresa Rancho Santa Margarita, CA 92688	16,000.
Blaine Curtis	PO BOX 445 Laguna Beach, CA 92652	10,000.
Don Davis	18201 Von Karman Ave. Suite 100 Irvine, CA 92612	6,000.
Edwards Lifesciences Fund	1 Edwards Way Irvine, CA 92614	5,000.
Employees Community Fund of Boeing CA	3855 Lakewood Blvd. Long Beach, CA 90845	5,000.
Hoag Hospital Memorial Presbyterian	1190 Baker St #102 Costa Mesa, CA 92626	15,000.
In-N-Out Burger Foundation	4199 Campus Drive, 9th floor Irvine, CA 92612	5,000.
Kalpana Ramakrishnan	12 Wedgewood I Irvine, CA 92620	5,000.
Kelly Guerrero	263 Nieto Avenue Long Beach, CA 90803	7,500.
Kenneth Fait	PO Box 1960 Newport Beach, CA 92658-8932	6,000.
KPMG LLP	20 Pacifica Ave, Ste 700 Irvine, CA 92618	10,000.
LDC Partners	2361 Campus Drive, Suite 280 Irvine, CA 92612	76,738.
Marcia Batzloff	3213 Twilight Dr. Fullerton, CA 92835	5,000.
Marisla Foundation	668 N. Coast Hwy PMB 1400 Laguna Beach, CA 92651-1513	30,000.
Mohan Phansalkar	40 Old Course Dr Newport Beach, CA 92660	20,075.
Nestle Waters	3230 e. Imperial Hwy #100 Brea, CA 92821	5,000.

<u>The Illumination Foundation</u>		<u>71-1047686</u>
Nicholas Endowment	1505 E. 17th St. #101 Santa Ana, CA 92705	10,000.
O.L. Halsell Foundation	PO BOX 6300 Santa Ana, CA 92706	10,000.
Orange County Community Foundation	4041 MacArthur Boulevard #510 Newport Beach, CA 92660	45,000.
Pacific Life Foundation	700 Newport Center Drive Newport Beach, CA 92660	25,000.
Paul Leon	1111 Keller Way Laguna Beach, CA 92651-1513	5,000.
PIMCO Foundation	840 Newport Center Drive Newport Beach, CA 92660	56,000.
ReachOut OC	4041 MacArthur Boulevard #510 Newport Beach, CA 92660	15,000.
Richard Hopcraft	3047 Club House Circle Costa Mesa, CA 92626	6,000.
St. Joseph Health Comm Ptn Fund	3345 Michelson Dr. Irvine, CA 92612	40,000.
State Street Foundation, Inc.	One Lincoln Street Boston, MA 02111	14,813.
Sunspace Eyewear INC	17526 Von Karman Ave. STE A Irvine, CA 92614	8,784.
Susan Abrahams	2711 Aliso Creek Rd. #185 Aliso Viejo, CA 92656	18,500.
The Colton Company	2361 Campus Drive #280 Irvine, CA 92612	5,000.
The James Irvine Foundation	One Bush Street, Ste. 800 San Francisco, CA 94104	12,500.
Toyota	221 S. Figueroa St., Ste 400 Los Angeles, CA 90012	5,000.
Ueberroth Family Foundation	P.O. Box 37 Corona Del Mar, CA 92625	80,000.
Unihealth Foundation	800 Wilshire Blvd. #1300 Los Angeles, CA 90017	169,080.
Weingart Foundation	1055 W. 7th St. #3200 Los Angeles, CA 90017	175,000.

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Wells Fargo	2030 Maine St. #1100 Irvine, CA 92614	50,000.
West Anaheim Medical Center	3033 W. Orange Ave. Anaehim, CA 92804	20,000.
William Thompson	610 Newport Center Dr., Ste 1220 Newport Beach, CA 92660	10,000.
Winston's Jewelers	1775 Newport Boulevard Costa Mesa, CA 92627	21,500.
Haynes Foundation	9362 Folkstone Circle Huntington Beach, CA 92646	25,000.
Total Included on Line 3		<u><u>1,497,960.</u></u>







