Form 990-EZ

Short Form **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except private foundations)

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. 2015

OMB No. 1545-1150

Open to Public Inspection

Form 990-EZ (2015)

Department of the Treasury Internal Revenue Service

For the 2015 calendar year, or tax year beginning , 2015, and ending Check if applicable: C D Employer identification number Address change Lincoln Hills Foundation 68-0488670 Name change P.O. Box 220 Telephone number Initial return Lincoln, CA 95648 916-645-5380 bob Final return/terminated Amended return Group Exemption Application pending X Cash Accrual Other (specify) ► Accounting Method: **H** Check ► if the organization is **not** www.lincolnhillsfoundation.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Tax-exempt status (check only one) - \boxed{X} 501(c)(3) 501(c)(4947(a)(1) or) **◄**(insert no.) X Corporation Trust Association Other Form of organization: Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 112,376. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 64,222. Program service revenue including government fees and contracts..... 2 4,532 Membership dues and assessments..... 3 Investment income...... 4 6,533 **5a** Gross amount from sale of assets other than inventory..... **b** Less: cost or other basis and sales expenses..... 5b 5 c 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000)..... 6 a 32,589. **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)..... 6 b 500 c Less: direct expenses from gaming and fundraising events..... 6 c 794 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6d15,295. 7 a Gross sales of inventory, less returns and allowances..... 7 a 7 b **b** Less: cost of goods sold..... c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Other revenue (describe in Schedule O)..... 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... 9 90,582 Grants and similar amounts paid (list in Schedule O). See Schedule O 10 10 49,750. 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits..... 12 Professional fees and other payments to independent contractors..... 13 13 5,499. 14 Occupancy, rent, utilities, and maintenance. 14 15 Printing, publications, postage, and shipping..... 15 Other expenses (describe in Schedule O). See Schedule O 16 16 22,821 17 Total expenses. Add lines 10 through 16. 17 78,070. Excess or (deficit) for the year (Subtract line 17 from line 9)..... 18 18 12,512. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 figure reported on prior year's return) 19 445,772. Other changes in net assets or fund balances (explain in Schedule O).....See Schedule O 20 20 -18,473.21 439,811

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Fai	Check if the organization used Sche	tructions for Part II) dule 0 to respond to any que	estion in this Part II			X
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			442,020.		439,811.
23	Land and buildings				23	
24				3,752.	24	
25	Total assets.			445,772.	25	439,811.
26	Total liabilities (describe in Schedule O)			0.	26	0.
27	Net assets or fund balances (line 27 of c		•	445,772.	27	439,811. Expenses
Par	Statement of Program Service Acco Check if the organization used Sch	implishments (see the instruction	ONS TOT PART III)	X	_	•
What	is the organization's primary exempt purpose? See	a Schedule O	destion in this i dit in.			uired for section 501) and 501(c)(4)
Desc	cribe the organization's program service ac	ccomplishments for each of it	ts three largest program		òrga	ńizations; optional
meas	cribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the servic ach program title	es provided, the numb	er of persons	or o	thers.)
28	Provided grants to variou	ıs community organi	izations to fu	rther the		
	Foundation's mission of e	enriching the lives	s of local sen	iors.		
	338.000.00.00.00.00.00.00.00.00.00	<u> </u>	2 _02 _10081 001			
	(Grants \$ 49,750.) If th	is amount includes foreign gr	rants, check here		28 a	10,702.
29						
	(Grants \$) If th	is amount includes foreign gr			29 a	
30						
	(Grants \$) If th	is amount includes foreign gr	rants check here		30 a	
31	Other program services (describe in Sch				30 a	
٥.		is amount includes foreign gr			31 a	
32	Total program service expenses (add lin	es 28a through 31a)			32	10,702.
Par					see th	
	Check if the organization used Scl					
	ANN 1171	(b) Average hours per	(c) Reportable compensatio (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ	, Vee	(e) Estimated amount of
	(a) Name and title	week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and defe		other compensation
Doz	ıqlas Finch			compensation		
	<u>iglas finch</u> cector	7	0		0.	0.
	ta McPeake	,		•	<u> </u>	0.
	rector	6	0		0.	0.
	Free					
Tre	easurer	15	0		0.	0.
Jea	an Ebenholtz					
	ce President	8	0	•	0.	0.
	<u>nn Eberhardt</u>				^	
	rector	2	0	•	0.	0.
	lph Zitzler	6	0		0.	0.
	rector an Logue	0	0	•	υ.	0.
	retary	10	0		0.	0.
	ima Stewart	10		1	٠.	0.
	rector	6	0		0.	0.
	cry Johnson					
	esident	6	0	•	0.	0.
	Sullivan					
	rector	6	0		0.	0.
	<u>/id_Hathaway</u>	_			^	_
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	n Helzer	_	,		0	_
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BAA		TEEA0812L	10/12/15	!		Form 990-EZ (2015)
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33 Defends the organization imaging in any significant activity in Schedule 0. 34 We are any significant changes made to the organization of control to the manufacture of the organization and control to the organization field a Form 590-F1 for the year? If No.; provide an evaluatation in Schedule 0. 35 Detail the organization of the organization field a Form 590-F1 for the year? If No.; provide an evaluatation in Schedule 0. 35 Detail the organization undergo a liquidation, dissolution, termination, or significant disposition of net assasts during the year? If No.; provide an evaluatation in Schedule 0. 36 Detail the organization undergo a liquidation, dissolution, termination, or significant disposition of net assasts during the year? If No.; complete applicable parts of Schedule N. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. If STal. 38 a Detail the organization form, or make any locars to, any officer, director, fusice, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this schedule. It was any such loans made in a prior year and still outstanding at the end of the tax year covered by this schedule. 38 b DNA 39 b DNA 30 b DNA 39 b DNA 30 b DNA	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			X
34 X Sa Did the organization rane (per page in the companion of the compan			Yes	
a charge to the argunization's name. Otherwise, explain the change an Standarde (or presentation). 3		33		X
33a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others). bit "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No." provide an explanation in Schedule 0 c. Was the organization of 501(c)(4), 501(c)(50), or 501(c)(6) (50), or 501(c)(6), or 501(c)(6) (50), or 501(c)(6), or 501(34		y
b If Yes, 10 line 35a, has the organization filed a Form 990. Thor the year? If No., provide an explanation in Schedule 0. C Was the organization as Schedule of Schedule 0. The property of		•		- 71
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6035(c) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Spedule C, Part III. 35 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	· · · · · · · · · · · · · · · · · · ·	35 a		
reporting, and proxy tax requirements during the year? If Yes, complete Schedule 0, Part III		35 b	Χ	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year if "Fe's, complete explicable parts of Schedule N	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C. Part III.	35 c		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37 b				
b Did the organization file Form 1120-POL for this year? 38 a Did the organization form from, or make any loans to, any officer, director, fusitee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 a		36		Χ
38a Did the organization borrow from, or make any loans to, any officer, director, fusitee, or key employee or were any such loans made in a prior year and stell outstanding at the end of the tax year covered by this return? 39 Section 501(c)(7) organizations. Enter: 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 30 Initiation fees and capital contributions included on line 9. 31 Initiation fees and capital contributions included on li		27.1		37
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as Section 501(c)(2) organizations. Enter: a initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39 a N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 b C); section 4912 b C); section 4955 b C). b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-EZ? If 'I'ves,' complete Schedule L. Part I. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 b C). d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization amanagers or disqualified persons during the year under sections 4912, 4955, and 4958 b C). d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Schedules are in care of both size in ca	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
39 Section 501(c)(7) organizations. Enfer: a initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39 b N/A 40 a Section 501(c)(3) organizations. Enfer amount of tax imposed on the organization during the year under: section 4911 \(^{1}\) 0, section 4912 \(^{1}\) 0, section 4915 \(^{1}\) 0, section 4915 \(^{1}\) 0, b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction of the property of the organization of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on time 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes', complete Form 8886-T. 20 e X 42a The organizations books are in care of \(^{1}\) Bob Free Located at \(^{1}\) P, O, Box 220 Lincoln CA 21b A any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: \(^{1}\) Yes, enter the name of the foreign country: \(^{1}\) Yes, enter the name of the foreign country: \(^{1}\) Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 – Check here and of Form 990-EZ in the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ in lieu of Form 1041 – Check here and of Form 990-EZ in lieu of Form 1041 – Check here and of Form 990-EZ in lieu of Form 1041 – Check here and of Form 990-EZ in lieu of Form 1041 – Check here	b If 'Yes,' complete Schedule L, Part II and enter the total			
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If 'Yes,' enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44 a Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 44 a X 5 Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 5 Did the organization receive any payments for indoor tanning services during the year? 44 c X 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes.'		42 c		Χ
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d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990 F7			
## If 'No,' provide an explanation in Schedule O	instead of Form 990-EZ	44 c. l		41
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes.'	instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	44 c		
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
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Page 4

Form **990-EZ** (2015)

