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-	Firm's address	•	UPLAND,	CA	91786-3645
May the IR	S discuss this	retum	with the prepare	er shown	above? (see instructions)
For Paperw DAA	ork Reduction	Act No	otice, see the sep	arate ins	tructions.

Phone no.

m 990 (2015) CHAFFEY COMMU	IITIES CULTURAL CEN	<u>FER 95-3289645</u>	Pag
	Service Accomplishments		1
	tains a response or note to any	line in this Part III	<u></u>
Briefly describe the organization's mission		THE TH OTTHE OUT DEEN COM	ant and a sec
TO PROMOTE AND PRESER THROUGH PRESERVATION	AND MAINTENANCE OF	URE IN THE CHAFFEY COMM MUSEUMS AND HISTORICAL	SITES.
•	·····		
Did the organization undertake any signi	icant program services during the year	which were not listed on the	
• • •			Yes X
If "Yes," describe these new services on	Schedule O.		
Did the organization cease conducting, o		onducts, any program	
services?			Yes X
If "Yes," describe these changes on Sch			
Describe the organization's program service	vice accomplishments for each of its th	ree largest program services, as measured by	•
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report t	the amount of grants and allocations to others,	
the total expenses, and revenue, if any,	or each program service reported.		
I (Code:) (Expenses \$	106,454 including grants of		
TO PROMOTE AND PRESER	VE HISTORY AND CUL1	URE IN THE CHAFFEY COMM	ONITIES
THROUGH PRESERVATION	AND MAINTENANCE OF	MUSEUMS AND HISTORICAL	SITES
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Other program services (Describe in Sci			_
(Expenses \$	including grants of \$) (Revenue \$)
e Total program service expenses 🕨	106,454		

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Form 990 (2015) CHAFFEY COMMUNITIES CULTURAL CENTER 95-3289645

Pa	art IV Checklist of Required Schedules			1
		<u>.</u>	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ľ.		
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		-	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			·
	Part ill	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X; line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted		-	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	Х	
ь	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Ŧ	X
С	that is the second second second second second in Dath V line 12 that is 50 or more			
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	x
d	and the second		-	
ų	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	Γ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ŀ
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
17-	The second s	-		1
12a	Schedule D, Parts XI and XII	12a		x
-	Was the organization included in consolidated, independent audited financial statements for the tax year? If	•	1	
Ų	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	125		x
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	·		X
13			<u>†</u> ──	X
14a			-	
þ	fundraising, business, investment, and program service activities outside the United States, or aggregate			
		14b		x
			i —	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		x
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		<u>}</u>	<u>├</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		x
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		<u> </u>	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17	1	x
	Part IX, column (A), lines 6 and 11e? If "Yes." complete Schedule G, Part I (see instructions)	·	+	\uparrow
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	ļ	x
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18	<u> </u>	┼≏
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40	1	x
	If "Yes," complete Schedule G, Part III	19	1	$\overline{\mathbf{r}}$

Form 990 (2015)

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Form 990 (2015) CHAFFEY COMMUNITIES CULTURAL CENTER 95-3289645