Form 199	Compensation of Officers, Directors and Trustees	Statement	5
Name and Address	Title and Average Hrs Worked/Wk	Compensation	
Michael Haynes 2691 Richter Avenue Suite 107 Irvine, CA 92606	Board director 3.00	0.	
Jack Toan 2691 Richter Avenue Suite 107 Irvine, CA 92606	Board director 3.00	0.	
Aiko Tan 2691 Richter Avenue Suite 107 Irvine, CA 92606	Secretary 50.00	56,398.	
Paul Cho 2691 Richter Avenue Suite 107 Irvine, CA 92606	Treasurer 50.00	72,997.	
Paul Leon 2691 Richter Avenue Suite 107 Irvine, CA 92606	CEO 50.00	88,170.	
Alan Epperson 2691 Richter Avenue Suite 107 Irvine, CA 92606	Vice Chairman 3.00	0.	
Ripu Arora, MD 2691 Richter Avenue Suite 107 Irvine, CA 92606	Board director 3.00	0.	
Larry Haynes 2691 Richter Avenue Suite 107 Irvine, CA 92606	Board director 3.00	0.	
Scott Kelly 2691 Richter Avenue Suite 107 Irvine, CA 92606	Board director 3.00	0.	
Greg Pena 2691 Richter Avenue Suite 107 Irvine, CA 92606	Board director 3.00	0.	
Ginny Ripslinger 2691 Richter Avenue Suite 107 Irvine, CA 92606	Board director 3.00	0.	

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Barbara Scheinman 2691 Richter Avenue Suite 107 Irvine, CA 92606	Board director 3.00	0.
Mary Niven 2691 Richter Avenue Suite 107 Irvine, CA 92606	Chairman 3.00	0.
Tony Rotundo 2691 Richter Avenue Suite 107 Irvine, CA 92606	Board director 3.00	0.
Kalpana Ramakrishnan 2691 Richter Avenue Suite 107 Irvine, CA 92606	Board director 3.00	0.
Alison Gokal 2691 Richter Avenue Suite 107 Irvine, CA 92606	Board director 3.00	0.
Walt Lynch 2691 Richter Avenue Suite 107 Irvine, CA 92606	Board director 3.00	0.
Robert Warren 2691 Richter Avenue Suite 107 Irvine, CA 92606	Board director 3.00	0.
Total to Form 199, Part II, line 11		217,565.

Form 199	Other Expenses	Statement	6
Description	Amount		
Direct client care		998,474.	
Donated materials and s		201,499.	
Bad debt expense		190,164.	
Vacation expense		80,342.	
Direct expenses of fundraising events		155,873.	
Other employee benefits		121,798.	
Other professional fees		135,950.	
Advertising and promotion		24,896.	
Travel		28,422.	
Conferences and conventions		22,649.	
Insurance		114,155.	
All other expenses		287,968.	
Total to Form 199, Part II, line 17		2,362,190.	

Form 199	Other Assets	Statement	7
Description		Beg. of Year	End of Year
Prepaid Expenses and Deferred Charges		72,948.	77,602.
Security deposits		29,057.	27,152.
Total to Form 199, Schedule L, line 12		102,005.	104,754.

Form 199	Bonds and Notes Payable	Statement	8
Description		Beg. of Year	End of Year
Payables to Officers, Directors, Trustees and Key Employees, Etc.		53,329.	162,190.
Total to Form 199, Schedule L, line 16		53,329.	162,190.

Form 199	Other Liabilities	Statement	9
Description		Beg. of Year	End of Year
Deferred Revenue		47,112.	245,166.
Unsecured Notes and Loans Payable		261,201.	359,226.
Total to Form 199, Schedule L, line 18		308,313.	604,392.

Form 199	Depreciable Assets	Statement	10
Description	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value
Furniture	226.	226.	0.
Desks	681.	681.	0.
Mobile clinic table & chairs	539.	539.	0.
2 tables & 4 chairs	240.	220.	20.
Recep desk & bookshelf	150.	127.	23.
Desks, credenza, file cabinet	290.	246.	44.
Furniture	508.	425.	83.
Shelf master - Irvine office	1,393.	1,161.	232.
Microwave ovens	213.	179.	34.
Safe	299.	245.	54.
Folding chairs	370.	296.	74.

