

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

**2017**

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2017 calendar year, or tax year beginning and ending**

|  |   |   |  |
|--|---|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>AQUATIC CAPITAL OF AMERICA FOUNDATION</b>                           |   | <b>D</b> Employer identification number<br><b>45-3070854</b>   |
|  | Doing business as   |   | <b>E</b> Telephone number<br><b>562-595-0501</b>   |
|  | Number and street (or P.O. box if mail is not delivered to street address)                              | Room/suite  |  |
|  | <b>6201 E. APPIAN WAY</b>   |   | <b>G</b> Gross receipts \$ <b>44,886.</b>  |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>LONG BEACH, CA 90803</b> |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>F</b> Name and address of principal officer: <b>RICHARD FOSTER</b><br><b>6201 E. APPIAN WAY, LONG BEACH, CA 90803</b>   |   | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   | If "No," attach a list. (see instructions)  |  |
| <b>J</b> Website: <b>WWW.AQUATICCAPITAL.ORG</b>  |   | <b>H(c)</b> Group exemption number ▶  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   | <b>L</b> Year of formation: <b>2010</b>   | <b>M</b> State of legal domicile: <b>CA</b>  |

| <b>Part I Summary</b>   |  | Prior Year   | Current Year                         |
|---|--|--|--------------------------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O FOR THE FOUNDATION'S MISSION.</b>         |  |                                      |
|   | <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)   | <b>3</b>   | <b>23</b>                            |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | <b>23</b>                            |
|   | <b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)  | <b>5</b>   | <b>0</b>                             |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>   | <b>0</b>                             |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>  | <b>0.</b>                            |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34             | <b>7b</b>  | <b>0.</b>  |                                      |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>46,882.</b>                                     | <b>44,886.</b>                       |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>0.</b>  | <b>0.</b>                            |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>0.</b>  | <b>0.</b>                            |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>0.</b>  | <b>0.</b>                            |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>46,882.</b>                                     | <b>44,886.</b>                       |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <b>0.</b>  | <b>0.</b>                            |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | <b>0.</b>  | <b>0.</b>                            |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>0.</b>  | <b>0.</b>                            |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0.</b>  | <b>0.</b>                            |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>   |  |                                      |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>35,148.</b>                                     | <b>39,170.</b>                       |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>35,148.</b>   | <b>39,170.</b>                                     |                                      |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | <b>11,734.</b>   | <b>5,716.</b>                                      |                                      |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | <b>Beginning of Current Year</b><br><b>16,787.</b> | <b>End of Year</b><br><b>22,503.</b> |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <b>0.</b>  | <b>0.</b>                            |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>16,787.</b>                                     | <b>22,503.</b>                       |

**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   | Date                           |                          |   |                          |
|  | <b>RICHARD FOSTER, PRESIDENT</b><br>Type or print name and title |                                |                          |   |                          |
| <b>Paid Preparer Use Only</b>              | Print/Type preparer's name<br><b>ANDREW J. BARBER</b>            | Preparer's signature           | Date<br><b>11/13/18</b>  | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00192799</b> |
|  | Firm's name ▶ <b>CRISELL &amp; ASSOCIATES, CPA'S</b>             | Firm's EIN ▶ <b>95-2642922</b> | Phone no. (562) 595-0501 |   |                          |
| Firm's address ▶ <b>2199 E. WILLOW ST.</b> |  | <b>SIGNAL HILL, CA 90755</b>   |                          |   |                          |

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 [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR THE MISSION STATEMENT DETAIL.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 4,495. including grants of \$ ) (Revenue \$ ) ANNUAL BANQUET - THE FOUNDATION COMMUNICATED THE MESSAGE OF THE CITY OF LONG BEACH AS AN IDEAL PLACE FOR AQUATIC RELATED ACTIVITIES THROUGH THE WEBSITE, SUPPORTING COMMUNITY ACTIVITIES, AND PROVIDING AN ANNUAL DINNER HONORING OUTSTANDING ATHLETES AND AQUATIC COMMUNITY MEMBERS.