f Total number of other employees paid over \$100,000							Yes	No
Section 501 (C/X) organizations only						16		v
All section \$01(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI. 27 28 Did the organization engage in lobbying activities or have a section \$50(t) election in effect during the tax year? If "Yes," and the organization as school as described in section \$170(t)(1/4)(t)? If "Yes," complete Schedule C, Part II. 48 Is the organization as school as described in section \$270(c)(1/4)(t)? If "Yes," complete Schedule E. 48 Is X 49 Is Wes, "Was the related organization as except non-charitable related organization." (49 a) II. Is Yes," was the related organization should be inhibed compensated employees (other than officers, directors, fusices and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None. (a) None and site of each engloyee paid over \$100,000. (b) None and site of each engloyee paid over \$100,000. (c) Part III. (d) Part III. (e) Part III. (d) Type of service (e) Exercise corganization (d) Type of service (e) Compensation (e) Compensation from the organization for the organization organization for the organization for the organization for the organization for the organization organization for the organization for the organization organization for the organization organization for the organiza		<u> </u>				40		Λ
For lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI. Did the organization sendage in lobbying activities or have a section 50(tit) election in effect during the tax year? If Yes, it is the organization and shool as described in section 170(b)(1)(A)(b)? If Yes, complete Schedule E. 48 Is the organization make any transfers to an exempt non-charitable related organization? 49 a Did the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization, if there is note, enter None. (a) Name and title of each employees paid over \$100,000 of compensation from the organization, if there is note, enter None. (b) Name and title of each employees paid over \$100,000 of the third organization of the properties of the organization of the properties of the organization ormplete Schedule A? Note: All section 50 (c)(3) organizations must attach a completed Schedule A? Note: All section 50 (c)(3) organizations must attach a completed Schedule A? Note: All section 50 (c)(3) organizations must attach a completed Schedule A? Note: All section 50 (c)(3) organizations must attach a completed Schedule A? Note: All section 50 (c)(3) organizations must attach a completed Schedule A? Note: All section 50 (c)(3) organi	I alt VI			guestions 47-49b ar	nd 52, and complet	te the tab	les	
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes, Yos No		for lines 50 and 51.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
tomplete Schedule C, Part B. d Total number of other employee paid over \$100,000 \		Check if the organization used Schedule	e O to respond to any o	question in this Part VI				
Complete Schedule C, Part II. 47	47 Did +	the examination engage in labbuing estiviti	ion or house a costion E	01/h) alastian in affact d	uring the toy year? If IV	/aa !	Yes	No
48 is the organization as school as described in section 1700(x)(1/A)(0)? If Yes, complete Schedule E								Х
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization from the organization. If there is none, enter 'None.' (a) Name and the of each enclove (b) Average hours provided whether the organization is the product of the organization. If there is none, enter 'None.' (c) Average hours provided whether the organization is the organization. If there is none, enter 'None.' (d) Name and the of each enclove (e) Average hours provided whether the organization of the organization of the organization. If there is none, enter 'None.' (f) Estimates amount of other employees paid over \$100,000	48 Is the	e organization a school as described in se	ction 170(b)(1)(A)(ii)?	If 'Yes,' complete Sched	ule E	48		
So Complete this table for the organization's five highest compensated employees (other than officers, directors, frustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and title of each employee paid over \$100,000	49 a Did t	the organization make any transfers to an	exempt non-charitable	related organization?		49 a		Х
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(a) Name and title of each employee (b) Average fours, per year dependent Comparisation (c) Reportable compensation (d) Reportable Compensation (e) Reportable Compensation (e) Estimated amount of contractors each receiving www.2/1099-MISC.) (e) Estimated amount of contractors each receiving www.2/1099-MISC.) (f) Total number of other employees paid over \$100,000	50 Com	plete this table for the organization's five	highest compensated e	mployees (other than of	ficers, directors, trustee f there is none, enter 'N	es and key		
(a) Name and title of each employee Composition	СПР	- The cach received more than \$100		Troffi the organization. I	I	10110.		
## Total number of other employees paid over \$100,000		(a) Name and title of each employee	per week devoted	(c) Reportable compensation	contributions to employee	(e) Estimate	d amou	nt of
f Total number of other employees paid over \$100,000			to position	(1 011113 W-2/1033-W100)		Other com	perisati	511
f Total number of other employees paid over \$100,000 > 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None. (a) Name and business address of each independent contractor None d Total number of other independent contractors (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000	None							
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A Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A possible of prepury. Idealor that I have examined this return, including accompanying schedulesand statements, and to the best of my knowledge and belief, it is rure, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is signature of officer Bob Free Type or print name and title Print/Type preparer's name Jensen, CPA Jennifer M. Jensen, CPA Jennifer M. Jensen, CPA Jennifer M. Jensen, CPA Firm's name > Jensen Smith Certified Public Accountants, Inc. Firm's address > 661 5th St., Ste 101 PO Box 160 Firm's address > 160 5th St., Ste 101 PO Box 160 Firm's address > 161		· · · · · · · · · · · · · · · · · · ·		(b) Type	of service	(c) Comp	ensatio	n
d Total number of other independent contractors each receiving over \$100,000	Nono	(a) realise and business address of each independent of	STILL GEOT	(4) 1,500	0. 00. 1100	(0) 00		
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, I declare that I have examined this return, including accompanying schedulesand statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Bob Free Treasurer Treasurer Print/Type or print name and title Print/Type preparer's name Preparer's signature Jennifer M. Jensen, CPA Jennifer M. Jensen, CPA Jennifer M. Jensen, CPA Firm's name Jensen Smith Certified Public Accountants, Inc. Firm's address Firm's address At 72319412 Lincoln, CA 95648 Phone no. (916) 434–1662	None							
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, I declare that I have examined this return, including accompanying schedulesand statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Bob Free Treasurer Treasurer Print/Type or print name and title Print/Type preparer's name Preparer's signature Jennifer M. Jensen, CPA Jennifer M. Jensen, CPA Jennifer M. Jensen, CPA Firm's name Jensen Smith Certified Public Accountants, Inc. Firm's address Firm's address At 72319412 Lincoln, CA 95648 Phone no. (916) 434–1662								
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, I declare that I have examined this return, including accompanying schedulesand statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Bob Free Treasurer Treasurer Print/Type or print name and title Print/Type preparer's name Preparer's signature Jennifer M. Jensen, CPA Jennifer M. Jensen, CPA Jennifer M. Jensen, CPA Firm's name Jensen Smith Certified Public Accountants, Inc. Firm's address 661 5th St, Ste 101 PO Box 160 Lincoln, CA 95648 Phone no. (916) 434–1662								
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, I declare that I have examined this return, including accompanying schedulesand statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Bob Free Treasurer Treasurer Print/Type or print name and title Print/Type preparer's name Preparer's signature Jennifer M. Jensen, CPA Jennifer M. Jensen, CPA Jennifer M. Jensen, CPA Firm's name Jensen Smith Certified Public Accountants, Inc. Firm's address 661 5th St, Ste 101 PO Box 160 Lincoln, CA 95648 Phone no. (916) 434–1662								
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, I declare that I have examined this return, including accompanying schedulesand statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Bob Free Treasurer Treasurer Print/Type or print name and title Print/Type preparer's name Preparer's signature Jennifer M. Jensen, CPA Jennifer M. Jensen, CPA Jennifer M. Jensen, CPA Firm's name Jensen Smith Certified Public Accountants, Inc. Firm's address 661 5th St, Ste 101 PO Box 160 Lincoln, CA 95648 Phone no. (916) 434–1662								
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, I declare that I have examined this return, including accompanying schedulesand statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Bob Free Treasurer Treasurer Print/Type or print name and title Print/Type preparer's name Preparer's signature Jennifer M. Jensen, CPA Jennifer M. Jensen, CPA Jennifer M. Jensen, CPA Firm's name Jensen Smith Certified Public Accountants, Inc. Firm's address 661 5th St, Ste 101 PO Box 160 Lincoln, CA 95648 Phone no. (916) 434–1662								
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Under penalties of perjury, I declare that I have examined this return, including accompanying schedulesand statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Bob Free Treasurer Treasurer Print/Type or print name and title Print/Type preparer's name Preparer's signature Jennifer M. Jensen, CPA Jennifer M. Jensen, CPA Jennifer M. Jensen, CPA Firm's name Jensen Smith Certified Public Accountants, Inc. Firm's address 661 5th St, Ste 101 PO Box 160 Lincoln, CA 95648 Phone no. (916) 434–1662	d Total	I number of other independent contractors	each receiving over \$	100.000	•			
Completed Schedule A		'	.	•	ach a			
Sign Here Bob Free Type or print name and title Print/Type preparer's name Jennifer M. Jensen, CPA Firm's name ▶ Jensen Smith Certified Public Accountants, Inc. Firm's address ▶ Incoln, CA 95648 Pate Treasurer Treasurer Treasurer Firm's signature Date Check if self-employed Print Self Print S						. ► X Yes		No
Sign Here Bob Free Type or print name and title Print/Type preparer's name Jennifer M. Jensen, CPA Firm's name ▶ Jensen Smith Certified Public Accountants, Inc. Firm's address ▶ Incoln, CA 95648 Pate Treasurer Treasurer Treasurer Firm's signature Date Check if self-employed Print Self Print S	Under penaltie true, correct,	es of perjury, I declare that I have examined this return, incl and complete. Declaration of preparer (other than office	uding accompanying schedulesa er) is based on all information	and statements, and to the best of of which preparer has any know	my knowledge and belief, it is vledge.			
Bob Free Type or print name and title Print/Type preparer's name Jennifer M. Jensen, CPA Firm's name ▶ Jensen Smith Certified Public Accountants, Inc. Firm's address ▶ 661 5th St, Ste 101 PO Box 160 Lincoln, CA 95648 Treasurer Treasurer Freasurer Check if self-employed PO0544955 PO0544955 Firm's EIN ▶ 472319412 Phone no. (916) 434-1662								
Here Bob Free Type or print name and title Print/Type preparer's name Jennifer M. Jensen, CPA Firm's name ► Firm's address ► Firm's address ► Firm's address ► Lincoln, CA 95648 Treasurer Treasurer Treasurer Date Check if self-employed self-employed self-employed self-employed Print's EIN Firm's	Sign	Signature of officer			Date			
Print/Type preparer's name Jennifer M. Jensen, CPA Jennifer M. Jensen, CPA Jennifer M. Jensen, CPA Firm's name ► Jensen Smith Certified Public Accountants, Inc. Firm's address ► 661 5th St, Ste 101 PO Box 160 Lincoln, CA 95648 Preparer's signature Date Check ☐ if self-employed self-e	Here				Treasurer			
Paid Preparer Use Only Jennifer M. Jensen, CPA P00544955 Jensen Smith Certified Public Accountants, Inc.		, ,	In the state of th	15.		NTIN I		
Preparer Use Only Firm's address Jensen Smith Certified Public Accountants, Inc. 661 5th St, Ste 101 PO Box 160 Lincoln, CA 95648 Phone no. (916) 434-1662					Check L if			
Use Only Firm's address ► 661 5th St, Ste 101 PO Box 160 Firm's EIN ► 472319412 Lincoln, CA 95648 Phone no. (916) 434-1662	Paid	 			self-employed P	00544955		
Lincoln, CA 95648 Phone no. (916) 434-1662		-		tants, Inc.	Firm's FIN ▶	17721011)	
(510) 161 1602	OSE UIIIY	002 0011 207 200 101	LO DOX TOD					
	May the IR		own above? See instru	ctions	(31)			No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

Lincoln Hills Foundation					68-0488670	
Part I Reason for Public Char	ity Status (All orga	anizations must co	nplete	this pa	art.) See instruction	ns.
The organization is not a private found	ation because it is: (F	or lines 1 through 11, c	heck on	ly one b	ox.)	
1 A church, convention of church	ches, or association of	of churches described in	section	170(b)(1)(A)(i).	
2 A school described in section	n 170(b)(1)(A)(ii). (Atta	ach Schedule E (Form 9	90 or 99	0-EZ).)		
3 A hospital or a cooperative h	ospital service organiz	zation described in sect	ion 1 <mark>70</mark> (b)(1)(A)	(iii).	
4 A medical research organizat	tion operated in conju	nction with a hospital de	escribed	in secti	on 170(b)(1)(A)(iii). Ente	er the hospital's
name, city, and state:						
5 An organization operated for 170(b)(1)(A)(iv). (Complete F	the benefit of a collect Part II.)	ge or university owned	or opera	ted by a	governmental unit desc	cribed in section
A federal, state, or local gove		ntal unit described in se	ction 17	0(b)(1)(A)(v).	
7 X An organization that normally in section 170(b)(1)(A)(vi). (0	/ receives a substantia Complete Part II.)	al part of its support fro	m a gov	ernment	al unit or from the gene	eral public described
8 A community trust described	in section 170(b)(1)(A	A)(vi). (Complete Part II.)			
9 An organization that normally from activities related to its e investment income and unrel June 30, 1975. See section 5	exempt functions – sul lated business taxable	bject to certain exception in the income (less section 5	ons, and	(2) no r	nore than 33-1/3% of its	s support from gross
10 An organization organized ar	nd operated exclusivel	y to test for public safe	ty.See s	section !	509(a)(4).	
11 An organization organized ar or more publicly supported or lines 11a through 11d that de	rganizations described	in section 509(a)(1) or	section	509(a)(2	2). See section 509(a)(3	
a Type I. A supporting organization(s) the power to complete Part IV, Sections A	regularly appoint or el	rised, or controlled by it lect a majority of the di	s suppor rectors o	ted orga r trustea	anization(s), typically by es of the supporting orga	giving the supported anization. You must
b Type II. A supporting organize management of the supporting must complete Part IV, Section Type III functionally integrate	ng organization vested ons A and C. ed. A supporting organ	d in the same persons to	nat conti	rol or ma	anage the supported org	ganization(s). You
organization(s) (see instruction	ons). You must compl	lete Part IV, Sections A	D, and	E.	a randiditanj integrated	a man, no capportou
d Type III non-functionally interfunctionally integrated. The oinstructions). You must comp	rganization generally	must satisfy a distributi	connec on requi	tion with rement	n its supported organiza and an attentiveness re	tion(s) that is not quirement (see
e Check this box if the organization integrated, or Type III non-ful	ation received a writte	n determination from th	e IRS th	at it is a	a Type I, Type II, Type I	II functionally
f Enter the number of supported of						
g Provide the following information	n about the supported	organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	organizat in your g	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						
BAA For Paperwork Reduction Act No	tice, see the Instructi	ons for Form 990 or 99	0-EZ.		Schedule A (Forr	m 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Lincoln Hills Foundation 68-0488670

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.)

Sec	Section A. Public Support							
begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	49,319.	35,354.	67,304.	136,978.	64,222.	353,177.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1	49,319.	35,354.	67,304.	136,978.	64,222.	353,177.	
6	that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5						0.	
	from line 4						353,177.	
	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
7	Amounts from line 4	49,319.	35,354.	67,304.	136,978.	64,222.	353,177.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,346.	2,409.	2,953.	2,466.	6,533.	19,707.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,	,			0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
11	Total support. Add lines 7 through 10						372,884.	
12	Gross receipts from related activi	ities, etc. (see inst	tructions)			12	0.	
13	First five years. If the Form 990 i organization, check this box and	s for the organizat	tion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □	
Sec	tion C. Computation of Pu	blic Support F	Percentage	44 1 (0)		1 1		
	Public support percentage for 20 Public support percentage from 2	•	``				94.71 % 94.80 %	
	33-1/3% support test – 2015. If t	he organization di	d not check the bo	ox on line 13, and	l line 14 is 33-1/39	% or more, check	this box	
and stop here. The organization qualifies as a publicly supported organization								
17 a	10%-facts-and-circumstances tes or more, and if the organization the organization meets the 'facts	meets the 'facts-ar	nd-circumstances'	test, check this b	oox and stop here.	. Explain in Part V	'l how	
	10%-facts-and-circumstances tes or more, and if the organization reorganization meets the 'facts-and	meets the 'facts-ar d-circumstances' to	nd-circumstances' est. The organizat	test, check this b ion qualifies as a	oox and stop here publicly supported	. Explain in Part V d organization	'I how the ►	
18	Private foundation. If the organiz	ation did not chec	k a box on line 13	, 16a, 16b, 17a, d	or 17b, check this	box and see instr	uctions	

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

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

Sec	tion A. Public Support	Section A. Public Support							
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')								
2	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.								
3	Gross receipts from activities that are not an unrelated trade or business under section 513.								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
	Total. Add lines 1 through 5								
t	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								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Sec	tion B. Total Support								
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
9	Amounts from line 6								
t	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.								
11	: Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).								
	Total support. (Add lines 9, 10c, 11, and 12.)								
	First five years. If the Form 990 i organization, check this box and	stop here							
	tion C. Computation of Pu					1			
	Public support percentage for 20	•	•				%		
	Public support percentage from 2					16	90		
	tion D. Computation of Inv					<u> </u>			
	Investment income percentage for	•	• •	-			0/0		
	Investment income percentage fr						%		
	19 a 33-1/3% support tests — 2015. 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 — 2014. 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	11 3 3		V	NI.
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe		Yes	No
	the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	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)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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	4b		
	c 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)? 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	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	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? If 'Yes,' provide detail in Part VI	6		
7	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? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9	a 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))? If 'Yes,' provide detail in Part VI .	9a		
	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>	9b		
	c 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? If 'Yes,' provide detail in Part VI	9с		
10	a 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>	10a		
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pai	t IV	Supporting Organizations (continued)	1		
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11 c		<u> </u>
Sec	tion E	3. Type I Supporting Organizations		- 1	
1	Did #	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
'	or ele Part V If the direct	the directors, it disteres, or inheriteriship of one of more supported organizations have the power to regularly appoint of the organization's directors or trustees at all times during the tax year? If 'No,' describe in organization organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, seed to such powers during the tax year.	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the			
<u></u>		orting organization	2		<u> </u>
Sec	tion C	C. Type II Supporting Organizations		Voc	No
				Yes	No
	of ead	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion D	D. All Type III Supporting Organizations			
				Yes	No
1	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the hization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how rganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice all tin in this	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec	tion E	E. Type III Functionally-Integrated Supporting Organizations			
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructic	ons):		
á		he organization satisfied the Activities Test. Complete line 2 below.			
ŀ	旹	he organization is the parent of each of its supported organizations. Complete line 3 below.			
		he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structio	ons).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
ā	suppo orgar respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was ensive to those supported organizations, and how the organization determined that these activities constituted cantially all of its activities.	2a		
	SUDST	antially all of its activities	Za		
ŀ	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the	21-		
	organ	ization's involvement	2b		
3		nt of Supported Organizations. Answer (a) and (b) below.			
ā		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
ŀ	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

	ctionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organ other Type III non-funct	nization satisfied the Integral Part Test as a qualifying tru tionally integrated supporting organizations must comple	st on Nov te Section	ember 20, 1970. See i i is A through E.	nstructions. All
Section A — Adjusted Net Inc	come		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain.		. 1		
2 Recoveries of prior-year dis	stributions	. 2		
3 Other gross income (see in:	structions)	. 3		
4 Add lines 1 through 3		. 4		
5 Depreciation and depletion		. 5		
income or for management	ses paid or incurred for production or collection of gross, conservation, or maintenance of property held for instructions).	. 6		
7 Other expenses (see instruc	ctions)	. 7		
8 Adjusted Net Income (subtr	ract lines 5, 6 and 7 from line 4)	. 8		
Section B — Minimum Asset	Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value tax year or assets held for particle.	e of all non-exempt-use assets (see instructions for short part of year):	t		
a Average monthly value of s	ecurities	. 1a		
b Average monthly cash bala	nces	. 1b		
c Fair market value of other r	non-exempt-use assets	. 1c		
d Total (add lines 1a, 1b, and	d 1c)	. 1d		
e Discount claimed for blocka factors (explain in detail in				
2 Acquisition indebtedness ap	pplicable to non-exempt-use assets	. 2		
3 Subtract line 2 from line 1d		. 3		
	npt use. Enter 1-1/2% of line 3 (for greater amount,	. 4		
5 Net value of non-exempt-us	se assets (subtract line 4 from line 3)	. 5		
6 Multiply line 5 by .035		. 6		
7 Recoveries of prior-year dis	stributions	. 7		
8 Minimum Asset Amount (a	dd line 7 to line 6)	. 8		
Section C — Distributable	Amount			Current Year
	or year (from Section A, line 8, Column A)			
	prior year (from Section B, line 8, Column A)			
4 Enter greater of line 2 or line	ne 3			
· · · · · · · · · · · · · · · · · · ·	r year	. 5		
	tract line 5 from line 4, unless subject to emergency nstructions)	. 6		
7 Check here if the currer (see instructions).	nt year is the organization's first as a non-functionally-in	tegrated T		
BAA			Schedule A (Fo	orm 990 or 990-EZ) 201