Folding chairs, tables	233.	188.	45.
Office chairs	862.	674.	188.
Desks	816.	639.	177.
Filing cabinets	587.	459.	128.
Server	431.	431.	0.
Computer equip	762.	762.	0.
PC Anaheim office	547.	547.	0.
PC Valencia office	555.	555.	0.
PC Valencia office	566.	566.	0.
Projector	598.	598.	0.
Barbeque	602.	602.	0.
Canopies & patio heaters	1,512.	1,512.	0.
Copier & printer	280.	280.	0.
Refrigerator	225.	225.	0.
Recuperative PC	560.	560.	0.
Toshiba Ultrathin	570.	570.	0.
2 Compaq & 1 Acer computer	954.	954.	0.
Compaq computer	391.	391.	0.
1 Compaq & 2 Acer computer	684.	684.	0.
Compaq widescreen monitor	120.	120.	0.
Laptop - K. Shettler	435.	435.	0.
Shed for recycling program	260.	260.	0.
Used optical equip	1,100.	1,100.	0.
Desktop PC	282.	282.	0.
Desktop PC	465.	465.	0.
Desktop PC	451.	451.	0.
Printers	130.	130.	0.
Dell computer	521.	521.	0.
HP Desktop & digital camera	299.	299.	0.
Computers for LA Recup	1,477.	1,477.	0.
Printer CMMI Recep	310.	310.	0.
2 PCs	652.	652.	0.
Printer Lester Plaza	310.	310.	0.
2 Monitors	217.	217.	0.
Projector	369.	369.	0.
Laptop for workforce intern	489.	489.	0.
Laptop	315.	315.	0.
Laptop	315.	315.	0.
E-machine PC	451.	450.	1.
Campaq PC for Irvine	326.	326.	0.
Campaq PC for ISS	451.	450.	1.
3 PCs and monitors	1,403.	1,403.	0.
Router switch	1,204.	1,204.	0.
PC & 2 monitors	505.	505.	0.
3 PCs and monitors	1,422.	1,422.	0.
Phorofter	979.	979.	0.
Time clocks	4,364.	4,364.	0.
2 PCs	654.	654.	0.
4 PCs	1,207.	1,207.	0.
Switch	2,817.	2,817.	0.
TechSoup Microsoft office	3,920.	3,920.	0.
TechSoup Microsoft office	209.	209.	0.
Air conditioner	1,450.	967.	483.
Tonopen Optical Equipment	3,016.	1,508.	1,508.

Bunk Beds	2,508.	1,256.	1,252.
4 PC's and Monitors	1,519.	760.	759.
BPCC PC's and Monitors	2,100.	1,050.	1,050.
Tono-pen Case	1,160.	968.	192.
L/I-Stanton	10,000.	10,000.	0.
L/I-Stanton	11,200.	11,200.	0.
L/I-Stanton	2,856.	2,856.	0.
L/I-Stanton	4,000.	4,000.	0.
Chairs-Workforce office	829.	318.	511.
Bunk beds-Tina Pacific	1,436.	526.	910.
Folding chairs	809.	297.	512.
Training tables	2,313.	849.	1,464.
Casework cabinet	1,522.	532.	990.
Stanton MSC desks	1,469.	490.	979.
Training tables-MS	1,585.	502.	1,083.
Desks-Stanton MSC	1,469.	465.	1,004.
Chair-Stanton training room	1,279.	405.	874.
CRC interior furnishings	2,068.	552.	1,516.
Emergency house furniture	4,375.	948.	3,427.
Office chairs	1,390.	301.	1,089.
Desks-OC Recup	1,512.	302.	1,210.
Desks-Stanton MSC	551.	110.	441.
Microwaves and refrigerators	2,480.	496.	1,984.
Mattresses-OC Recup	2,981.	596.	2,385.
PC's and projector-Workforce develop	9,100.	5,561.	3,539.
CCTV security system	2,592.	1,368.	1,224.
Tent	1,100.	489.	611.
Electric magnetic entry system	1,243.	483.	760.
CRC trailer	17,094.	3,663.	13,431.
Power pole	1,495.	321.	1,174.
Irrigation system	4,900.	1,050.	3,850.
LA Recup vehicle	14,411.	4,562.	9,849.
L/I Mesa tops-3977	2,884.	2,644.	240.
L/I Tina Pacific 8881 Rehab	2,866.	2,269.	597.
L/I CRC modular office	3,425.	2,569.	856.
L/I Asphalt	10,882.	8,162.	2,720.
L/I CRC materials	3,910.	2,770.	1,140.
L/I sewer installation	5,125.	3,631.	1,494.
L/I driveway	4,700.	3,329.	1,371.
L/I Grading	8,000.	5,667.	2,333.
L/I ADA ramp	1,010.	715.	295.
L/I fence	1,055.	704.	351.
L/I handrail	3,000.	2,000.	1,000.
Toyota Sienna	4,000.	1,200.	2,800.
Canopies	3,240.	594.	2,646.
Furniture for Springs	728.	121.	607.
20 Steel beds for Springs	13,977.	2,330.	11,647.
Office furniture -Springs	7,500.	1,125.	6,375.
Air conditioner -Ross St	20,000.	1,000.	19,000.
Furniture donated -used	1,700.	85.	1,615.
Mattresses/Appliances	7,850.	131.	7,719.
Donated furniture	8,550.	0.	8,550.
Mattresses for Springs	2,816.	0.	2,816.