4b (Code: ) (Expenses \$ 13,624. including grants of \$ ) (Revenue \$ ) "HALL OF FAME" INDUCTION CEREMONY - THE ORGANIZATION HELD AN ANNUAL HALL OF FAME CEREMONY HONORING INDUCTEES WHO THROUGH THEIR ACCOMPLISHMENTS IN THE AQUATIC FIELD HAVE PERSONIFIED THE MESSAGE OF THE ORGANIZATION.

4c (Code: ) (Expenses \$ 7,406. including grants of \$ ) (Revenue \$ ) NAPLES ISLAND SWIM/SUP MEET - THE ORGANIZATION COORDINATED AN EVENT IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATERS SURROUNDING NAPLES ISLAND.

4d Other program services (Describe in Schedule O.) (Expenses \$ 11,239. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 36,764.

**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)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....  |     | 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> .....  |     | 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> .....  |     | 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> .....   |     | 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> .....  |     | 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> .....  |     | 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> .....   |     | 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> .....            |     | 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> .....   |     | 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> .....   |     | 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> .....   |     | 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> .....   |     | 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> .....  |     | 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> .....   |     | 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> .....  |     | 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> .....  |     | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |     | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | 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> ..... |     | 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> .....   |     | 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> .....   |     | 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> .....   |     | 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> .....   |     | 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> .....   |     | X  |

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

|  | Yes | No |
|--|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....  |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....  |     |    |
| <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</b> <b>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</b> <b>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? .....   |     |    |
| <b>Note.</b> All Form 990 filers are required to complete Schedule O .....   | X   |    |

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 check

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Contains various tax compliance questions and their corresponding input fields.

**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<br>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> 23   |     |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
|           | <b>1b</b> 23   |     |    |
| <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: **CRISELL & ASSOCIATES - 562-595-0501**  
**2199 E. WILLOW STREET, SIGNAL HILL, CA 90755**







**Part VIII Statement of Revenue**

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

|  |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |  |
|--|--|--|----------------------|---|---|--|--|
| <b>Contributions, Gifts, Grants<br/>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>  |                      |   |   |  |  |
|  | <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<br>similar amounts not included above .....   | <b>1f</b>  | 44,886.              |   |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....   |  |                      |   |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f .....  |  | 44,886.              |   |   |  |  |
| <b>Program Service<br/>Revenue</b>   | <b>2 a</b> _____   | <b>Business Code</b>   |                      |   |   |  |  |
|  | <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 .....  |  |                      |   |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>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<br>assets other than inventory .....   | (i) Securities   | (ii) Other           |   |   |  |  |
|  |  | <b>b</b> Less: cost or other basis<br>and sales expenses ..... |                      |   |   |  |  |
|  |  | <b>c</b> Gain or (loss) .....                                  |                      |   |   |  |  |
|  |  | <b>d</b> Net gain or (loss) .....                              |                      |   |   |  |  |
|  | <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>   |                      |   |   |  |  |
|  |  | <b>b</b> Less: direct expenses .....                           | <b>b</b>             |   |   |  |  |
|  |  | <b>c</b> Net income or (loss) from fundraising events .....    |                      |   |   |  |  |
|  | <b>9 a</b> Gross income from gaming activities. See<br>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<br>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 .....  |  |                      |   |   |  |  |
| <b>Miscellaneous Revenue</b>   |  | <b>Business Code</b>   |                      |   |   |  |  |
| <b>11 a</b> _____  |  |  |                      |   |   |  |  |
|  | <b>b</b> _____   |  |                      |   |   |  |  |
|  | <b>c</b> _____   |  |                      |   |   |  |  |
|  | <b>d</b> All other revenue .....   |  |                      |   |   |  |  |
|  | <b>e Total.</b> Add lines 11a-11d .....  |  |                      |   |   |  |  |
| <b>12 Total revenue.</b> See instructions. ....                            |  |  | 44,886.              | 0.  | 0.                                      | 0.   |  |