Schedule **A** (Form 990 or 990-EZ) 2015

ı aı	t v Type III Non-1 unctionally integrated 303(a)(3) Support	orting Organizatio	iis (continueu)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses		
2	Amounts paid to perform activity that directly furthers exempt purpos in excess of income from activity	es of supported organ	izations,	
3	Administrative expenses paid to accomplish exempt purposes of supp			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organiz in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
C				
	From 2013			
- 6	From 2014			
1	f Total of lines 3a through e			
<u>c</u>	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
- 0	Excess from 2013			
C	Excess from 2014			
•	Excess from 2015			

BAA

Schedule **A** (Form 990 or 990-EZ) 2015

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

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

Department of the Treasury Internal Revenue Service Name of the organization

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Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Employer identification number

Lincoln Hills Foundation		68-0488670
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a p	rivate foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a privar	te foundation
	501(c)(3) taxable private foundation	.o roundation
Check if your organization is covered by the Ger	neral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) organ	nization can check boxes for both the General Rule and a Spe	ecial Rule. See instructions.
General Rule		
	or 990-PF that received, during the year, contributions totali	ng \$5,000 or more (in money or
property) from any one contributor. Complete	e Parts I and II. See instructions for determining a contributo	r's total contributions.
Special Rules		
X For an organization described in section 501	(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% suppor	t test of the regulations
received from any one contributor, during the), thát checked Schedule A (Form 990 or 990-EZ), Part II, lin e year, total contributions of the greater of (1) \$5,000 or (2) 2	e 13, 16a, or 16b, and that 2% of the amount on (i)
Form 990, Part VIII, line 1h, or (ii) Form 990	-EZ, line 1. Complete Parts I and II.	V
Der en ergenization described in section E01	(a)(7) (9) or (10) filing Form 000 or 000 E7 that received fro	m any ana contributor
during the year, total contributions of more t	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro han \$1,000 <i>exclusively</i> for religious, charitable, scientific, lite	rary, or educational
purposes, or for the prevention of cruelty to	children or animals. Complete Parts I, II, and III.	
For an organization described in section 501	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro religious, charitable, etc., purposes, but no such contribution	m any one contributor,
5	e total contributions that were received during the year for an	
charitable, etc., purpose. Do not complete a	ny of the parts unless the General Rule applies to this organi	ization because
it received nonexclusively religious, charitable	e, etc., contributions totaling \$5,000 or more during the year	▶ ♀
Ocation An approximation that is not	the Oscard Duke and/anthe Oscard Duke de 181 O.	dula D (Farma 000, 000 F7
	the General Rule and/or the Special Rules does not file Sche 2, of its Form 990; or check the box on line H of its Form 99	
Part I, line 2, to certify that it does not meet the	filing requirements of Schedule B (Form 990, 990-EZ, or 990	i-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page

1 of

1 of Part I

Lincoln Hills Foundation

Employer identification number

68-0488670

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional spa	ace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>9,676.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

Lincoln Hills Foundation

Name of organization

Employer identification number

68-0488670

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	ace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No	/b)	(6)	(d)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		9	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u> </u>	-	
		\$	
P A A	Cal	adula B (Farm 991 991 F	7 AH OOD DE\ (2011

of Part III

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)	Page	1	to	1	of Part
Name of organization Lincoln Hills Foundation			oyer ide -048	ntification 3670	number
Part III Exclusively religious, charitable, etc., contributions to organizations de					(8),

contrib	owing line entry. For organizations co utions of \$1,000 or less for the year. (i plicate copies of Part III if additional s	Enter this information once. See ins	
(a) lo. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			
		(e) Transfer of gift	
	Transferee's name, addres	Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e)	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) . from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) . from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
			Relationship of transferor to transferee

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

68-0488670 Lincoln Hills Foundation **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?..... Yes b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser or entity (fundraiser) from activity (or retained by) (or retained by) have custody or control of contributions? fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total . List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule ${f G}$ (Form 990 or 990-EZ) 2015 Lincoln Hills Foundation Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) None through column (c) (event type) (event type) (total number) REVENUE 1 Gross receipts..... 2 Less: Contributions..... **3** Gross income (line 1 minus line 2)..... R E C T EXPENSES Net income summary. Subtract line 10 from line 3, column (d)..... Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (c) Other gaming (a) Bingo (add column (a) through column (c)) REVENUE bingo/progressive bingo Gross revenue..... 29,162. 3,427 32,589. 3,103. 3,103. D X P E N C S T S 11,189. 11,189. 5,252 5,252. X Yes 100 [%] X Yes 100 % Yes 0 % X No No No 19,544. 8 Net gaming income summary. Subtract line 7 from line 1, column (d)...................................▶ 13,045. 9 Enter the state(s) in which the organization conducts gaming activities: CA a Is the organization licensed to conduct gaming activities in each of these states?..... **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?..... **b** If 'Yes,' explain:

OCITO	edule G (Form 990 or 990-EZ) 2015 Lincoln Hills Foundation	68-04886	70	Page 3
11	Does the organization conduct gaming activities with nonmembers?		X Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity fo administer charitable gaming?		Yes	X No
13	Indicate the percentage of gaming activity conducted in:			
а	a The organization's facility	13 a		%
	An outside facility			100.0%
14	Enter the name and address of the person who prepares the organization's gaming/special events books an	d records:		
	Name ► Bob Free			
	Address ► P.O. Box 220, Lincoln, CA 95648		. – – – -	
b	a Does the organization have a contract with a third party from whom the organization receives gaming revenue of If 'Yes,' enter the amount of gaming revenue received by the organization	ue? the amount	Yes	X No
	Name •			
	Address •			
16	Gaming manager information:			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to restate gaming license?		Yes	XNo
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	spent in the		
Day	organization's own exempt activities during the tax year • \$	مماريسم ر	(iii) an	4 () ,
rar	Supplemental Information. Provide the explanations required by Part I, line 2b, and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information (see instructions).	any additi	onal	u (v),

SCHEDULE O (Form 990 or 990-EZ)

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.

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Lincoln Hills Foundation

Employer identification number

Lincoln Hills Foundation	6	8-0488670	
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid In Exc	cess of \$5,000		
Class of Activity: Donee's Name: Donee's Address:	NON PROFIT Seniors First 11566 D Avenue Auburn CA 95603		
Relationship of Donee: Cash Amount Given:	None	\$	19,400.
Class of Activity: Donee's Name: Donee's Address:	NON PROFIT Del Oro Caregivers' Resource 8421 Auburn Blvd. Citrus Heights CA 95610		
Relationship of Donee: Cash Amount Given:	None	\$	15,000.
Class of Activity: Donee's Name: Donee's Address:	NON PROFIT Vine Life/Salt Mine 590 G Street Lincoln CA 95648		
Relationship of Donee: Cash Amount Given:	None	\$	12,000.
Form 990-EZ, Part I, Line 16 Other Expenses			
Bank Charges. CPR Consultant & printing cost. Direct mail. Fund Drives. Insurance. Lecture series. Membership dues. P.O. Box. Printing & Copying. Required State Fees-taxes. Resource Connectors.			512. 853. 3,178. 5,648. 614. 1,412. 5,290. 100. 591. 1,662. 88. 2,234. 639.
		Total \$	22,821.
Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund B	Balances		
Net Unrealized Gains and Losses	on Investments	**************************************	-18,473. -18,473.
Form 990-EZ, Part II, Line 24 Other Assets			
		inning	Ending
Prepaid Expenses and Deferred Ch	narges \$ Total \$	3,752. 3,752. \$	0. 0.

Name of the organization

Lincoln Hills Foundation

Employer identification number 68-0488670

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

The purpose of Lincoln Hills Foundation is to receive donations and generate other funds in order to provide services and financial support to sponsor assistance programs primarily designed to meet, in a significant manner, the physical or social needs of the senior residents of Sun City Lincoln Hills and the surrounding community of Lincoln, California.

The mission of the Lincoln Hills Foundation is to promote and fund innovative solutions that will enable senior residents of the community of Lincoln to remain in their homes and enjoy their independent lifestyles.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the or	ganization,	during th	ne year,	receive any	funds, di	rectly or	
indirectly, to	pay premium	s on a per	sonal be	nefit contra	ct?		No
(b) Did the or	ganization,	during th	ne year,	pay premiums	, directl	y or	
indirectly, on	a personal 1	benefit co	ntract?				No

Exempt Organization Business Income Tax Return OMB No. 1545-0687 Form **990-T** (and proxy tax under section 6033(e)) For calendar year 2015 or other tax year beginning ► Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury Internal Revenue Service Open to Public Inspection for 501(c)(3) Organizations Only ► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if address changed Check box if name changed and see instructions. Employer identification number (Employees' trust, see instructions.) Lincoln Hills Foundation Print В Exempt under section P.O. Box 220 68-0488670 501(c)(_3) Lincoln, CA 95648 Type Unrelated business activity 408(e) 220(e) codes (See instructions.) 408A 530(a) 529(a) Book value of all assets at end of year F Group exemption number (See instructions.)▶ **G** Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust 439,811 Describe the organization's primary unrelated business activity. H During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If 'Yes,' enter the name and identifying number of the parent corporation. . . . The books are in care of ► Bob Free Telephone number► 916-645-5380 Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales. . . **b** Less returns and allowances. . . . 1 c 2 Cost of goods sold (Schedule A, line 7)..... 2 3 4a Capital gain net income (attach Schedule D)..... 4 a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). 4 b c Capital loss deduction for trusts..... Income (loss) from partnerships and S corporations 5 6 Rent income (Schedule C)..... 6 Unrelated debt-financed income (Schedule E)..... 7 7 8 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F). 9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) . . . 9 10 10 11 Advertising income (Schedule J)..... 11 Other income (See instructions; attach schedule) 12 3,427 See Statement 1 3,427 13 Total. Combine lines 3 through 12... 3,427. 3,427. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K)..... 14 Salaries and wages..... 15 15 Repairs and maintenance..... 16 17 17 Interest (attach schedule)..... 18 18 Taxes and licenses 19 19 20 20 Depreciation (attach Form 4562). 21 22 22 h 23 23 24 Contributions to deferred compensation plans..... 24 Employee benefit programs..... 25 25 26 Excess exempt expenses (Schedule I)..... 26 Excess readership costs (Schedule J). 27 27 28 28 3,103 Total deductions. Add lines 14 through 28..... 29 29 3,103. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13. 30 30 324. Net operating loss deduction (limited to the amount on line 30)..... 31 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30....... 32 324. 33 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)..... 000. 34 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32