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Desktop PC	601.	184.	417.
Del Wyse Zero Client	1,345.	411.	934.
PC Monitors	1,065.	325.	740.
4 Electric Dryers -Springs	1,200.	267.	933.
KaBoom Equipment -mat	8,500.	567.	7,933.
KaBoom playground	70,178.	1,560.	68,618.
Mobile clinic van	22,075.	368.	21,707.
Rubber mating-playground	14,400.	1,800.	12,600.
Ross St Improvement Matl & labor	34,098.	0.	34,098.
Tina Pacific St Improvement Matl & Labor	20,808.	0.	20,808.
Total to Form 199, Sch L, line 10	456,373.	150,248.	306,125.



Attach to Form 100 or Form 100W.

**FORM 199**

**FEIN 71-1047686**

Corporation name

California corporation number

**THE ILLUMINATION FOUNDATION**

**3063690**

**Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California .....	1	\$25,000
2	Total cost of IRC Section 179 property placed in service .....	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation .....	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost) .....	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10	Carryover of disallowed deduction from prior taxable years .....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....	12	
13	Carryover of disallowed deduction to 2015. Add line 9 and line 10, less line 12 .....	13	

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
<b>SEE STATEMENT</b>	11	461,373.	87,036.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) .....					15	64,129.

**Part III Summary**

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) .....	16	64,129.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	64,129.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) .....	18	0.

**Part IV Amortization**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g) .....					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44 .....					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 .....					22	

CA 3885	Depreciation					Statement	11
Asset No./ Description	Date in Service	Cost or Basis	Prior Depr	Method	Life	Depre- ciation	Bonus
1 Furniture	01/28/09	226.	222.	SL	5.00	4.	
2 Desks	03/31/09	681.	647.	SL	5.00	34.	
3 Mobile clinic table & chairs	12/16/10	539.	441.	SL	5.00	98.	
4 2 tables & 4 chairs	05/20/10	240.	172.	SL	5.00	48.	
5 Recep desk & bookshelf	09/30/10	150.	97.	SL	5.00	30.	
6 Desks, credenza, file cabinet	09/30/10	290.	188.	SL	5.00	58.	
7 Furniture	10/30/10	508.	323.	SL	5.00	102.	
8 Shelf master - Irvine office	10/30/10	1,393.	882.	SL	5.00	279.	
9 Microwave ovens	10/31/10	213.	136.	SL	5.00	43.	
10 Safe	11/23/10	299.	185.	SL	5.00	60.	
11 Folding chairs	11/24/10	370.	222.	SL	5.00	74.	
12 Folding chairs, tables	12/23/10	233.	141.	SL	5.00	47.	
13 Office chairs	01/10/11	862.	502.	SL	5.00	172.	
14 Desks	01/10/11	816.	476.	SL	5.00	163.	
15 Filing cabinets	01/19/11	587.	342.	SL	5.00	117.	
16 Server	12/23/08	431.	431.	SL	3.00	0.	
17 Computer equip	01/28/09	762.	762.	SL	3.00	0.	
18 PC Anaheim office	01/28/09	547.	547.	SL	3.00	0.	
19 PC Valencia office	02/17/09	555.	555.	SL	3.00	0.	
20 PC Valencia office	02/26/09	566.	566.	SL	3.00	0.	
21 Projector	12/16/09	598.	598.	SL	3.00	0.	
22 Barbeque	02/28/10	602.	602.	SL	3.00	0.	
23 Canopies & patio heaters	02/28/10	1,512.	1,512.	SL	3.00	0.	