**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  X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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  |                       |                                 |  |                             |
| 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  |                       |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   |                       |                                 |  |                             |
| 10 Payroll taxes  |                       |                                 |  |                             |
| 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.)   | 97.                   |                                 | 97.                                    |                             |
| 12 Advertising and promotion  | 714.                  |                                 | 714.                                   |                             |
| 13 Office expenses  | 125.                  |                                 | 125.                                   |                             |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  |                       |                                 |  |                             |
| 17 Travel   |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  |                       |                                 |  |                             |
| 23 Insurance  | 2,159.                | 689.                            | 1,470.                                 |                             |
| 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 ANNUAL HALL OF FAME EXP   | 13,624.               | 13,624.                         |  |                             |
| b NAPLES ISLAND SWIM EXPE   | 7,406.                | 7,406.                          |  |                             |
| c DONATIONS MADE  | 5,082.                | 5,082.                          |  |                             |
| d ANNUAL BANQUET EXPENSE  | 4,495.                | 4,495.                          |  |                             |
| e All other expenses SEE SCH O  | 5,468.                | 5,468.                          |  |                             |
| 25 Total functional expenses. Add lines 1 through 24e   | 39,170.               | 36,764.                         | 2,406.                                 | 0.                          |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                     |                       |                                 |  |                             |

Check here  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)<br>Beginning of year |           | (B)<br>End of year |     |
|---|--|--------------------------|-----------|--------------------|-----|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 16,760.                  | <b>1</b>  | 22,476.            |     |
|   | <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 .....  |                          | <b>4</b>  |                    |     |
|   | <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 .....   |                          | <b>8</b>  |                    |     |
|   | <b>9</b> Prepaid expenses and deferred charges .....   |                          | <b>9</b>  |                    |     |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b>               |           |                    |     |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b>               |           | <b>10c</b>         |     |
|   | <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 .....   |                          | 27.       | <b>15</b>          | 27. |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... |  | 16,787.                  | <b>16</b> | 22,503.            |     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  |                          | <b>17</b> |                    |     |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b> |                    |     |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b> |                    |     |
|   | <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 .....   |                          | <b>22</b> |                    |     |
|   | <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 .....   |                          | <b>24</b> |                    |     |
|   | <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 .....   |                          | 0.        | <b>26</b>          | 0.  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |           |                    |     |
|   | <b>27</b> Unrestricted net assets .....  |                          | <b>27</b> |                    |     |
|   | <b>28</b> Temporarily restricted net assets .....  |                          | <b>28</b> |                    |     |
|   | <b>29</b> Permanently restricted net assets .....  |                          | <b>29</b> |                    |     |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>   |                          |           |                    |     |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   | 0.                       | <b>30</b> | 0.                 |     |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   | 0.                       | <b>31</b> | 0.                 |     |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   | 16,787.                  | <b>32</b> | 22,503.            |     |
| <b>33</b> Total net assets or fund balances .....                         | 16,787.  | <b>33</b>                | 22,503.   |                    |     |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 16,787.  | <b>34</b>                | 22,503.   |                    |     |

**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>  | 44,886. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 39,170. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 5,716.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 16,787. |
| <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> | 22,503. |

**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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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? _____<br>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:<br><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? _____<br>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:<br><input 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |     |    |
| <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 _____   |     |    |

Form 990 (2017)



**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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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) .....  |          |          |          |          | 12       |                          |
| <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 2017 (line 6, column (f) divided by line 11, column (f)) .....  | 14 | %                        |
| <b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2017.</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 - 2016.</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 - 2017.</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 - 2016.</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 10 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   | 1.       | 1,835.   | 16,689.  | 46,882.  | 44,886.  | 110,293.  |
| <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 ..... |          |          |          |          |          |           |
| <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 .....   | 1.       | 1,835.   | 16,689.  | 46,882.  | 44,886.  | 110,293.  |
| <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.)  |          |          |          |          |          | 110,293.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   | 1.       | 1,835.   | 16,689.  | 46,882.  | 44,886.  | 110,293.  |
| <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.)   | 1.       | 1,835.   | 16,689.  | 46,882.  | 44,886.  | 110,293.  |

**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 2017 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | 100.00 % |
| <b>16</b> Public support percentage from 2016 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 2017 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | .00 % |
| <b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....                        | <b>18</b> | %     |

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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>11a</b>   |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>11b</b>   |     |    |
| <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 Part VI.   |     |    |
| <b>11c</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 Part VI 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>1</b>   |     |    |
| <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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |
| <b>2</b>   |     |    |

**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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>  |     |    |