Part III	Tax Computation				
35 Orga	nizations Taxable as Corporations. S	ee instructions for tax computa	ation.		
Cont	rolled group members (sections 1561	and 1563) check here ►	See instructions and:		
a Ente	r your share of the \$50,000, \$25,000,	and \$9,925,000 taxable incom	ne brackets (in that order)	:	
(1)	\$ (2) \$	(3) \$			
	r organization's share of: (1) Additiona				
(2) A	dditional 3% tax (not more than \$100,	000)	\$		
	me tax on the amount on line 34			▶ 35	5 c 0
36 Trus	ts Taxable at Trust Rates. See instruc				
on lir	ne 34 from: Tax rate schedule	or Schedule D (Form 1	1041)	5	6
37 Prox	ry tax. See instructions			▶ 37	7
	native minimum tax				3
39 Total	I. Add lines 37 and 38 to line 35c or 3	6, whichever applies			9 0
Part IV	Tax and Payments				
40 a Forei	ign tax credit (corporations attach For	m 1118; trusts attach Form 11	16) 40 a		
b Othe	r credits (see instructions)		40 b		
c Gene	eral business credit. Attach Form 3800	(see instructions)	40 c		
d Cred	it for prior year minimum tax (attach F	Form 8801 or 8827)	40 d		
e Tota	I credits. Add lines 40a through 40d			40	D e 0
41 Subt	ract line 40e from line 3 <u>9.</u>	<u></u> <u></u>	. <u></u>	41	1 0
42 Othe	r taxes. Check if from: Torm 4255	Form 8611 Form 8697	Form 8866		
	Other (attach schedule)				2
43 Total	I tax. Add lines 41 and 42			43	0
	ments: A 2014 overpayment credited to				
b 2015	estimated tax payments		44 b		
	deposited with Form 8868				
	ign organizations: Tax paid or withhel				
	sup withholding (see instructions)				
	lit for small employer health insurance	')		
		orm 2439			
			otal • 44 g		
45 Total	I payments. Add lines 44a through 44g]		45	5 0
46 Estin	nated tax penalty (see instructions). C	check if Form 2220 is attached.		▶ ☐ 46	6
47 Tax 0	due. If line 45 is less than the total of	lines 43 and 46, enter amount	owed	47	7
	payment. If line 45 is larger than the t	total of lines 43 and 46, enter	amount overpaid	▶ 48	3
48 Over	rpayment. If line 45 is larger than the truther the amount of line 48 you want: Cree			ı —	
48 Over 49 Ente	r the amount of line 48 you want: Cree	dited to 2016 estimated tax	•	Refunded ► 49	
48 Over 49 Ente	r the amount of line 48 you want: Cred Statements Regarding Certa	dited to 2016 estimated tax ain Activities and Other	Information (see inst	Refunded ► 49 tructions)	9
 48 Over 49 Ente Part V 1 At ar 	r the amount of line 48 you want: Cred Statements Regarding Certa ny time during the 2015 calendar year.	dited to 2016 estimated tax ain Activities and Other did the organization have an	Information (see institute in or a signature	Refunded > 49 tructions) or other authority	y over a Yes No
48 Over 49 Ente Part V 1 At ar finan	r the amount of line 48 you want: Cred Statements Regarding Certa ny time during the 2015 calendar year, ncial account (bank, securities, or other) in a	dited to 2016 estimated tax ain Activities and Other, did the organization have an foreign country? If YES, the	Information (see institute interest in or a signature organization may have to	Refunded 49 tructions) or other authority of file FinCEN Form	y over a Yes No
48 Over 49 Ente Part V 1 At ar finan Repo	Statements Regarding Certary time during the 2015 calendar year, acial account (bank, securities, or other) in a cort of Foreign Bank and Financial Account	dited to 2016 estimated tax ain Activities and Other, did the organization have an a foreign country? If YES, the bunts. If YES, enter the name	Information (see institute interest in or a signature organization may have to of the foreign country he	Refunded ► 49 tructions) or other authority ofile FinCEN Form re ►	y over a Yes No m 114, X
48 Over 49 Ente Part V 1 At ar finan Repo	r the amount of line 48 you want: Cree Statements Regarding Certary time during the 2015 calendar year, acial account (bank, securities, or other) in a cort of Foreign Bank and Financial According the tax year, did the organization results.	dited to 2016 estimated tax ain Activities and Other, did the organization have an a foreign country? If YES, the bunts. If YES, enter the name acceive a distribution from, or we	Information (see institute interest in or a signature organization may have to of the foreign country he was it the grantor of, or tr	Refunded ► 49 tructions) or other authority ofile FinCEN Form re ►	y over a Yes No m 114, X
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48 Over 49 Ente Part V 1 At ar finan Repo 2 Durir If YE 3 Ente Schedul	r the amount of line 48 you want: Cred Statements Regarding Certainy time during the 2015 calendar year, incial account (bank, securities, or other) in a cort of Foreign Bank and Financial Account the tax year, did the organization recess, see instructions for other forms the recent the amount of tax-exempt interest recent the A — Cost of Goods Sold.En	dited to 2016 estimated tax in Activities and Other did the organization have an a foreign country? If YES, the counts. If YES, enter the name eccive a distribution from, or we organization may have to file eccived or accrued during the	Information (see insinterest in or a signature organization may have to of the foreign country he was it the grantor of, or tree.	Refunded ► 49 tructions) or other authority of file FinCEN Form re ► ansferor to, a fore	y over a Yes No m 114, X
48 Over 49 Ente Part V 1 At ar finan Repo 2 Durir If YE 3 Ente Schedul	r the amount of line 48 you want: Cred Statements Regarding Certa ny time during the 2015 calendar year, icial account (bank, securities, or other) in a ort of Foreign Bank and Financial Account the tax year, did the organization recess, see instructions for other forms the r the amount of tax-exempt interest recess.	dited to 2016 estimated tax in Activities and Other did the organization have an a foreign country? If YES, the counts. If YES, enter the name eccive a distribution from, or we organization may have to file eccived or accrued during the	Information (see insinterest in or a signature organization may have to of the foreign country he was it the grantor of, or tree.	ructions) or other authority ofile FinCEN Forn re ansferor to, a fore	y over a Yes No 114, Xeign trust? X
48 Over 49 Ente Part V 1 At ar finan Report 2 Durir If YE 3 Ente Schedul 1 Inver	r the amount of line 48 you want: Cred Statements Regarding Certainy time during the 2015 calendar year, incial account (bank, securities, or other) in a cort of Foreign Bank and Financial Account the tax year, did the organization recess, see instructions for other forms the recent the amount of tax-exempt interest recent the A — Cost of Goods Sold.En	dited to 2016 estimated tax ain Activities and Other , did the organization have an a foreign country? If YES, the bunts. If YES, enter the name eccive a distribution from, or w e organization may have to file eccived or accrued during the ter method of inventory valuat	Information (see instituted interest in or a signature organization may have to of the foreign country he was it the grantor of, or tree. tax year ► \$ ion ► 6 Inventory at end of 7 Cost of goods sold	ructions) or other authority ofile FinCEN Forn re ansferor to, a fore 0. year	y over a Yes No 114, Xeign trust? X
48 Over 49 Ente Part V 1 At ar finan Report 2 Durir If YE 3 Ente Schedul 1 Inver 2 Purc	r the amount of line 48 you want: Cree Statements Regarding Certa ny time during the 2015 calendar year nicial account (bank, securities, or other) in a ort of Foreign Bank and Financial Account g the tax year, did the organization re ES, see instructions for other forms the r the amount of tax-exempt interest re le A — Cost of Goods Sold.En ntory at beginning of year	dited to 2016 estimated tax ain Activities and Other , did the organization have an a foreign country? If YES, the bunts. If YES, enter the name eccive a distribution from, or we organization may have to file eccived or accrued during the ter method of inventory valuat	Information (see instituted interest in or a signature organization may have to of the foreign country he was it the grantor of, or tree. tax year ► \$ Inventory at end of Cost of goods sold line 6 from line 5. E	Refunded 49 tructions) or other authority of file FinCEN Form re	y over a Yes No 114, Xeign trust? X
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48 Over 49 Ente Part V 1 At ar finan Report 2 Durin If YE 3 Ente Schedul 1 Inver 2 Purc 3 Cost 4 a Addition b Other	r the amount of line 48 you want: Cree Statements Regarding Certa ny time during the 2015 calendar year, ncial account (bank, securities, or other) in a port of Foreign Bank and Financial Account gethe tax year, did the organization re access, see instructions for other forms the r the amount of tax-exempt interest re le A — Cost of Goods Sold.En ntory at beginning of year. hases. of labor. onal section 263A costs (attach schedule)	dited to 2016 estimated tax ain Activities and Other did the organization have an aforeign country? If YES, the counts. If YES, enter the name eccive a distribution from, or we organization may have to file eccived or accrued during the ter method of inventory valuat 1 2 3 4a	Information (see instinterest in or a signature organization may have to of the foreign country he was it the grantor of, or tree. tax year ► \$ ion ► 6 Inventory at end of 7 Cost of goods sold line 6 from line 5. E and in Part I, line 2	Refunded 49 tructions) or other authority of file FinCEN Form re ansferor to, a fore 0. year	y over a Yes No 114, Xeign trust? X
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Schedule C — Rent Income	(From Real Prope	erty and Pers	sonal Pro	perty Leased	d With	Real Propert	y) (see ii	nstructions)	
1 Description of property									
(1)									
(2)									
(3)									
(4)	2 David and a fine of								
(a) From norcenal pr	2 Rent received		aal and na	raanal propart		3(a) Deduc	ctions di	rectly connected with	
(a) From personal pr (if the percentage of rent property is more than 10 more than 50%	for personal 0% but not	(if the perco	entage of a ceeds 50%	ersonal property rent for person 6 or if the rent or income)	al	the incor	ne in col (attach	lumns 2(a) and 2(b) schedule)	
(1)									
(2)									
(3)									
(4)	- -	1							
Total	Tot					(b) Total deduction	ons. Enter		
(c) Total income. Add totals of on the properties of the propertie	6, column (A)	<u></u>				here and on page I, line 6, column (I	I, Part	>	
Scriedule E — Offreialeu	Debt-Fillanceu	income (see	Instructio	oris)	3 Do	ductions direct	v conno	cted with or allocable to	
1 Description of de	ebt-financed property			income from able to debt-	3 00			l property	
			finance	ed property	depre	(a) Straight line epreciation (attach sch)		(b) Other deductions (attach schedule)	
(1)									
(2)									
(3)									
(4)	5 Average adjus	atad basis of	6.0	Column 4	<u> </u>	7 Gross income		8 Allocable deductions	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable to d property (attac	lebt-financed	div	vided by Slumn 5		ortable (column column 6)	2 x	(column 6 x total of columns 3(a) and 3(b))	
(1)				8					
(2)				્ર					
(3)				%					
(4)				%			1 -		
Totals								nter here and on page 1, Part I, line 7, column (B).	
Schedule F – Interest, A					d Or	nanizations		tructions)	
Jenedale i interest, A	minumes, noyan	Exempt Cont			u Oi	garnzations	(366 1113	iructions)	
1 Name of controlled organization	2 Employer identification number	3 Net unr income (see instru	elated (loss)	4 Total of sp payments r		5 Part of c that is included the continuorganization gross in	luded in rolling ition's	6 Deductions directly connected with income in column 5	
(1)									
(2)									
(3) (4)									
Nonexempt Controlled Organiza	ations								
, ,	8 Net unrelated	9 Total of	f specified	10 Part	of colu	mn 9 that is	11	Deductions directly	
7 Taxable Income	income (loss) (see instructions)	paymen	nts made	included	d in the	controlling gross income		nnected with income in column 10	
(1)									
(2)									
(3)									
				here and o		ind 10. Enter 1, Part I, line 1 (A).		olumns 6 and 11. Enter nd on page 1, Part I, line 8, column (B).	
Totals	<u> </u>	<u></u>		1					

Schedule G – Investment Inc	ome of a Section	n 501	(c)(7), (s	9), or (1 <mark>7) O</mark> rga	anization (see i	nstructi	ons)		
1 Description of income	of income 2 Amount of inco		ome 3 Deductions directly connected (attach schedule)		4 Set-aside	4 Set-asides (attach schedule)		5 Total deductions and set-asides (column 3 plus column 4)	
(1)									
(1) (2) (3)									
(3)									
(4)									
	Enter here and on Part I, line 9, colur						Part I, I	ere and on page 1, ine 9, column (B).	
Totals				A 1 1''	•				
Schedule I — Exploited Exem									
1 Description of exploited activity	2 Gross unrelated business income from trade or business	conne pro of u	ses directly ected with duction nrelated ess income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	attrib	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, column (A).	on p Part I	here and page 1, , line 10, mn (B).					Enter here and on page 1, Part II, line 26.	
Totals									
Schedule J — Advertising Inc									
Part I Income From Periodic					T			T	
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute col 5 through 7.	5 Circulation income		adership costs	7 Excess readership costs (col 6 minus co 5, but not more than col 4).	
(1)				, and the second					
(2)									
(4)									
Totals (carry to Part II, line (5)) Part II Income From Periodic		n a Se	parate	Basis (For each	periodical listed in	n Part II	I, fill in co	lumns 2 through	
7 on a line-by-line basis.)	•		·	La automaticio de circo de	I - a			T	
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7.	5 Circulation income		adership costs	7 Excess readership costs (col 6 minus co 5, but not more than col 4).	
(1)									
(2)									
(3)									
(4)									
Totals from Part I ►									
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A)	on p Part I	here and page 1, , line 11, mn (B).					Enter here and on page 1, Part II, line 27.	
Schedule K — Compensation	of Officers Dire	ectors	and T	rustees (see incl	tructions)				
1 Name	<u> </u>		, 4114 11	2 Title	3 Percent time devote to busines	ed		ation attributable ated business	
						% %			
						%			
						%			
Total. Enter here and on page 1, Part	II, line 14					. ▶			

2015	Federal Statements	Page 1
Client LHF	Lincoln Hills Foundation	68-0488670
Statement 1 Form 990-T, Part I, Line 12 Other Income Pop Up Gaming	\$ Total <u>\$</u>	3,427. 3,427.
Income Percent Limit	s\$ 0. 0. Allowed Charitable Contributions	0.
Statement 3 Form 990-T, Part II, Line 28 Other Deductions Popup cash prizes	<u>\$</u> Total <u>\$</u>	3,103. 3,103.