24 Copier & printer						
	03/31/10	280.	280.	SL	3.00	0.
25 Refrigerator						
	03/19/10	225.	225.	SL	3.00	0.
26 Recuperative PC						
	03/19/10	560.	560.	SL	3.00	0.
27 Toshiba Ultrathin						
	03/31/10	570.	570.	SL	3.00	0.
28 2 Compaq & 1 Acer computer						
	04/01/10	954.	954.	SL	3.00	0.
29 Compaq computer						
	04/30/10	391.	391.	SL	3.00	0.
30 1 Compaq & 2 Acer computer						
	04/30/10	684.	684.	SL	3.00	0.
31 Compaq widescreen monitor						
	04/30/10	120.	120.	SL	3.00	0.
32 Laptop - K. Shettler						
	04/30/10	435.	435.	SL	3.00	0.
33 Shed for recycling program						
	05/31/10	260.	260.	SL	3.00	0.
34 Used optical equip						
	06/01/10	1,100.	1,100.	SL	3.00	0.
35 Desktop PC						
	06/30/10	282.	282.	SL	3.00	0.
36 Desktop PC						
	07/31/10	465.	465.	SL	3.00	0.
37 Desktop PC						
	07/31/10	451.	451.	SL	3.00	0.
38 Printers						
	08/31/10	130.	130.	SL	3.00	0.
39 Dell computer						
	08/31/10	521.	521.	SL	3.00	0.
40 HP Desktop & digital camera						
	08/31/10	299.	299.	SL	3.00	0.
41 Computers for LA Recup						
	08/31/10	1,477.	1,477.	SL	3.00	0.
42 Printer CMMI Recep						
	09/30/10	310.	310.	SL	3.00	0.
43 2 PCs						
	10/31/10	652.	652.	SL	3.00	0.
44 Printer Lester Plaza						
	10/31/10	310.	310.	SL	3.00	0.
45 2 Monitors						
	10/31/10	217.	217.	SL	3.00	0.
46 Projector						
	10/31/10	369.	369.	SL	3.00	0.
47 Laptop for workforce intern						
	10/26/10	489.	489.	SL	3.00	0.
48 Laptop						
	12/31/10	315.	315.	SL	3.00	0.
49 Laptop						
	12/31/10	315.	315.	SL	3.00	0.
50 E-machine PC						
	12/05/10	451.	450.	SL	3.00	0.

51	Campaq PC for Irvine					
	12/14/10	326.	326.	SL	3.00	0.
52	Campaq PC for ISS					
	12/18/10	451.	450.	SL	3.00	0.
53	3 PCs and monitors					
	01/24/11	1,403.	1,326.	SL	3.00	77.
54	Router switch					
	08/31/11	1,204.	935.	SL	3.00	269.
55	PC & 2 monitors					
	02/28/11	505.	476.	SL	3.00	29.
56	3 PCs and monitors					
	08/17/11	1,422.	1,106.	SL	3.00	316.
57	Phoropter					
	04/30/11	979.	869.	SL	3.00	110.
58	Time clocks					
	10/11/11	4,364.	3,152.	SL	3.00	1,212.
59	2 PCs					
	11/30/11	654.	454.	SL	3.00	200.
60	4 PCs					
	11/30/11	1,207.	837.	SL	3.00	370.
61	Switch					
	09/30/11	2,817.	2,113.	SL	3.00	704.
63	TechSoup Microsoft office					
	02/16/10	3,920.	3,920.	SL	3.00	0.
64	TechSoup Microsoft office					
	02/01/10	209.	209.	SL	3.00	0.
66	Air conditioner					
	08/25/11	1,450.	677.	SL	5.00	290.
67	Tonopen Optical Equipment					
	03/30/12	3,016.	905.	SL	5.00	603.
68	Bunk Beds					
	09/27/12	2,508.	754.	SL	5.00	502.
69	4 PC's and Monitors					
	03/01/12	1,519.	456.	SL	5.00	304.
70	BPCC PC's and Monitors					
	09/30/12	2,100.	630.	SL	5.00	420.
71	Tono-pen Case					
	10/30/12	1,160.	581.	SL	3.00	387.
72	L/I-Stanton					
	04/01/12	10,000.	8,750.	SL	2.00	1,250.
73	L/I-Stanton					
	05/01/12	11,200.	9,333.	SL	2.00	1,867.
74	L/I-Stanton					
	06/01/12	2,856.	2,261.	SL	2.00	595.
75	L/I-Stanton					
	07/01/12	4,000.	3,000.	SL	2.00	1,000.
76	Chairs-Workforce office					
	01/18/13	829.	152.	SL	5.00	166.
77	Bunk beds-Tina Pacific					
	02/27/13	1,436.	239.	SL	5.00	287.
78	Folding chairs					
	02/28/13	809.	135.	SL	5.00	162.
79	Training tables					
	02/28/13	2,313.	386.	SL	5.00	463.