**Section D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>1</b>  |     |    |
| <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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  |     |    |
| <b>2</b>  |     |    |
| <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 Part VI the role the organization's supported organizations played in this regard.   |     |    |
| <b>3</b>  |     |    |

**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 line 2 below.   |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI 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 Part VI 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. | Yes | No |
| <b>2a</b>  |     |    |
| <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 Part VI 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>2b</b>  |     |    |
| <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 Part VI.  |     |    |
| <b>3a</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 Part VI the role played by the organization in this regard.   |     |    |
| <b>3b</b>  |     |    |

**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 (explain in Part VI.) **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 2017 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>Amount for 2017 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2017 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2017   |                             |  |   |
| <b>a</b>   |                             |  |   |
| <b>b</b> From 2013   |                             |  |   |
| <b>c</b> From 2014   |                             |  |   |
| <b>d</b> From 2015   |                             |  |   |
| <b>e</b> From 2016   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2017 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2012 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2017 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2017 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2013  |                             |  |   |
| <b>b</b> Excess from 2014  |                             |  |   |
| <b>c</b> Excess from 2015  |                             |  |   |
| <b>d</b> Excess from 2016  |                             |  |   |
| <b>e</b> Excess from 2017  |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2017



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

AQUATIC CAPITAL OF AMERICA FOUNDATION

Employer identification number

45-3070854

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

THE AQUATIC CAPITAL OF AMERICA FOUNDATION'S MISSION IS TO PROMOTE THE MYRIAD OF AQUATIC ACTIVITIES OFFERED IN LONG BEACH, CALIFORNIA; TO RECOGNIZE, HONOR AND SUPPORT THE CITY OF LONG BEACH AND ITS AQUATIC ATHLETES, COACHES AND ORGANIZATIONS; AND TO PROMOTE WATER SAFETY AND EDUCATION. THE FOUNDATION ALSO SUPPORTS COMMUNITY AND REGIONAL EFFORTS TO CLEANSE LOCAL WATERWAYS AS WELL AS TO INCREASE THE NUMBER OF LOCAL AQUATIC FACILITIES.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

OTHER PROGRAM SERVICES INCLUDE SUPPORT TO THE ANNUAL "AQUATIC GAMES", SCHOLARSHIPS TO VARIOUS STUDENTS RECOGNIZED BY COACHES AND TEACHERS FOR OUTSTANDING ACCOMPLISHMENTS IN AQUATIC ENDEAVORS, AND SUPPORT TO LOCAL AQUATIC PROGRAMS.

EXPENSES \$ 11,239. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**FORM 990, PART VI, SECTION A, LINE 2:**

TWO BOARD MEMBERS ARE MARRIED TO EACH OTHER.

**FORM 990, PART VI, SECTION B, LINE 11B:**

THE FORM 990 WAS PROVIDED TO THE BOARD FOR REVIEW AT A MONTHLY MEETING AND ALL QUESTIONS AND COMMENTS WERE ADDRESSED PRIOR TO FILING.

**FORM 990, PART VI, SECTION C, LINE 18:**

COPIES OF FORMS 990 AND THE ORGANIZATION'S GOVERNING DOCUMENTS ARE

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

|  |   |
|--|---|
| Name of the organization<br><b>AQUATIC CAPITAL OF AMERICA FOUNDATION</b> | Employer identification number<br><b>45-3070854</b> |
|--|---|

AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF FORMS 990 AND THE ORGANIZATION'S GOVERNING DOCUMENTS ARE  
AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

SUPPORT FOR ANNUAL AQUATIC GAMES MEET:

|                                 |        |
|---------------------------------|--------|
| PROGRAM SERVICE EXPENSES        | 2,968. |
| MANAGEMENT AND GENERAL EXPENSES | 0.     |
| FUNDRAISING EXPENSES            | 0.     |
| TOTAL EXPENSES                  | 2,968. |

SCHOLARSHIPS GIVEN:

|                                 |        |
|---------------------------------|--------|
| PROGRAM SERVICE EXPENSES        | 2,500. |
| MANAGEMENT AND GENERAL EXPENSES | 0.     |
| FUNDRAISING EXPENSES            | 0.     |
| TOTAL EXPENSES                  | 2,500. |

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 5,468.