2015 California Exempt Organization Annual Information Return

FORM

199

		l year beginning (mm/c	dd/yyyy)		, (and ending ((mm/dd/	уууу)			
Corporation/Or	rganization name								С	alifornia corporation r	number
	N HILLS FO									2372745	
Additional info	rmation. See instructio	ns.								EIN	
Street address	(suite or room)									58-0488670 MB no.	
P.O. B	OX 220										
City	NT.						State			IP code 95648	
LINCOLI Foreign countr							CA Foreign pr	ovince/state/county		oreign postal code	
			=	X No X No	or	ganization enga	aged in pol	on 23701d, has the itical activities?		Yes	X No
	on 4947(a)(1) trust ormation Return?		Yes	X No						···· • 🗀	
• 🔲 D		Surrendered (Withdrawn)	• Merged/Re	eorganized	l If	'Yes.' enter the	aross rece			g? ●	X No
	counting method:							der R&TC Section			
1 X (al 3 Other 990-PF	3 ● Sc	h H (990)	an	d meets the fill	ing fee exc	eption, check box.		• <u>X</u>	
4 0th	her 990 series		_	<u> </u>		•		d Liability Compan	•	_	X No
G Is this a	group filing? See instr	uctions	• Yes	X No	ta	xable income?.		m 100 or Form 109		• X Yes	No
	ganization in a group o what is the parent's name	exemption?	· · · · Yes	X No				dit by the IRS or h			X No
					P Is	federal Form 1	023/1024	pending?		Yes	No
		changes to its guidelines	□ v _{**}	SZ Na	Da	ate filed with IR	'S				
		unless not required to		X No	aval la) and C			CACA1112L	12/31/15
Part I	· ·	s or receipts from othe							1	1 40	15/
		s or receipts from others and assessments from							2	4.0	3,154.
Receipts		ributions, gifts, grants,							3	64	1,222.
and Revenues		receipts for filing requ									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		ust be completed. If th					al Instruc	tion B •	4	112	2,376.
	5 Cost of god	ods sold				• 5					
	6 Cost or oth	er basis, and sales ex	penses of ass	ets sold		• 6					
	7 Total costs	. Add line 5 and line 6							7		
		income. Subtract line							8		2,376.
Expenses	· ·	nses and disbursement							9		9,864.
		receipts over expenses							10 11	12	2,512.
	11 Total paym	ents						•	12		
		balance. If line 11 is m							13		-
	1	lance. If line 12 is more							14		
Filing Fee		S10 or \$25. See Genera	,						15		
	3	and Interest. See Gene							16		
									17		
		Add line 12, line 15, and line								e and belief it is true	0.
Sign Here		ury, I declare that I have examir e. Declaration of preparer (oth		s based on Title	all inforr	nation of which		as any knowledge. Date		Telephone	
11010	Signature of officer			TREAS	JRER			Date		916-645-53	80 BO
	Preparer's ▶					Date		Check if self-	, 	PTIN	
Paid	signature JEN	NNIFER M. JENS	•					employed -		200544955	
Preparer's Use Only	Firm's name	JENSEN SMITH				ACCOUNT	CANTS	INC.		FEIN	
	(or yours, if self-employed) and address	661 5TH ST, S		РО ВО	X 16	50				172319412 Telephone	
	anu auuress	LINCOLN, CA	95648							(916) 434-1	662
	May the FTB di	scuss this return with t	he preparer st	nown abo	ve? S	ee instructio	ns. ,			X Yes	No
	1				_		•		-		_

LINCOLN HILLS FOUNDATION

Part II Organizations with gross receipts of more than \$50,000 and private foundations

2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe	4 5 6 7 8 9 10 11 12 s 13 14 15 16 17 18 ule L	Gross sales or receipts from all builderest	of assets (See insurces. Add line 1 throughounts paid. Attach schools, and trustees. A structions).	tructions). h line 7. Enter dule. ttach sched	SEE ST r here and on Side 1, SEE ST dule S SEE ST n Side 1, Part I, line 9	ATEMENT 1 Part I, line 1 ATEMENT 2 EE STMT 3 ATEMENT 4	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	xable year	3,821. 2,712. 41,621. 48,154. 49,750. 0. 50,114. 99,864.
Expenses and Disburse ments Schedu Assets 1 Cash 2 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mord 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Total	3 4 5 6 7 8 9 10 11 12 s 13 14 15 16 17 18 ule L	Interest	of assets (See insurces. Add line 1 throughounts paid. Attach schools, and trustees. A structions). Instructions). Ints. Attach schedule 9 through line 17. Enter Beginnir	tructions). h line 7. Enteredule. ttach sched	SEE ST. r here and on Side 1, SEE ST. dule S SEE ST. n Side 1, Part I, line 9 le year (b)	ATEMENT 1 Part I, line 1 ATEMENT 2 EE STMT 3 ATEMENT 4	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	xable year	2,712. 41,621. 48,154. 49,750. 0. 50,114. 99,864.
Expenses and Disburse ments Schedu Assets 1 Cash 2 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mord 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Total	3 4 5 6 7 8 9 10 11 12 s 13 14 15 16 17 18 ule L	Dividends Gross rents. Gross royalties. Gross amount received from sale Other income. Attach schedule. Total gross sales or receipts from other so Contributions, gifts, grants, and similar am Disbursements to or for members Compensation of officers, director Other salaries and wages. Interest Taxes. Rents. Depreciation and depletion (See in Other Expenses and Disbursement Total expenses and disbursements. Add lin Balance Sheet	of assets (See insurces. Add line 1 throughounts paid. Attach schools, and trustees. A structions)	tructions). th line 7. Enteredule. ttach sched e. er here and or	SEE ST r here and on Side 1, SEE ST dule S SEE ST n Side 1, Part I, line 9 le year (b)	ATEMENT 1 Part I, line 1 ATEMENT 2 EE STMT 3 ATEMENT 4	 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 	xable year	2,712. 41,621. 48,154. 49,750. 0. 50,114. 99,864.
Expenses and Disburse ments Schedu Assets 1 Cash 2 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mord 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Total	4 5 6 7 8 9 10 11 12 s 13 14 15 16 17 18 ule L	Gross rents. Gross royalties. Gross amount received from sale Other income. Attach schedule. Total gross sales or receipts from other so Contributions, gifts, grants, and similar am Disbursements to or for members Compensation of officers, director Other salaries and wages. Interest. Taxes. Rents. Depreciation and depletion (See in Other Expenses and Disbursement Total expenses and disbursements. Add lin Balance Sheet	of assets (See insurces. Add line 1 throughounts paid. Attach schools, and trustees. A structions)	tructions). Ih line 7. Enter In line 8. Enter In line 9. Enter	SEE ST r here and on Side 1, SEE ST dule S SEE ST n Side 1, Part I, line 9 le year (b)	ATEMENT 1 Part I, line 1 ATEMENT 2 EE STMT 3 ATEMENT 4	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	xable year	41,621. 48,154. 49,750. 0. 50,114. 99,864.
Expenses and Disburse ments Schedu Assets 1 Cast 2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Total	5 6 7 8 9 10 11 12 13 13 14 15 16 17 18 ule L	Gross royalties. Gross amount received from sale Other income. Attach schedule. Total gross sales or receipts from other so Contributions, gifts, grants, and similar am Disbursements to or for members Compensation of officers, director Other salaries and wages. Interest. Taxes. Rents. Depreciation and depletion (See in Other Expenses and Disbursement Total expenses and disbursements. Add lin Balance Sheet	of assets (See insurces. Add line 1 throughounts paid. Attach schemes, and trustees. A structions)	tructions) th line 7. Enter dule	SEE ST. r here and on Side 1, SEE ST. dule S SEE ST. n Side 1, Part I, line 9 le year (b)	ATEMENT 1 Part I, line 1 ATEMENT 2 EE STMT 3 ATEMENT 4	5 6 7 8 9 10 11 12 13 14 15 16 17	xable year	48,154. 49,750. 0. 50,114. 99,864.
Expenses and Disburse ments Schedu Assets 1 Cash 2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Total	6 7 8 9 10 11 12 s 13 14 15 16 17 18 ule L	Gross amount received from sale Other income. Attach schedule Total gross sales or receipts from other so Contributions, gifts, grants, and similar am Disbursements to or for members Compensation of officers, director Other salaries and wages Interest	of assets (See insurces. Add line 1 throughounts paid. Attach scheiners, and trustees. A structions)	tructions) th line 7. Enter dule	SEE ST r here and on Side 1, SEE ST dule S SEE ST n Side 1, Part I, line 9 le year (b)	ATEMENT 1 Part I, line 1 ATEMENT 2 EE STMT 3 ATEMENT 4	6 7 8 9 10 11 12 13 14 15 16 17	xable year	48,154. 49,750. 0. 50,114. 99,864.
Expenses and Disburse ments Schedu Assets 1 Cash 2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Total	7 8 9 10 11 12 s 13 14 15 16 17 18 ule L	Other income. Attach schedule Total gross sales or receipts from other so Contributions, gifts, grants, and similar am Disbursements to or for members Compensation of officers, director Other salaries and wages Interest	urces. Add line 1 throughounts paid. Attach scheins, and trustees. A structions)	h line 7. Enter dule	SEE ST. r here and on Side 1, SEE ST. dule S SEE ST. n Side 1, Part I, line 9 le year (b)	ATEMENT 1 Part I, line 1 ATEMENT 2 EE STMT 3 ATEMENT 4	7 8 9 10 11 12 13 14 15 16 17	xable year	48,154. 49,750. 0. 50,114. 99,864.
Schedu Assets 1 Cast 2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Total	8 9 10 11 12 s 13 14 15 16 17 18 ule L	Total gross sales or receipts from other so Contributions, gifts, grants, and similar am Disbursements to or for members Compensation of officers, director Other salaries and wages. Interest	urces. Add line 1 throughounts paid. Attach schools, rs, and trustees. A structions). Instructions). Ints. Attach scheduline 9 through line 17. Enter Beginnir	th line 7. Enter edule	r here and on Side 1, SEE ST. dule S SEE ST n Side 1, Part I, line 9 le year (b)	Part I, line 1 ATEMENT 2 EE STMT 3 ATEMENT 4	8 9 10 11 12 13 14 15 16 17	xable year	48,154. 49,750. 0. 50,114. 99,864.
Schedu Assets 1 Cast 2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Total	9 10 11 12 s 13 14 15 16 17 18 ule L h accounts notes recentories eral and s	Contributions, gifts, grants, and similar am Disbursements to or for members Compensation of officers, director Other salaries and wages	nounts paid. Attach schools, rs, and trustees. A nstructions). nstructions). nts. Attach schedul	edule	SEE ST. dule S SEE ST n Side 1, Part I, line 9 le year (b)	ATEMENT 2 EE STMT 3 ATEMENT 4	9 10 11 12 13 14 15 16 17	xable year	49,750. 0. 50,114. 99,864.
Schedu Assets 1 Cast 2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Total	10 11 12 s 13 e- 14 15 16 17 18 ule L	Disbursements to or for members Compensation of officers, director Other salaries and wages Interest	nstructions) nts. Attach schedul Beginnir	ttach sched	SEE ST n Side 1, Part I, line 9 le year (b)	EE STMT 3	 10 11 12 13 14 15 16 17 18 	xable year	50,114. 99,864.
Schedu Assets 1 Cast 2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Total	11 12 13 14 15 16 17 18 ule L	Disbursements to or for members Compensation of officers, director Other salaries and wages Interest	nstructions) nts. Attach schedul Beginnir	ttach sched	SEE ST n Side 1, Part I, line 9 le year (b)	EE STMT 3	 10 11 12 13 14 15 16 17 18 	xable year	50,114. 99,864.
Schedu Assets 1 Cast 2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Total	s 12 13 14 15 16 17 18 ule L	Compensation of officers, director Other salaries and wages Interest	nstructions)	ttach sched	SEE ST n Side 1, Part I, line 9 le year (b)	EE STMT 3	• 11 • 12 • 13 • 14 • 15 • 16 • 17	xable year	50,114. 99,864.
Schedu Assets 1 Cast 2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Total	s 12 13 14 15 16 17 18 ule L	Other salaries and wages	nstructions) nts. Attach schedul ne 9 through line 17. Ent Beginni r	e. er here and or	SEE ST. n Side 1, Part I, line 9 le year (b)	ATEMENT 4	 12 13 14 15 16 17 18 	xable year	50,114. 99,864.
Schedu Assets 1 Cast 2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Total	13 14 15 16 17 18 ule L	Interest	nstructions)	e er here and or	SEE ST n Side 1, Part I, line 9 le year (b)	ATEMENT 4	13 14 15 16 17 18	xable year	99,864.
Schedu Assets 1 Cast 2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Total	14 15 16 17 18 ule L h accounts notes recontories eral and s	Taxes. Rents. Depreciation and depletion (See in Other Expenses and Disbursement Total expenses and disbursements. Add line Balance Sheet receivable.	nstructions) nts. Attach schedul ne 9 through line 17. Ent Beginnir	eer here and or	SEE ST n Side 1, Part I, line 9 le year (b)	ATEMENT 4	• 14 • 15 • 16 • 17 18	xable year	99,864.
Schedu	15 16 17 18 ule L h accounts notes recentories eral and s	Rents Depreciation and depletion (See in Other Expenses and Disbursement Total expenses and disbursements. Add line Balance Sheet receivable	nstructions) nts. Attach schedul ne 9 through line 17. Ent Beginnir	eer here and or	SEE ST n Side 1, Part I, line 9 le year (b)	ATEMENT 4	• 15 • 16 • 17 18	xable year	99,864.
Schedu Assets 1 Cash 2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Total	16 17 18 ule L h accounts notes recentories eral and s	Depreciation and depletion (See in Other Expenses and Disbursemer Total expenses and disbursements. Add line Balance Sheet receivable	nstructions) nts. Attach schedul ne 9 through line 17. Ent Beginnir	ee. er here and or	SEE ST n Side 1, Part I, line 9 le year (b)	ATEMENT 4	• 16 • 17 18	xable year	99,864.
Assets 1 Cash 2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depu b Less 11 Land 12 Othe 13 Total	17 18 ule L n accounts notes recentories eral and s	Other Expenses and Disbursemer Total expenses and disbursements. Add lin Balance Sheet receivable	nts. Attach schedul ne 9 through line 17. Ent Beginnir	eer here and or	SEE ST n Side 1, Part I, line 9 le year (b)	ATEMENT 4	• 17 18	xable year	99,864.
Assets 1 Cash 2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depu b Less 11 Land 12 Othe 13 Total	h accounts notes recentories eral and s	Total expenses and disbursements. Add lin Balance Sheet receivable	ne 9 through line 17. Ent Beginni r	er here and or	n Side 1, Part I, line 9 le year (b)		18	xable year	99,864.
Assets 1 Cash 2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depu b Less 11 Land 12 Othe 13 Total	notes recentories	Balance Sheet receivable	Beginnir		le year (b)			xable year	99,864.
Assets 1 Cash 2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depu b Less 11 Land 12 Othe 13 Total	h accounts notes recentories eral and s	Balance Sheet receivable	Beginnir		le year (b)				
Assets 1 Cash 2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depu b Less 11 Land 12 Othe 13 Total	h accounts notes recentories eral and s	receivable			(b)				(4)
1 Cash 2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Tota	accounts notes rec intories eral and s	receivable			· '				(u)
2 Net 3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Tota	accounts notes rec intories eral and s	receivable						•	87,541.
3 Net 4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Tota	notes rec intories eral and s	sivable			112,0201			•	0,,0121
4 Inve 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Tota	ntories eral and s							•	
 5 Fede 6 Inve 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Total 	eral and s	H						•	
6 Inve 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Tota		tate government obligations						•	
 7 Inve 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Total 		n other bonds						•	
 8 Mort 9 Othe 10 a Depr b Less 11 Land 12 Othe 13 Total 		n stock						•	352,270.
 9 Other 10 a Deprimental b Less 11 Land 12 Other 13 Total 								•	332,270.
 10 a Depr b Less 11 Land 12 Othe 13 Total 		IS							
b Less11 Land12 Othe13 Tota		ents. Attach schedule						•	
11 Land12 Othe13 Tota	reciable a	ssets							
12 Othe13 Tota	s accumu	ated depreciation							
13 Tota	d							•	
13 Tota	er assets.	Attach schedule			3,752.			•	
	al assets.				445,772.				439,811.
		Harrier Company of the Company of th			·				·
14 Acco		able						•	
		gifts, or grants payable						•	
								•	
		tes payable						•	
		yable							
		es. Attach schedule							
		or principal fund			445,772.			•	439,811.
		oital surplus. Attach reconciliation						•	
		ings or income fund						•	
		es and net worth			445,772.				439,811.
Schedu	ule M-	1 Reconciliation of income per b							
		Do not complete this schedule	if the amount on S	schedule L,	line 13, column	(d), is less thar	\$50,000).	
		er books	12,5	512. 7					
2 Fede	eral incon	e tax			in this return. Attac	h schedule		•	
3 Exce	ess of cap	ital losses over capital gains		8	Deductions in this r				
4 Inco	me not re	corded on books this year.			against book incom				
		le			Attach schedule			•	
		orded on books this year not deducted		9	Total. Add line 7 ar				
		Attach schedule		10	Net income per				
		e 1 through line 5	12,5	512.	Subtract line 9	from line 6	· · · · · · · · ·		12,512.