80	Casework cabinet					
	03/19/13	1,522.	228.	SL	5.00	304.
81	Stanton MSC desks					
	04/30/13	1,469.	196.	SL	5.00	294.
82	Training tables-MS					
	05/27/13	1,585.	185.	SL	5.00	317.
83	Desks-Stanton MSC					
	05/31/13	1,469.	171.	SL	5.00	294.
84	Chair-Stanton training room					
	05/31/13	1,279.	149.	SL	5.00	256.
85	CRC interior furnishings					
	08/27/13	2,068.	138.	SL	5.00	414.
86	Emergency house furniture					
	11/30/13	4,375.	73.	SL	5.00	875.
87	Office chairs					
	11/30/13	1,390.	23.	SL	5.00	278.
88	Desks-OC Recup					
	12/26/13	1,512.		SL	5.00	302.
89	Desks-Stanton MSC					
	12/31/13	551.		SL	5.00	110.
90	Microwaves and refrigerators					
	12/31/13	2,480.		SL	5.00	496.
91	Mattresses-OC Recup					
	12/31/13	2,981.		SL	5.00	596.
92	PC's and projector-Workforce develop					
	02/28/13	9,100.	2,528.	SL	3.00	3,033.
93	CCTV security system					
	05/31/13	2,592.	504.	SL	3.00	864.
94	Tent					
	09/09/13	1,100.	122.	SL	3.00	367.
95	Electric magnetic entry system					
	10/25/13	1,243.	69.	SL	3.00	414.
96	CRC trailer					
	06/19/13	17,094.	1,221.	SL	7.00	2,442.
97	Power pole					
	07/01/13	1,495.	107.	SL	7.00	214.
98	Irrigation system					
	07/09/13	4,900.	350.	SL	7.00	700.
99	LA Recup vehicle					
	06/13/13	14,411.	1,680.	SL	5.00	2,882.
100	SCV Recup vehicle					
	10/10/13	5,000.	250.	SL	5.00	667.
101	L/I Mesa tops-3977					
	02/28/13	2,884.	1,202.	SL	2.00	1,442.
102	L/I Tina Pacific 8881 Rehab					
	05/27/13	2,866.	836.	SL	2.00	1,433.
103	L/I CRC modular office					
	06/30/13	3,425.	856.	SL	2.00	1,713.
104	L/I Asphalt					
	07/15/13	10,882.	2,721.	SL	2.00	5,441.
105	L/I CRC materials					
	07/25/13	3,910.	815.	SL	2.00	1,955.
106	L/I sewer installation					
	07/31/13	5,125.	1,068.	SL	2.00	2,563.

107	L/I driveway	07/31/13	4,700.	979.	SL	2.00	2,350.
108	L/I Grading	07/31/13	8,000.	1,667.	SL	2.00	4,000.
109	L/I ADA ramp	07/31/13	1,010.	210.	SL	2.00	505.
110	L/I fence	08/31/13	1,055.	176.	SL	2.00	528.
111	L/I handrail	09/09/13	3,000.	500.	SL	2.00	1,500.
112	Toyota Sienna	06/19/13	4,000.	400.	SL	5.00	800.
113	Canopies	01/31/14	3,240.		SL	5.00	594.
114	Furniture for Springs	02/27/14	728.		SL	5.00	121.
115	20 Steel beds for Springs	02/28/14	13,977.		SL	5.00	2,330.
116	Office furniture -Springs	03/31/14	7,500.		SL	5.00	1,125.
117	Air conditioner -Ross St	09/02/14	20,000.		SL	5.00	1,000.
118	Furniture donated -used	09/30/14	1,700.		SL	5.00	85.
119	Mattresses/Appliances	11/30/14	7,850.		SL	5.00	131.
120	Donated furniture	12/31/14	8,550.		SL	5.00	0.
121	Mattresses for Springs	12/31/14	2,816.		SL	5.00	0.
122	Desktop PC	01/21/14	601.		SL	3.00	184.
123	Del Wyse Zero Client	01/21/14	1,345.		SL	3.00	411.
124	PC Monitors	01/21/14	1,065.		SL	3.00	325.
125	4 Electric Dryers -Springs	04/30/14	1,200.		SL	3.00	267.
126	KaBoom Equipment -mat	08/20/14	8,500.		SL	5.00	567.
127	KaBoom playground	08/20/14	70,178.		SL	15.00	1,560.
128	Mobile clinic van	11/26/14	22,075.		SL	5.00	368.
129	Rubber mating-playground	09/23/14	14,400.		SL	2.00	1,800.
130	Ross St Improvement Matl & labor	12/31/14	34,098.		SL	15.00	0.
131	Tina Pacific St Improvement Matl & Labor	12/31/14	20,808.		SL	5.00	0.
Total Depr to Form 3885			461,373.	87,036.			64,129.

