

Information copy. Do not send to IRS.

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

Electronic Notice (e-Postcard)
 for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ

OMB No. 1545-2085

2013Open to Public
InspectionA For the 2013 calendar year, or tax year beginning 10/1/2013, and ending 9/30/2014.

B Check if applicable

 Terminated, Out of Business Gross receipts are normally \$50,000 or lessC Name of organization: HUNTINGTON BEACH MUNICIPAL ART CENTER FOUNDATION
d/b/a:538 Main St
Huntington Beach, CA, US, 92648D Employer Identification
Number
33-0338281

E Website:

www.huntingtonbeachartcenter.orgF Name of Principal Officer: Michael Adams538 Main St
Huntington Beach, CA, US, 92648

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average time is 15 minutes.

Note: This image is provided for your records only. Do NOT mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.



Session expires in 19:54

199N e-Postcard - Confirmation

Print this page for your records. The Confirmation Number below is proof that you successfully filed your e-Postcard.

We received your FTB 199N California e-Postcard on January 14, 2015 11:56 AM.

Confirmation Number: 164282101401

Entity Information

Entity ID: 1642821
Entity Name: HUNTINGTON BEACH MUNICIPAL ART CENTER FOUNDATION
Account Period Beginning: OCTOBER 01, 2013
Account Period Ending: SEPTEMBER 30, 2014
This is not your entity's first year in business.
Your entity has not terminated or gone out of business.
Your entity has not changed the account period.
Gross Receipts: \$37,329
This is not an amended return.
An IRS Form 1023/1024 is not pending.
Date IRS Form 1023/1024 Filed: N/A
FEIN: 330338281
Doing Business As:
Website Address: WWW.HUNTINGTONBEACHARTCENTER.ORG

Entity's Mailing Address

538 MAIN STREET
CPA
HUNTINGTON BEACH, CA 92648

Principal Officer's Information

Name: MICHAEL ADAMS
538 MAIN STREET
CPA
HUNTINGTON BEACH, CA 92648

Contact Information

Name: NANCY GRIFFIN
Phone: 714.960.5658

After we process your 199N e-Postcard, you may receive a bill if the three year gross receipt average is

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 <u>CT75350</u> <u>HUNTINGTON BEACH MUNICIPAL ART CENTER FOUNDATION</u> <small>Name of Organization</small> <u>538 MAIN STREET</u> <small>Address (Number and Street)</small> <u>HUNTINGTON BEACH, CA 92648</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>D1642821</u> Federal Employer I.D. No. <u>33-0338281</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 10/1/2013 ending 9/30/2014) list:
 Gross annual revenue \$ 37,329 Total assets \$ 0

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.		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 714 374-1650

Organization's e-mail address khoffman@surfcity-hb.org

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

 Signature of authorized officer	<u>MICHAEL ADAMS</u> Printed Name	<u>PRESIDENT</u> Title	<u>1.26.15</u> Date
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