3652154 Side 2 Form 199 C1 2015 059 CACA1112L 12/31/15

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

Department of the Treasury Internal Revenue Service Name of the organization

CA PUBLIC DISCLOSURE COPY

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Employer identification number

Lincoln Hills Foundation		68-0488670
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a p	rivate foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	e foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ge	eneral Rule or a Special Rule.	
	nization can check boxes for both the General Rule and a Spe	ecial Rule. See instructions.
General Rule	·	
For an organization filing Form 990, 990-F7	, or 990-PF that received, during the year, contributions totaling	ng \$5,000 or more (in money or
property) from any one contributor. Comple	te Parts I and II. See instructions for determining a contributo	r's total contributions.
Special Rules		
For an organization described in section 50	(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support	t test of the regulations
received from any one contributor, during the	i), that checked Schedule A (Form 990 or 990-EZ), Part II, lin ie year, total contributions of the greater of (1) \$5,000 or (2) 2	9 13, 16a, or 16b, and that !% of the amount on (i)
Form 990, Part VIII, line 1h, or (ii) Form 990	D-EZ, line 1. Complete Parts I and II.	V
For an organization described in section 50:	1(c)(7) (8) or (10) filing Form 990 or 990-F7 that received fro	m any one contributor
during the year, total contributions of more	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro than \$1,000 <i>exclusively</i> for religious, charitable, scientific, liter	rary, or educational
purposes, or for the prevention of cruelty to	children or animals. Complete Parts I, II, and III.	
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro	m any one contributor
	r religious, charitable, etc., purposes, but no such contribution	
\$1,000. If this box is checked, enter here th	e total contributions that were received during the year for an	exclusively religious,
	any of the parts unless the General Rule applies to this organi	
it received <i>nonexclusively</i> religious, charitan	ole, etc., contributions totaling \$5,000 or more during the year	
Caution. An organization that is not covered by	the General Rule and/or the Special Rules does not file Sche	dule B (Form 990, 990-F7, or
990-PF), but it must answer 'No' on Part IV, line	e 2, of its Form 990; or check the box on line H of its Form 99	0-EZ or on its Form 990-PF.
Part I, line 2, to certify that it does not meet the	e filing requirements of Schedule B (Form 990, 990-EZ, or 990	-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page

1 of

1 of Part I

Lincoln Hills Foundation

Employer identification number

68-0488670

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>9,676.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

Lincoln Hills Foundation

Name of organization

Employer identification number

68-0488670

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	ace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
] \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		ıs	
(a) No	(b)	(6)	(d)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		P	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u></u>		
		\$	
$\mathbf{P} \mathbf{V} \mathbf{V}$	Cal	adula B (Earm 991 991 E	7 AF QQU DEV /2011

of Part III

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)	Page	1	to	1	of Part
Name of organization Lincoln Hills Foundation			oyer ide -048	ntification 3670	number
Part III Exclusively religious, charitable, etc., contributions to organizations de					(8),

ons completing Part III, enter the total year. (Enter this information once. Sec- tional space is needed.	of <i>exclusively</i> religious, charitable, etc., instructions.)
(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift	
Transfer of gift ddress, and ZIP + 4	Relationship of transferor to transferee
(c) Use of gift	(d) Description of how gift is held
(e)	
(e) Transfer of gift ddress, and ZIP + 4	Relationship of transferor to transferee
(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift ddress, and ZIP + 4	Relationship of transferor to transferee
(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift ddress, and ZIP + 4	Relationship of transferor to transferee
3	(e) Transfer of gift address, and ZIP + 4

2015 Page 1 California Statements 68-0488670 **Lincoln Hills Foundation** Client LHF Statement 1 Form 199, Part II, Line 7 Other Income Income from Special Events.....\$ 37,089. Pop Up Gaming. 3,427. -3,427.4,532. Program Service Revenue 41,621. Total \$ Statement 2 Form 199, Part II, Line 9 Contributions, Gifts, Grants, and Similar Amounts Paid Class of Activity: NON PROFIT Donee's Street Address: Donee's City, State, ZIP: Relationship of Donee: Amount Given: Donee's Name: Seniors First 11566 D Avenue Auburn CA 95603 None Amount Given: 19,400. Class of Activity: Donee's Name: Donee's Street Address: Donee's City, State, ZIP: NON PROFIT Sun City Lincoln Hills - Bosom Buddies 965 Orchard Creek Lane Lincoln CA 95648 Relationship of Donee: None Amount Given: 1,000. Class of Activity: NON PROFIT Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Friends of the Lincoln Library P.O. Box 394 Lincoln CA 95648 Donee's City, State, ZIP: Relationship of Donee: None Amount Given: 5,000. Class of Activity: Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Relationship of Donee: Amount Given: NON PROFIT Del Oro Caregivers' Resource 8421 Auburn Blvd. Citrus Heights CA 95610 None Amount Given: 15,000. Class of Activity: NON PROFIT Donee's Name: Vine Life/Salt Mine Donee's Street Address: 590 G Street Donee's City, State, ZIP: Relationship of Donee: Lincoln CA 95648 None Amount Given: 12,000. Class of Activity: NON PROFIT Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Relationship of Donee: NON FROTII Alzheimer's Support Group 965 Orchard Creek Lane Lincoln CA 95648 None

None

1,500.

Relationship of Donee:

Amount Given:

2015	California Statements	Page 2
2013	California Statements	raye

Client LHF Lincoln Hills Foundation 68-0488670

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

NON PROFIT

Class of Activity:
Donee's Name:
Donee's Street Address:
Donee's City, State, ZIP:
Relationship of Donee: Eskaton Foundation 5105 Manzanita Ave. Carmichael CA 95608

None

Amount Given: -4,500.

Class of Activity: Donee's Name: NON PROFIT Small Grants Donee's Street Address: PO Box 220

Donee's City, State, ZIP: Relationship of Donee: Lincoln CA 95648

None

Amount Given:

49,750. Total \$

350.

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 <u>Per Week Devoted</u>		Contri- bution to EBP & DC	Expense Account/ Other
Douglas Finch P.O. Box 220 Lincoln, CA 95648	Director 7.00	\$ 0.	\$ 0.	\$ 0.
Rita McPeake PO Box 220 Lincoln, CA 95648	Director 6.00	0.	0.	0.
Bob Free P.O. Box 220 Lincoln, CA 95648	Treasurer 15.00	0.	0.	0.
Jean Ebenholtz P.O. Box 220 Lincoln, CA 95648	Vice President 8.00	0.	0.	0.
John Eberhardt PO Box 220 Lincoln, CA 95648	Director 2.00	0.	0.	0.
Ralph Zitzler P.O. Box 220 Lincoln, CA 95648	Director 6.00	0.	0.	0.

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California Statements

Page 3

Client LHF Lincoln Hills Foundation

68-0488670

Statement 3 (continued)
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	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Joan Logue PO Box 220 Lincoln, CA 95648	Secretary 10.00	\$ 0.	\$ 0.	\$ 0.
Frima Stewart PO Box 220 Lincoln, CA 95648	Director 6.00	0.	0.	0.
Jerry Johnson P.O. Box 220 Lincoln, CA 95648	President 6.00	0.	0.	0.
Ed Sullivan PO Box 220 Lincoln, CA 95648	Director 6.00	0.	0.	0.
David Hathaway P.O. Box 220 Lincoln, CA 95648	Director 6.00	0.	0.	0.
Jim Helzer PO Box 220 Lincoln, CA 95648	Director 2.00	0.	0.	0.
Klara Kleman PO Box 220 Lincoln, CA 95648	Director 2.00	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

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

Accounting Fees Annual meeting Bank Charges CPR Consultant & printing cost Direct mail Fund Drives Insurance Investment management fees Lecture series Membership dues P.O. Box Printing & Copying Required State Fees-taxes	\$ 2,100. 512. 853. 3,178. 5,648. 614. 1,412. 3,399. 5,290. 100. 591. 1,662.
Printing & Copying Required State Fees-taxes Resource Connectors Special Event Expenses	1,662.

2015	California Statements	Page 4
Client LHF	Lincoln Hills Foundation	68-0488670
Statement 4 (continued) Form 199, Part II, Line 17 Other Expenses		
Supplies Expenses		\$ 639. Total \$ 50,114.

FORM

2015 California Exempt Organization Business Income Tax Return

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		5 or fiscal year beginning (mm/c	dd/yyyy)	, and	d ending (n	nm/dd/yyyy)		<u> </u>	
Corporation/Organ	nization	name					California	corporation nun	nber
		LS FOUNDATION					2372	745	
Additional informa	ation. S	ee instructions.					FEIN	400670	
Street address (si	uite/roo	m no.)					68-U	488670	
P.O. BOX		•							
City (If the corpora	tion ha	s a foreign address, see instructions.)			State	ZIP code	1		
LINCOLN					CA	95648			
Foreign country na	me		Foreign province/state/county			Foreign postal code			
		ed?	. Yes X No	H Is the descri	organization a bed in IRC Se	a non-exempt charitable tru ction 4947(a)(1)?	ıst as	• Yes	X No
B Is this an meaning	educ of R8	ation IRA within the TC Section 23712?	. Yes X No			, , , ,			21
C Is the org	aniza	tion under audit by the IRS		Zone ((EZ), Los Ange	claiming any former; Enter eles Revitalization Zone (L <i>F</i>	ARZ),		
or has the D Final Retu		audited in a prior year?	Yes X No	Local Targe	Agency Militai ted Tay Area (ry Base Recovery Area (LA TTA), or Manufacturing	MBRA),		
		Surrendered (Withdrawn)	Merged/Reorganized	Enhan	cement Area ((MEA) tax benefits?		Yes	X No
<u> </u>		n/dd/yyyy)●		J Is this	organization	a qualified pension, profit-	-sharing, o	r <u> </u>	_
		rn		stock	bonus plan as	described in IRC Section	401(a)?	Yes	X No
				K Unrela	ated Business	Activity (UBA) Code		•	
		Used: (1) X Cash (2) A	ccrual (3) Other	L Is this	a Hospital?			Yes	X No
G Nature of	trade	or business		If 'Yes	s,' attach feder	al Schedule H (Form 990)			
Taxable	1						1		-676.
Corporation	2	Multiply line 1 by the average a							
		Schedule R, Apportionment Formula Wo					2		
	3	Enter the lesser amount from li California and Schedule R was				,	3		676
Taxable		California and Schedule R was	not completed, enter the	amount	iroin iire i		3		-676.
Trust	4	Unrelated business taxable inco					4		
Tax	5	Unrelated business taxable inco					5		
Compu- tation	6	Pierce's disease, EZ, LARZ, LA					6		
	7	Net Operating Loss deduction.					7		
	8	Add line 6 and line 7 Net unrelated business taxable					8		
	9	_					10		
	10	Tax % x line New employment credit, amount genera					11b		
		Tax credits from Schedule B. See instru					11c		
	_	Total Credits. Add line 11b and					11d		
Total		Balance. Subtract line 11d from					12		0.
Tax	13	Alternative minimum tax. See (General Information O			•	13		
	14	Total tax. Add line 12 and line	13				14		
Payments	15	Overpayment from a prior year	allowed as a credit		15				
	16	2015 estimated tax payments.			16				
	17	Withholding (Form 592-B and/o			17				
	18	Amount paid with extension (fo	•		18				
	19	Total payments and credits. Ad					19		
	20	Use tax. See instructions					20		
Use Tax/ Tax Due/	21	Payments balance. If line 19 is					21		
Overpay-	22	Use tax balance. If line 20 is mo					22		
ment	23	Tax due. Subtract line 21 from line 14.	•				23		
	24	Overpayment. Subtract line 14					24		
	25	Enter amount of line 24 to be a	applied to 2016 estimated	tax		• • • • • • • • • • • • • • • • • • • •	25		