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.**  
If the amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2014 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** **Fiscal Year - See instructions.**  
**Calendar Year - File and Pay by March 16, 2015.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov](http://ftb.ca.gov) for more information.

439035  
12-04-14

--- DETACH HERE --- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR **2014** **Payment Voucher for Corps and Exempt Orgs e-filed Returns**

CALIFORNIA FORM  
**3586 (e-file)**

3063690 ILLU 71-1047686 000000000000 14 FORM 3  
TYB 01-01-2014 TYE 12-31-2014  
THE ILLUMINATION FOUNDATION

2691 RICHTER AVENUE STE 107  
IRVINE CA 92606

(949) 273-0555

Total Payment Amt 10.

TAXABLE YEAR  
**2014**

**California e-file Return Authorization for Exempt Organizations**

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>THE ILLUMINATION FOUNDATION</b>	<b>71-1047686</b>

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b> <u>4,264,744.00</u>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b> <u>4,260,661.00</u>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b> <u>4,485,477.00</u>

**Part II Settle Your Account Electronically for Taxable Year 2014**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
---	------------------	--

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2014 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.**

**Sign Here**           \_\_\_\_\_           \_\_\_\_\_           **CFO**

Signature of Officer      Date      Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
<b>Must Sign</b> Firm's name (or yours if self-employed) and address	<b>STEPHENS, REIDINGER &amp; BELLER LLP</b>			FEIN <b>33-0639599</b>
	<b>1301 DOVE STREET, SUITE 890</b>			ZIP Code <b>92660</b>
	<b>NEWPORT BEACH, CA</b>			

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b>	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b> Firm's name (or yours if self-employed) and address	<b>STEPHENS, REIDINGER &amp; BELLER LLP</b>		<b>P00339728</b>
	<b>1301 DOVE STREET, SUITE 890</b>		FEIN <b>33-0639599</b>
	<b>NEWPORT BEACH, CA</b>		ZIP Code <b>92660</b>



# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2014

<b>Prepared for</b>	The Illumination Foundation 2691 Richter Avenue Suite 107 Irvine, CA 92606
<b>Prepared by</b>	Stephens, Reidinger & Beller LLP 1301 Dove Street, Suite 890 Newport Beach, CA 92660
<b>Mail tax return to</b>	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
<b>Return must be mailed on or before</b>	November 16, 2015
<b>Special Instructions</b>	<p>The return should be signed and dated by an authorized individual.</p> <p>Enclose a check for \$150 made payable to Attorney General's Registry of Charitable Trusts. Include "Form RRF-1," the report year and the organization's state charity registration number and/or organization number on the remittance.</p>

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

WEB SITE 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: <b>CT 0191024</b>  <b>THE ILLUMINATION FOUNDATION</b> <small>Name of Organization</small>  <b>2691 RICHTER AVENUE SUITE 107</b> <small>Address (Number and Street)</small>  <b>IRVINE, CA 92606</b> <small>City or Town, State and ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>3063690</u>  Federal Employer I.D. No. <u>71-1047686</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 01/01/2014 ending 12/31/2014 ) list:  
 Gross annual revenue \$ 4,104,788. Total assets \$ 1,006,110.

**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?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
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.		X
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.		X
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. <span style="float:right;"><b>SEE STATEMENT 12</b></span>	X	
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.		X
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.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 949 273-0555

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.

**PAUL CHO**

**CFO**

Signature of authorized officer

Printed Name

Title

Date