California Exempt Organization  
Annual Information Return

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

|   |                                |   |
|---|--------------------------------|---|
| Corporation/Organization name<br><b>AQUATIC CAPITAL OF AMERICA FOUNDATION</b> |                                | California corporation number<br><b>3312591</b> |
| Additional information. See instructions.                                     |                                | FEIN<br><b>45-3070854</b>                       |
| Street address (suite or room)<br><b>6201 E. APPIAN WAY</b>                   |                                | PMB no.   |
| City<br><b>LONG BEACH</b>   | State<br><b>CA</b>             | ZIP code<br><b>90803</b>                        |
| Foreign country name  | Foreign province/state/country | Foreign postal code                             |

|   |   |
|---|---|
| <b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <b>J</b> If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <b>K</b> Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| <b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | If "Yes," enter the gross receipts from nonmember sources \$ _____  |
| <b>D</b> Final Information Return?<br><input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized<br>Enter date: (mm/dd/yyyy) _____ | <b>L</b> If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/>                |
| <b>E</b> Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other  | <b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| <b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series   | <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                                     |
| <b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <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                           |
| <b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," what is the parent's name?  | <b>P</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Date filed with IRS _____  |
| <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                          |   |

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

|                              |    |  |    |           |
|------------------------------|----|--|----|-----------|
| <b>Receipts and Revenues</b> | 1  | Gross sales or receipts from other sources. From Side 2, Part II, line 8   | 1  | 00        |
|                              | 2  | Gross dues and assessments from members and affiliates   | 2  | 00        |
|                              | 3  | Gross contributions, gifts, grants, and similar amounts received   | 3  | 44,886.00 |
|                              | 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 Information B | 4  | 44,886.00 |
|                              | 5  | Cost of goods sold   | 5  | 00        |
|                              | 6  | Cost or other basis, and sales expenses of assets sold   | 6  | 00        |
|                              | 7  | Total costs. Add line 5 and line 6   | 7  | 00        |
|                              | 8  | Total gross income. Subtract line 7 from line 4  | 8  | 44,886.00 |
| <b>Expenses</b>              | 9  | Total expenses and disbursements. From Side 2, Part II, line 18  | 9  | 39,170.00 |
|                              | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  | 10 | 5,716.00  |
| <b>Filing Fee</b>            | 11 | Total payments   | 11 | 00        |
|                              | 12 | Use tax. See General Information K   | 12 | 00        |
|                              | 13 | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11   | 13 | 00        |
|                              | 14 | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12  | 14 | 00        |
|                              | 15 | Filing fee \$10 or \$25. See General Information F   | 15 | N/A 00    |
|                              | 16 | Penalties and Interest. See General Information J  | 16 | 00        |
|                              | 17 | <b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result   | 17 | 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  | Title<br><b>PRESIDENT</b>      | Date  | Telephone                |
|                                 | Preparer's signature  | Date<br><b>11/13/18</b>        | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00192799</b> |
| <b>Paid Preparer's Use Only</b> | Firm's name (or yours, if self-employed) and address<br><b>CRISELL &amp; ASSOCIATES, CPA'S<br/>2199 E. WILLOW ST.<br/>SIGNAL HILL, CA 90755</b>     | Telephone<br><b>95-2642922</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.

728951 12-06-17

|                                    |    |  |   |    |            |
|------------------------------------|----|--|---|----|------------|
| <b>Receipts from Other Sources</b> | 1  | Gross sales or receipts from all business activities. See instructions   | • | 1  | 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)   | • | 6  | 00         |
|                                    | 7  | Other income   | • | 7  | 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  | 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  | • | 11 | 0. 00      |
|                                    | 12 | Other salaries and wages   | • | 12 | 00         |
|                                    | 13 | Interest   | • | 13 | 00         |
|                                    | 14 | Taxes  | • | 14 | 00         |
|                                    | 15 | Rents  | • | 15 | 00         |
|                                    | 16 | Depreciation and depletion (See instructions)  | • | 16 | 00         |
|                                    | 17 | Other Expenses and Disbursements   | • | 17 | 39,170. 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 | 39,170. 00 |