CAEA9812L 02/11/16 059 3641154 Form 109 C1 2015 Side 1

		26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24		. •	26		
		a Fill in the account information to have the refund directly deposited. Routing number	•	26 a			
Refun		b Type: Checking ● Savings ● C Account Number	•	26 c			
Amou Due	ını	27 Penalties and interest. See General Information M		. •	27		
		28 • Check if estimate penalty computed using Exception B or C and attach form F	TB 580	6.			
		29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24		. •	29		
Unre	lated	Business Taxable Income			-		
Part	l Uni	related Trade or Business Income					
1a(Gross rec	eipts or gross salesb Less returns and allowancesc	Balance	•	1 c		
		goods sold and/or operations (Schedule A, line 7).			2		
		profit. Subtract line 2 from line 1c			3		
		gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)			4 a		
		n (loss) from Part II, Schedule D-1			4 b		
	•	loss deduction for trusts			4 c		
		(or loss) from partnerships, limited liability companies, or S corporations. See specific line					
		ions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule		. •	5		
6 F	Rental	income (Schedule C)		. •	6		
7 (Jnrelat	ed debt-financed income (Schedule D)		. •	7		
8	nvestm	nent income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)		. •	8		
9	nterest	t, Annuities, Royalties and Rents from controlled organizations (Schedule F)		. •	9		
10 E	Exploite	ed exempt activity income (Schedule G)		. •	10		
11 /	Advertis	sing income (Schedule H, Part III, Column A)		. •	11		
12 (Other in	ncome. Attach schedule		. •	12		3,427.
13	Total ur	nrelated trade or business income. Add line 3 through line 12		. •	13		3,427.
Part	ll Ded	luctions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unr	elated bu	siness	income.)		•
14 (Compe	nsation of officers, directors, and trustees from Schedule I		. •	14		
15	Salarie	s and wages		. •	15		
16 F	Repairs	\$. •	16		
17 E	Bad de	bts		. •	17		
18	nterest	t. Attach schedule		. •	18		
19	Taxes.	Attach schedule		. •	19		
20 (Contrib	utions. See instructions and attach schedule		. •	20		
21 a [Depreciat	ion (Corporations and Associations — Schedule J) (Trusts — form FTB 3885F) ● 21 a					
b l	_ess: d	epreciation claimed on Schedule A. See instructions			21		
22	Depletio	on. Attach schedule		. •	22		
23 a (Contrib	utions to deferred compensation plans			23 a		
b E	Employ	ree benefit programs. See instructions			23 b		
24 (Other d	leductions. Attach schedule SEE STATEMENT 2		. •	24		3,103.
25	Total de	eductions. Add line 14 through line 24			25		3,103.
26 l	Jnrelated	business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		•	26		324.
27 E	Excess	advertising costs (Schedule H, Part III, Column B)		. •	27		
28 (Jnrelat	ed business taxable income before specific deduction. Subtract line 27 from line 26		. •	28		324.
29	Specific	deduction. See instructions		. •	29		1,000.
30 (Jnrelat	ed business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28			30		-676.
		learn about your privacy rights, how we may use your information, and the consequences for not providing the requeste racy notice. To request this notice by mail, call 800.852.5711.	d informa	ation, go	to ftb.ca.	gov and se	earch for
Sign	Und	ler penalties of perjury, I declare that I have examined this return, including accompanying schedulesand statements, and to the			edge and b	elief, it is tr	ue,
Here	corr	rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any Title	knowledg		Telephone	Δ.	
	Sign	nature of					380 BOB
		Date		•	PTIN	043 3	<u> </u>
Paid		parer's nature JENNIFER M. JENSEN, CPA		$\prod \prod_{i=1}^{n}$	P005	44955	
Pre-		Firm's name (or yours, if self-employed) and address		-	FEIN		
parer's	s 🕨	JENSEN SMITH CERTIFIED PUBLIC ACCOUNTANTS, INC.			4723	19412	
Use Only		661 5TH ST, STE 101 PO BOX 160		•	Telephone		
Jilly		LINCOLN, CA 95648			(916) 434-	1662
	Ма	by the FTB discuss this return with the preparer shown above? See instructions		•	X Yes		No
	1 -	-	-		لتت	L	1

Side 2 Form 109 C1 2015 059 3642154 CAEA9812L 01/15/16

LINCOLN HILLS FOUNDATION

Schedule A Cost of Goods Sold and/or Operations.

Meth	od of inventory valuation (specify)			
1	Inventory at beginning of year			1
2	Purchases			2
3	Cost of labor		•	3
4 a	Additional IRC Section 263A costs. Attach schedule			4 a
ŀ	Other costs. Attach schedule		• • • • • • • • • • • • • • • • • • • •	4 b
5	Total. Add line 1 through line 4b			5
6	Inventory at end of year			6
7	Cost of goods sold and/or operations. Subtract line 6 from	m line 5. Enter here and	on Side 2, Part I, line 2	
	Do the rules of IRC Section 263A (with respect to proper	ty produced or acquired f	or resale) apply to this organ	ization? Yes X No
Sch	nedule B Tax Credits. Do not claim the New Employme			
1	Enter credit namecode no. '	• •	1	
2	Enter credit namecode no.		2	
3 4	Enter credit name code no. ⁴ Total. Add line 1 through line 3. If claiming more than 3 credits, enter th New Employment Credit, on line 4. Enter here and on Side 1, line 11c	ne total of all claimed credits, ex	cept	4
Sch	nedule K Add-On Taxes or Recapture of Tax. See inst			7
1	Interest computation under the look-back method for completed long-teri		531	
2	Interest on tax attributable to installment: a Sales of cer			2 a
			ligations	2 b
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on		•	3
4	Credit recapture. Credit name	the disposition of intangl	DICS	4
-	Total. Combine the amounts on line 1 through line 4. See	e instructions		5
	nedule R Apportionment Formula Worksheet. Use only			
	A. Standard Method – Single-Sales Factor Formula. Com			sales factor formula
	All standard motified Single states I dotter I similaria som	1		
		(a) Total within and outside California	(b) Total within California	Percent within California [(b) ÷ (a)] x 100
1	Total Sales	•	•	
	Total Sales		•	•
2	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			•
	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.	corporation uses the three	e-factor formula.	• (c)
2	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.	corporation uses the thre (a) Total within and	e-factor formula. (b) Total within	Percent within
2 Part	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2	corporation uses the thre (a) Total within and outside California	e-factor formula. (b) Total within California	Percent within California [(b) ÷ (a)] x 100
Part	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions.	corporation uses the thre (a) Total within and outside California	e-factor formula. (b) Total within	Percent within
2 Part	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees	corporation uses the thre (a) Total within and outside California	e-factor formula. (b) Total within California	Percent within California [(b) ÷ (a)] x 100
Part	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions.	corporation uses the thre (a) Total within and outside California	e-factor formula. (b) Total within California	Percent within California [(b) ÷ (a)] x 100
2 Part 1 2 3	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c).	corporation uses the thre (a) Total within and outside California	e-factor formula. (b) Total within California	Percent within California [(b) ÷ (a)] x 100
2 Part	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4	corporation uses the thre (a) Total within and outside California	e-factor formula. (b) Total within California	Percent within California [(b) ÷ (a)] x 100
2 Part 1 2 3	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2.	corporation uses the thre (a) Total within and outside California	e-factor formula. (b) Total within California	Percent within California [(b) ÷ (a)] x 100
2 Part 1 2 3 4 5	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.	corporation uses the thre (a) Total within and outside California	e-factor formula. (b) Total within California	Percent within California [(b) ÷ (a)] x 100
2 Part 1 2 3 4 5	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2.	corporation uses the thre (a) Total within and outside California • and Property Leased with	e-factor formula. (b) Total within California • • • • • • • • • • • • • • • • • •	Percent within California [(b) ÷ (a)] x 100
2 Part 1 2 3 4 5	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Tedule C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2 and the percentage of the factor of the section 2 and the percentage of the factor on the section 2 and the percentage of the factor on the section 2 and the percentage of the factor on the section 2 and the percentage of the factor on the section 2 and the percentage of the factor of the factor on the section 2 and the percentage of the factor of	corporation uses the thre (a) Total within and outside California • and Property Leased with	e-factor formula. (b) Total within California • • • • • • • • • • • • • • • • • •	Percent within California [(b) ÷ (a)] x 100 • • • • • • • • • • • • • • • • • •
2 Part 1 2 3 4 5	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Tedule C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2	corporation uses the thre (a) Total within and outside California • and Property Leased with	e-factor formula. (b) Total within California • • • • • • • • • • • • • • • • • •	Percent within California [(b) ÷ (a)] x 100 • • • • • • • • • • • • • • • • • •
2 Part 1 2 3 4 5	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Tedule C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2	corporation uses the thre (a) Total within and outside California • and Property Leased with	e-factor formula. (b) Total within California • • • • • • • • • • • • • • • • • •	Percent within California [(b) ÷ (a)] x 100 citions for exceptions. 3 Percentage of rent attributable to personal property %
2 Part 1 2 3 4 5	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Tedule C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2	corporation uses the thre (a) Total within and outside California • and Property Leased with	e-factor formula. (b) Total within California • • • • • • • • • • • • • • • • • •	Percent within California [(b) ÷ (a)] x 100 citions for exceptions. 3 Percentage of rent attributable to personal property %
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2 Part 1 2 3 4 5	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Tedule C Rental Income from Real Property and Personental income from debt-financed property, use Schedule D, R&TC Section 2 Description of property	corporation uses the thre (a) Total within and outside California a nal Property Leased with 23701g, Section 23701i, and Sec	e-factor formula. (b) Total within California • • • • • • • • • • • • • • • • • •	Percent within California [(b) ÷ (a)] x 100 citions for exceptions. 3 Percentage of rent attributable to personal property % %
2 Part 1 2 3 4 5 5 Sch For re 1 4	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Tedule C Rental Income from Real Property and Personal income from debt-financed property, use Schedule D, R&TC Section 2 Description of property Complete if any item in column 3 is more than 50%, or for any	corporation uses the thre (a) Total within and outside California a nal Property Leased with 23701g, Section 23701i, and Sec	e-factor formula. (b) Total within California Real Property tion 23701n organizations. See instru Rent received or accrued	Percent within California [(b) ÷ (a)] x 100 citions for exceptions. 3 Percentage of rent attributable to personal property % % cre than 50%
2 Part 1 2 3 4 5 5 Sch For re 1 4	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Medule C Rental Income from Real Property and Personetal income from debt-financed property, use Schedule D, R&TC Section 2 Description of property Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income Deductions directly connected (b) Income includible,	corporation uses the thre (a) Total within and outside California and Property Leased with 23701g, Section 23701i, and Section 23701ii, and Section 23701iii, and Section 23701iiii.	e-factor formula. (b) Total within California Real Property tion 23701n organizations. See instru Rent received or accrued umn 3 is more than 10%, but not me	Percent within California [(b) ÷ (a)] x 100 citions for exceptions. 3 Percentage of rent attributable to personal property % % cre than 50%
2 Part 1 2 3 4 5 5 Sch For re 1 4	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Medule C Rental Income from Real Property and Personetal income from debt-financed property, use Schedule D, R&TC Section 2 Description of property Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income Deductions directly connected (b) Income includible,	corporation uses the thre (a) Total within and outside California and Property Leased with 23701g, Section 23701i, and Section 23701ii, and Section 23701iii, and Section 23701iiii.	e-factor formula. (b) Total within California Real Property tion 23701n organizations. See instru Rent received or accrued umn 3 is more than 10%, but not me	Percent within California [(b) ÷ (a)] x 100 citions for exceptions. 3 Percentage of rent attributable to personal property % % cre than 50%
2 Part 1 2 3 4 5 Sch For re 1	Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2. B. Three Factor Formula. Complete this part only if the Property factor: See instructions. Payroll factor: Wages and other compensation of employees. Sales factor: Gross sales and/or receipts less returns and allowances. Total percentage: Add the percentages in column (c). Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions. Medule C Rental Income from Real Property and Personetal income from debt-financed property, use Schedule D, R&TC Section 2 Description of property Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income Deductions directly connected (b) Income includible,	corporation uses the thre (a) Total within and outside California and Property Leased with 23701g, Section 23701i, and Section 23701i, and Section 23701 if any item in column 2 x column 3	e-factor formula. (b) Total within California Real Property tion 23701n organizations. See instru Rent received or accrued umn 3 is more than 10%, but not me (b) Deductions directly connected with personal property (att sc	Percent within California [(b) ÷ (a)] x 100 citions for exceptions. 3 Percentage of rent attributable to personal property % % cre than 50%

059 3643154 CAVA9834L 12/21/15 Form 109 C1 2015 Side 3

Schedule D Unrelated Debt-Financed Income

Scriedule D Unrelated	Dept-Finance	ea income					
1 Description of debt-financed pr	operty			2 Gross income from or allocable to deb	m 3 Deduction	is directly conneinced property	cted with or allocable to
				financed property		ne depreciation	(b) Other deductions (attach schedule)
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average a of or alloc financed p (attach sc	adjusted basis able to debt- property hedule)	6 Debt basis percentage column 4 ÷ column 5	The second section of the section of	8 Allocable total of co and 3(b)	deductions, olumns 3(a) x column 6	9 Net income (or loss) includible, column 7 less column 8
			۶	ő			
			۶	D ₀			
			5	6			
Total. Enter here and on Si	de 2, Part I, I	ine 7					
Schedule E Investmen	nt Income of a	n R&TC Se	ction 23701g, 23701i,	or 23701n Organizat	tion		
1 Description	2 Amount	3	Deductions directly connected (attach schedule)	4 Net investment in column 2 less column	come, umn 3 5 Set-aside schedule)		6 Balance of investment income, column 4 less column 5
Total. Enter here and on Si							
Enter gross income from m	•			•			
Schedule F Interest, A	Annuities, Roy	alties and	Rents from Controlle				
			Exempt Controlled C	<u> </u>	 		
1 Name of controlled organizatio		er cation Number	3 Net unrelated income (loss)	4 Total of specified payments made	is include controlling		6 Deductions directly connected with income in column (5)
1							
2							
3							
	onizations						
Nonexempt Controlled Org 7 Taxable Income	anizations		8 Net unrelated	9 Total of specified	10 5-4-4	l (0) the st	44.5
/ Taxable illcome			income (loss)	payments made	10 Part of co is include controlling gross inco	d in the gorganization's	11 Deductions directly connected with income in column (10)
1							
2							
3							
4 Add columns 5 and 1	0						
5 Add columns 6 and 1							
6 Subtract line 5 from li	ne 4. Enter h	ere and on	Side 2. Part 1. line 9				
Schedule G Exploited							
	2 Gross unrelated business income from trade or business	3 Expenses connecter production unrelated business	d with of host income from unrelated trade or business,	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess excesses, contract of the service of the s	includible, column mn 5 4 less column 7
		1					
		-					
Total. Enter here and on Si	de 2 Part I I	ine 10	<u> </u>			1	
Total. Enter here and off of	uc z, i aiti, i	1110 10	 				

