

Taxpayer's Copy

TAXABLE YEAR

2016

California Exempt Organization Annual Information Return

FORM

199

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) **7/01/2016**, and ending (mm/dd/yyyy) **6/30/2017**

Corporation/Organization name SAUGUS HIGH SCHOOL CENTURION FOUNDATION <small>Additional information. See instructions.</small>		California corporation number 3716749
Street address (suite or room) 21900 CENTURION WAY		FEIN 47-2184999
City SAUGUS	State CA	Zip code 91350
Foreign country name	Foreign province/state/county	Foreign postal code

<p>A First Return. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B Amended Return. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date (mm/dd/yyyy) _____</p> <p>E Check accounting method: 1 <input checked="" type="checkbox"/> Cash 2 <input type="checkbox"/> Accrual 3 <input type="checkbox"/> Other</p> <p>F Federal return filed? 1 <input type="checkbox"/> 990T 2 <input type="checkbox"/> 990-PF 3 <input type="checkbox"/> Sch H (990) 4 <input type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' what is the parent's name? _____</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J 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</p> <p>K Is the organization exempt under R&TC Section 23701g? ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' enter the gross receipts from nonmember sources. \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Date filed with IRS _____</p>
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Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	●	1	25,094.
	2	Gross dues and assessments from members and affiliates	●	2	
	3	Gross contributions, gifts, grants, and similar amounts received.	●	3	61,566.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B.	●	4	86,660.
	5	Cost of goods sold	●	5	
	6	Cost or other basis, and sales expenses of assets sold	●	6	
	7	Total costs. Add line 5 and line 6	●	7	
	8	Total gross income. Subtract line 7 from line 4.	●	8	86,660.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	●	9	67,440.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	●	10	19,220.
Filing Fee	11	Total payments	●	11	
	12	Use tax. See General Instruction K	●	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	●	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	●	14	
	15	Filing fee \$10 or \$25. See General Instruction F.	●	15	10.
	16	Penalties and Interest. See General Instruction J.	●	16	
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.	●	17	10.

Sign Here	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.			
	Signature of officer TREASURER	Title	Date	<input type="checkbox"/> Telephone (661) 755-3037 <input type="checkbox"/> PTIN P00173712 <input type="checkbox"/> FEIN 95-4275418 <input type="checkbox"/> Telephone (661) 255-0778
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	
	Firm's name (or yours, if self-employed) and address MICHAEL B. DANAY, CPA 24422 CHESTNUT ST. STE. 5 NEWHALL, CA 91321			
	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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	25,094.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	25,094.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2	●	9	11,102.
Expenses and Disbursements	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 3	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 4	●	17	56,338.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	67,440.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		34,559.	●	53,778.
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. Attach schedule			●	
10 a	Depreciable assets				
b	Less accumulated depreciation				
11	Land			●	
12	Other assets. Attach schedule. STM 5			●	1.
13	Total assets		34,559.		53,779.
Liabilities and net worth					
14	Accounts payable			●	
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule				
19	Capital stock or principal fund		34,559.	●	53,779.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	Total liabilities and net worth		34,559.		53,779.

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	●	19,220.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5		19,220.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		19,220.

SAUGUS HIGH SCHOOL CENTURION FOUNDATION

47-2184999

Statement 1
Form 199, Part II, Line 7
Other Income

Income from Special Events..... \$ 25,094.
 Total \$ 25,094.

Statement 2
Form 199, Part II, Line 9
Contributions, Gifts, Grants, and Similar Amounts Paid

Class of Activity:	Academic Grants	
Amount Given:		8,713.
Class of Activity:	Athletic Grants	
Amount Given:		398.
Class of Activity:	Co-Curricular Grants	
Amount Given:		1,991.
	Total	<u>\$ 11,102.</u>

Statement 3
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Joelle Danahy 27329 Arriola Saugus, CA 91350	President 6.00	\$ 0.	\$ 0.	\$ 0.
Cyndi Vanderhorst 28446 Silverking Trail Santa Clarita, CA 91390	Secretary 6.00	0.	0.	0.
Alison Ferrante 27697 Ron Ridge Drive Saugus, CA 91350	Treasurer 6.00	0.	0.	0.
Amy Weaver 20000 Plum Canyon Road #722 Saugus, CA 91350	Treasurer 6.00	0.	0.	0.
	Total	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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Statement 4
Form 199, Part II, Line 17
Other Expenses

Advertising and Promotion.....	\$	500.
Athletics, Classroom Supply.....		34,124.
Bank Service Fees.....		35.
Business Supplies.....		44.
Gen'l and Administrative.....		668.
Golf Tournament Fees, etc.....		10,144.
Other fees.....		65.
Silent Auction Expenses.....		2,370.
Square Fees.....		1,241.
Staff Development.....		1,426.
Student Recognition Awards.....		5,721.
Total	\$	<u>56,338.</u>

Statement 5
Form 199, Schedule L, Line 12
Other Assets

Rounding.....		1.
Total	\$	<u>1.</u>