| <b>Schedule L Balance Sheet</b>  |   | Beginning of taxable year |         | End of taxable year |         |
|----------------------------------|---|---------------------------|---------|---------------------|---------|
|                                  |   | (a)                       | (b)     | (c)                 | (d)     |
| <b>Assets</b>                    |   |                           |         |                     |         |
| 1                                | Cash  |                           | 16,760. |                     | 22,476. |
| 2                                | Net accounts receivable                           |                           |         |                     |         |
| 3                                | Net notes receivable                              |                           |         |                     |         |
| 4                                | Inventories                                       |                           |         |                     |         |
| 5                                | Federal and state government obligations          |                           |         |                     |         |
| 6                                | Investments in other bonds                        |                           |         |                     |         |
| 7                                | Investments in stock                              |                           |         |                     |         |
| 8                                | Mortgage loans                                    |                           |         |                     |         |
| 9                                | Other investments                                 |                           |         |                     |         |
| 10                               | <b>a</b> Depreciable assets                       |                           |         |                     |         |
|                                  | <b>b</b> Less accumulated depreciation            | ( )                       | ( )     |                     |         |
| 11                               | Land  |                           |         |                     |         |
| 12                               | Other assets <b>STMT 3</b>                        |                           | 27.     |                     |         |
| 13                               | <b>Total assets</b>                               |                           | 16,787. |                     | 22,476. |
| <b>Liabilities and net worth</b> |   |                           |         |                     |         |
| 14                               | Accounts payable                                  |                           |         |                     |         |
| 15                               | Contributions, gifts, or grants payable           |                           |         |                     |         |
| 16                               | Bonds and notes payable                           |                           |         |                     |         |
| 17                               | Mortgages payable                                 |                           |         |                     |         |
| 18                               | Other liabilities                                 |                           |         |                     |         |
| 19                               | Capital stock or principal fund                   |                           |         |                     |         |
| 20                               | Paid-in or capital surplus. Attach reconciliation |                           |         |                     |         |
| 21                               | Retained earnings or income fund                  |                           | 16,787. |                     | 22,503. |
| 22                               | <b>Total liabilities and net worth</b>            |                           | 16,787. |                     | 22,503. |

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

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

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



CA 199                      COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                      STATEMENT      1

| NAME AND ADDRESS  | TITLE AND<br>AVERAGE HRS WORKED/WK | COMPENSATION |
|---|------------------------------------|--------------|
| RICHARD FOSTER<br>6201 E APPIAN WAY<br>LONG BEACH, CA 90803 | PRESIDENT<br>4.00                  | 0.           |
| ANDREW BARBER<br>6201 E APPIAN WAY<br>LONG BEACH, CA 90803  | TREASURER<br>2.00                  | 0.           |
| LUCY JOHNSON<br>6201 E APPIAN WAY<br>LONG BEACH, CA 90803   | VICE PRESIDENT<br>4.00             | 0.           |
| TOTAL TO FORM 199, PART II, LINE 11                         |                                    | 0.           |

CA 199                                      OTHER EXPENSES                                      STATEMENT      2

| DESCRIPTION                           | AMOUNT  |
|---------------------------------------|---------|
| ANNUAL HALL OF FAME EXPENSE           | 13,624. |
| NAPLES ISLAND SWIM EXPENSES           | 7,406.  |
| DONATIONS MADE                        | 5,082.  |
| ANNUAL BANQUET EXPENSE                | 4,495.  |
| SUPPORT FOR ANNUAL AQUATIC GAMES MEET | 2,968.  |
| SCHOLARSHIPS GIVEN                    | 2,500.  |
| OTHER PROFESSIONAL FEES               | 97.     |
| ADVERTISING AND PROMOTION             | 714.    |
| OFFICE EXPENSES                       | 125.    |
| INSURANCE                             | 2,159.  |
| TOTAL TO FORM 199, PART II, LINE 17   | 39,170. |

CA 199                                      OTHER ASSETS                                      STATEMENT      3

| DESCRIPTION                            | BEG. OF YEAR | END OF YEAR |
|--|--------------|-------------|
| RECEIVABLE - BOARD MEMBER              | 27.          | 0.          |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 27.          | 0.          |