Side 4 Form 109 C1 2015 059 3644154 CAVA9834L 12/21/15

Schedule H Advertising Income and Excess Advertising Costs

Par	t I Income	from Period	dicals Rep	orted on a Co	nsolida	ated Basis							
1 N	lame of veriodical	2 Gross advincome	vertising	3 Direct adver	ising	4 Advertising inco excess advertisi costs. If column greater than colu complete colum 6, and 7. If colu is greater than 2, enter the exc Part III, column Do not complete columns 5, 6, a	mg 2 is mn 3, ns 5, mn 3 column ess in B(b).	5 Circulation in	icome	6 Readersh	ip costs	tll tll co	column 5 is greater nan column 6, enter ne income shown in olumn 4, in Part III, olumn A(b). If olumn 6 is greater nan column 5, ubtract the sum of olumn 6 and column from the sum of olumn 5 and column 5. Enter amount in art III, column A(b). the amount is less nan zero, enter -0
						- -							
Total	ls												
Par	t II Income	from Period	dicals Rep	orted on a Se	parate	Basis							
Par	t III Column				4.5.			Column E					
		nsolidated perio n-consolidated		or names or	Part I, o amoun	r total amount from column 4 or 7, and it listed in Part II, ilumns 4 or 7	(a) Enter 'consolida non-con		periodicals	imes of	from	Enter total amount Part I, column 4, and unts listed in Part II, column 4
		0:1 0 5 11	1: 44						2:1 0 5				
	total here and o						Enter	otal here and on	side 2, Pa	art II, line 27			
	nedule I Name of Office		2 SSN	icers, Directo				S 1 611	1 6	- 0 1:			<u> </u>
•	Name of Office	:1	2 3311	OI IIIN	3 T	itte		Percent of time devoted to busine:		Compensation attributable unrelated but	to		Expense account allowances
									%				
									ે				
									%				
									%				
									%				
				I, line 14									
			n (Corpor			ons only. Trusts		orm FTB 3885			1		
	Group and guid description of	property		2 Date acquire (dd/mm/yy	уу)	Cost or other basis		Depreciation allowed or allowable in prior years	c d	Method of omputing epreciation	6 Life rate)	7 Depreciation for this year
1	Total addition	onal first-yea	ar depreci	ation (do not	include	in items below)							
2	Other depre												
		nd fixtures .	<u> </u>										
	Transportat	ion equipme	ent										
		ment											
	Other (spec	:ity)											
_	Oth	-1-11											
3													
4													
5		•				n Sida 2 Dart II							
6	Baiance, St	ubtract line t	o irom iine	± 4. ⊏nter ner	e and o	n Side 2, Part II	, ime i	∠ıa					

CAVA9805L 12/21/15 059 3645154 Form 109 C1 2015 Side 5

TAXABLE YEAR

CALIFORNIA FORM

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations — Corporations

200E0	
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3333	

			n Tuuw, F	orm 1005, or Form 1	09.		0.17	
	ooration name							orporation number
		HILLS I			· · · · · ·		23727	45
Dur		· ·		rred the NOL, the corporation		orporation		
						ng to be taxed as a corporation		88670
		previously file	d California	tax returns under another o	corporate name, enter the co	rporation name and Californi	a corporation number:	
•							B !'	
					•	al Information C, Combined	Reporting.	
				ration does not have a curr	ent year NOL, go to Part II. S, line 15; or Form 109, line	2		
						Z. 		676.
2		-						
_				•				-
						4a <u> </u>		
	b Enter the	amount of the	loss incurred	d by an eligible small busin	ess included in line 3	4b	676.	
								c676.
5								-
6							_	676.
						2013 and/or 2014, complete		
	Side 2 before	completing Pa	art I, lines 7-	9 below.				
7						, column (e)		
8	2 015 NOL	_ carryback use	ed to offset 2	2014 net income. Enter the	amount from Part III, line 3	, column (g)	• 8	
9	2015 NOL	_ carryover to 2	2016. Add lin	e 7 and line 8, then subtrac	ct the result from line 6. See	e instructions		676.
	cti <u>on to waiv</u>							
(spect to 2015 NOL under IRC us two years. Once the election		
	corpo					nplete Part III, NOL carryback	•	c. See manachons.
Pa				ss carryover limitations. S		ilpiete i art ili, NOL carryback	۸.	
	1102	carryover and	4 41343101 10	os carryover minicacions. c	occ monucions.		(a)	
							(g) Available balance	
1	Net inco	ome – Ente	r the amo	unt from Form 100. li	ne 18; Form 100W, lin	e 18:		
	Form 10	00S, line 15	less line	16; or Form 109, line	2; (but not less than -	0-)		
Pri	or Year NC	DLs						
	(a) Year	(b)	(c)	(d) Initial loss	(e)	(f) Amount used		(h)
	of loss	Code — See instructions	Type of NOL —	111111a1 1055	Carryover from 2014	in 2015		Carryover to 2016 col. (e) — col. (f)
			See below*					, , , , , , , , , , , , , , , , , , , ,
2 (•				lacktriangle			•
(•				lacktriangle			•
	_							
(•				lacktriangle			•
	_							
(•				lacktriangle			lacktriangle
Cu	rrent Year	NOLs			_	<u> </u>		
								col. (d) — col. (f)
								See instructions.
3	2015		DIS					
4	2015		ESB	676.				676.
	2015							
	2015							
	2015							
*Т .	no of NOL	· Coporal (CEND No.	Pusinoss (NR) Elia	ible Small Business (F	SR) or Disastor (DIS)		

0.

___0.

LINCOLN	HILLS F	OUNDATION					237:	2745
Part III NO	L carryback							
			m 2013 Form 100, line om Form 109, line 9; (b					
2 2014 N Form 1	let income – 00S, line 20;	Enter the amount from or taxable income from	m 2014 Form 100, line om Form 109, line 9; (b	22; Form 100W out not less that	/, line 22; n -0-)			
(a) Year of loss	(b) Code — See instructions	(c) Type of NOL See below*	(d) Initial Loss	2013		20	014	(i) Carryover to 2016
				(e) Carryback used — See instructions	After carryback col. (d) minus col. (e)	(g) Carryback used — See instructions	(h) After carryback col. (f) minus col. (g)	col. (d) minus [col. (e plus col. (g)]
3 2015								
2015								
2015								
2015								
2015								
	L: General (0	, ,	NB), Eligible Small Bus	siness (ESB), d	or NOL attributa	ble to a qualifi	ed disaster los	s (DIS).
			nn (f)					0

2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-

3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,

059

2015	California Statements	Page 1
Client LHF	Lincoln Hills Foundation	68-0488670
Statement 1 Form 109, Part I, Line 12 Other Income Pop Up Gaming	T	\$ 3,427. otal \$ 3,427.
Statement 2 Form 109, Part II, Line 24 Other Expenses		
Popup cash prizes	T	total \$\frac{\$ 3,103.}{\$ 3,103.}

IN

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

WEBSITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number	120730			Check if: Change of address						
LINCOLN HILLS FOUNDATION	ON			Amended						
Name of Organization	<u> </u>									
P.O. BOX 220 Address (Number and Street)				Corporate or 0	Organization No. 2372745					
LINCOLN, CA 95648		State ZIP 0	Code	Federal Emplo	oyer I.D. No. <u>68-0488670</u>					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts										
Gross Annual Revenue	Fee	Gross Annual		Fee	Gross Annual Revenue	F	Fee			
Less than \$25,000	0	Between \$100,0	001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$	150			
Between \$25,000 and \$100,000	\$25	Between \$250,0	001 and \$1 millior	1 \$75	Between \$10,000,001 and \$50 millio Greater than \$50 million		3225 3300			
PART A – ACTIVITIES		•								
For your most recent full accord	unting perio	d (beginning	1/01/15	ending	12/31/15) list:					
Gross annual revenue \$		90,582.	Total assets	\$	439,811.					
PART B — STATEMENTS RE	EGARDIN	G ORGANIZ	ATION DURIN	G THE PER	IOD OF THIS REPORT					
Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.										
1 During this reporting period, we	aro thoro an	y contracts loan	as loases or othe	r financial trans	cactions between the	Yes	No			
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?										
2 During this reporting period, was property or funds?	as there any	theft, embezzle	ement, diversion o	or misuse of the	e organization's charitable		X			
3 During this reporting period, die	d non-progra	am expenditures	s exceed 50% of g	gross revenues	?		X			
4 During this reporting period, we Form 4720 with the Internal Re	ere any orga venue Servi	anization funds u ice, attach a cop	used to pay any p	enalty, fine or j	udgment? If you filed a		X			
5 During this reporting period, we purposes used? If 'yes,' provide provider.							X			
6 During this reporting period, did the name of the agency, mailing					provide an attachment listing		X			
7 During this reporting period, did indicating the number of raffles				purposes? If 'y	es,' provide an attachment		X			
Does the organization conduct the program is operated by the charitable purposes.	a vehicle do charity or v	onation program whether the orga	? If 'yes,' provide nization contracts	an attachment with a comme	indicating whether ercial fundraiser for		X			
Did your organization have pre- principles for this reporting per	•	idited financial s	tatement in accor	dance with ger	nerally accepted accounting		Х			
Organization's area code and teleph	none numbe	r <u>916</u> -645-	5380 BOB							
Organization's e-mail address PR	ESIDENT	@LINCOLNHI	LLSFOUNDAT	ON.ORG						
		amined this repo	ort, including acc	ompanying dod	cuments, and to the best of my knowle	edge				
and belief, it is true, correct and con	npiete.									
	BOB	FREE		TREASURER						
Signature of authorized officer	Printed			Title	Date					

2015 Federal Exempt Organiza	nary (EZ)	Page 1		
Client LHF Lincoln Hills I	68-0488670			
FORM 990-EZ REVENUE	2015	2014	Diff	
Contributions, gifts, and grants Program service revenue Investment income Net income (loss) - special events	64,222 4,532 6,533 15,295	136,978 6,588 2,466 13,070	-72,756 -2,056 4,067 2,225	
Total revenue	90,582	159,102	-68,520	
EXPENSES Grants and similar amounts paid Professional fees/pymt to contractors Other expenses	49,750 5,499 22,821	60,360 0 22,220	-10,610 5,499 601	
Total expenses	78,070	82,580	-4,510	
NET ASSETS OR FUND BALANCES Excess or (deficit) for the year Net assets/fund bal. at beg. of year Other changes in net assets/fund bal Net assets/fund bal. at end of year	12,512 445,772 -18,473 439,811	76,522 363,078 6,172 445,772	-64,010 82,694 -24,645 -5,961	

9015 Federal Unrelated Business Income Tax Summary			Page 1
Client LHF Lincoln Hills Fou	F Lincoln Hills Foundation		
	2015	2014	Diff
REVENUE Other income	3,427	1,238	2,189
Total revenue	3,427	1,238	2,189
DEDUCTIONS Other deductions	3,103	0	3,103
Total deductions	3,103	0	3,103
UNRELATED BUSINESS TAXABLE INCOME Unrelated bus taxable inc (line 30) Unrelated bus taxable inc (line 32) Specific deduction	324 324 1,000	1,238 1,238 1,000	-914 -914 0
Unrelated business taxable income	0	238	-238
TAX COMPUTATION Income tax	0	36	-36
Total tax	0	36	-36
PAYMENTS AND CREDITS Estimated tax payments	0	36	-36
Total payments and credits	0	36	-36
REFUND OR AMOUNT DUE Tax due Overpayment	0	0	0
TAX RATES Marginal tax rate Effective tax rate	0.0% 0.0%	15.0% 15.1%	-15.0% -15.1%

2015	California 199 T	ax Summary	,	Page 1
Client LHF	_HF Lincoln Hills Foundation			68-0488670
REVENUE Interest		2015 3,821	2014 2,466	Diff 1,355
Dividends Other income Gross contributions, gi		2,712 41,621 64,222	36,423 136,978	2,712 5,198 -72,756
Total income		112,376	175,867	-63,491
EXPENSES AND DISBURSEM Contributions, gifts, of Other deductions	grants	49,750 50,114	60,360 38,985	-10,610 11,129
Total deductions		99,864	99,345	519
Excess of receipts over	disbursements	12,512	76,522	-64,010
FILING FEE Filing fee Balance due		0	0	0
SCHEDULE L Beginning Assets Beginning Liabilities 8	Net Worth	445,772 445,772	363,078 363,078	82,694 82,694
Ending Assets Ending Liabilities & Ne		439,811 439,811	445,772 445,772	-5,961 -5,961

2015 California 109 T	Γax Summary		Page 1
Client LHF Lincoln Hills I	Lincoln Hills Foundation		
REVENUE	2015	2014	Diff
Other income	3,427	1,238	2,189
Total unrelated business income	3,427	1,238	2,189
DEDUCTIONS Other deductions	3,103	0	3,103
Total deductions	3,103	0	3,103
UNRELATED BUSINESS TAXABLE INCOME Unrel. bus. taxable income (Line 26) Unrel. bus. taxable income (Line 28) Specific deduction Unrelated business taxable income	324 324 1,000 -676	1,238 1,238 1,000 238	-914 -914 0 -914
TAX COMPUTATION Net unrelated business taxable income Tax	-676 0 0 0	238 21 0 21	-914 -21 0 -21
Total tax	0	21	21
PAYMENTS Total payments	0	0	0
REFUND OR AMOUNT DUE Overpayment Penalties and interest	0	0 1	0 -1
Total due	0	21	-21

2015

General Information

Page 1

Client LHF

Lincoln Hills Foundation

68-0488670

Forms needed for this return

Federal: 990-EZ, Sch A, Sch B, Sch G, Sch O, 990-T California: 199, Sch B, 8453-EO, e-file Instructions, 109, 3805Q, RRF-1

Tax Rates

<u>Unrelated Business</u>	<u>Marginal</u>	<u>Effective</u>
Federal	0. %	0. %
California	8.8 %	0. %

Carryovers to 2016

California Carryovers

Eligible Small Business Loss

676.