20 Odd the organization operation operatioperation operadipol operating din operation operation operation				Yes	No
b If Yes* to line 20a, did the organization attach a copy of its audited financial statements to this neturi? 20b 21 Did the organization report more than \$5.000 of grants or other assidance to any dismestic organization or domestic government on Part IX, column (A), line 17 M*es, "complete Schedule I, Parts I and II 21 21 Did the organization report more than \$5.000 of grants or other assidance to any dismestic organization or part IX, column (A), line 27 M*es, "complete Schedule I, Parts I and II 21 23 Did the organization answer Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer Yes' to Part VI, Section A, line 3, 4, or 5 about compensated enployees? If Yes," complete Schedule J 23 24 Did the organization have at axe-empt bond issue with an outstanding principal anount of more than \$100,000 as of the tax day of the year, that was issued after December 33, 2002? If Yes," answer lines 24b 24a 24 Did the organization have at any conced of tax-exampt bonds beyond a turin party period exception? 24a 25 Section 51(C)(3), 55(C)(4), add 51(C)(2)) organizationa. 24a 26 Did the organization have at any encome a stark and the principal anount of more than \$100,000 as on the tax day of the year in the attributing year in the discustified person in a prior in year. 24a 26 Did the organization act as an on behalf of rissuer for bonds outstanding at any time during the year? 24a	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part X, column (A). Ine ?1 (*Yes, "complete Schedule L, Parts I and II) 21 22 Did the organization report more than \$5,000 of grants or other assistance to of for domestic individuals on Part X, column (A). Ine ?1 (*Yes, "complete Schedule L, Parts I and II) 22 23 Dud the organization report more than \$5,000 of grants or other assistance to of for domestic individuals on Part X, column (A). Ine ?1 (*Yes, "complete Schedule L, Parts I and III) 23 24 Did the organization have a trax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day to the year, it ath us issued afth Docamber 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule L, 1*0, as issued afth Docamber 31, 2002? If "Yes," answer lines 24b 24a D Did the organization invest a my proceeds of turne-exempt bonds sevord a temporary period exception? 24d Z5 Socian \$10(c)(3), 50(c)(4), and 50(c)(2) organizations. Did the organization invest any more during the year? 24d Z6 Did the organization near any amount on Part X, line \$, 6, or 22 for receivables from or payable to any corrent or former officer, director, invelse, key employees, or diagualified person 11 mays amount on Part X, line \$, 6, or 22 for receivables from or payables to any corrent or former officer, director, invelse, key employees, or diagualified person? 24d Z6 Did the organization near toreand or thart selealion complete Schedule L,			20b		L
domestig government on Part IX, column (A), line 17 If Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than 55,000 of grants or ther assistance to or for domestic individuals on 22 23 Did the organization answer "Yes" to Part VI, Section A, line 3, 4, or 5 about compensation of the organization are at a difference finance, directors, rutules, key emptoyees, and highest compensated emptoyees? If Yes," complete Schedule J, All A, or 5 about compensated emptoyees? If Yes," complete Schedule J, Parts I and III. 23 24 Did the organization have at acx-scermpt bond issue with an outstanding principal amount of more finan \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes," answer lines 24b 24a 25 Did the organization have at any toroed soft tax-scermpt bonds beyond a temporary period exception? 24a 26 Did the organization area as an "on behaff of issuer for bonds outstanding at any time during the year? 24d 26 Soction 51(c)(3), 507(c)(4), and 501(c)(2) organizations. Did the organization's pior Forms 990 or 990-E27 27a 27 Did the organization area that a tengaged in an excess here fit transaction with a disqualified person during the year? (I'''es," complete Schedule L, Part I 25a 27 Did the organization area that tengaged in an excess here fit transaction with a disqualified person during the year? (I'''es," complete Schedule L, Part I 25a 27 I'''res,"	21				
22 Did the organization report more than \$5,000 of grants are other assistance to or for domestic individuals on Part IX, column (A), the 2 of Yres,* complete Schedule L, Parts 1 and III. 22 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,* complete Schedule L, Was issued after December 31, 2002? If 'Yes,* answer lines 24b 24a 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,* answer lines 24b 24a 25 Did the organization invest any proceed of tax-exempt bonds beyond a temporary period exception? 24d 26 Did the organization action as an 'on bohalf of issuer for bonds outstanding at any time during the year? 24d 25 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current of former officer, director, trustee, key employee, or disqualified persons? If 'Yes,' complete Schedule L, Part II 25b 27 Did the organization rovid as grant other existiance to an officer, director, trustee, tay employee, any disqualified person in a party to a basinese transaction with one of the following parties (se			21		X
23 Did the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If Yes," complete Schedule J 23 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, intrust was issued after December 31, 2002? If Yes," complete Schedule K. If YNo," go to line 25a 24a 25 Did the organization means any proceeds of tax exempt bonds beyond a tomporary period exception? 24d 26 Did the organization means and 'on fassuer for bonds outstanding at any time during the year? 24d 26 Section S01(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization is a sino the hit of issuer for bonds outstanding at any time during the year? 24d 27 Did the organization report that if or ganizations. Did the organization's period exception? 24d 28 Section S01(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization's plor Forms 990 or 990-E27 25a 29 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current of former officers, director, trustee, key employees, or disqualified persons? If Yes," complete Schedule L, Part II 26a 20 Did the organization provid as grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If Yes," complete Schedule L, Part IV 27a 20 Did the organi	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete 28 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization signication signication signication signication signication and the disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 31 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 334 Was the organization have a			27		х
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36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	ъ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V, line 2	35b	<u> </u>	
related ornanization? If "Yes," complete Schedule R. Part V. line 2	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
		related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>x</u>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		-		
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1	1	
Part VI		Part VI	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			·
19? Note. All Form 990 filers are required to complete Schedule O. 38 Form 990		19? Note. All Form 990 filers are required to complete Schedule O.			

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"Form 990 (2015) CHAFFEY COMMUNITIES CULTURAL CENTER 95-3289645

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance					П
	Check if Schedule O contains a response or note to any line in this Part	V <u></u>	<u></u>	. <u></u>	Yes	No
4	Enter the sumber recented in Rev 2 of Form 1006. Enter 0, if not applicable	1a	0		Tes	
1a ⊾	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and		<u> </u>			
C	reportable gaming (gambling) winnings to prize winners?			1c	*******	
2a						
44	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	urns?		2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		<u> </u>
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	•0		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or othe		ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other f	inancia!				
	account)?			4 a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accoun	ts			
	(FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			. 5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?		5b		<u>X</u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5</u> c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the				77
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>.</u>		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	gooas		7a		
	and services provided to the payor?			7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	 /ae		- <u>~</u>		
C	required to file Form 8282?	143		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	· · ·			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>h</u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			<u>9a</u>		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	•	1 .			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	t			
а	Gross income from members or shareholders	11a				
Ь	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a				12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			42-		
а	-			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	• • • •	4.01	1		Į.	
~	the organization is licensed to issue qualified health plans	42-		-		
C.	Enter the amount of reserves on hand			14a	1000000	X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched			14b	t	
0	in ites, has a neu a reminizze te report diese payments in No, provide an explanation in Sched	anu V	· · · · · · · · · · · · · · · · · · ·		1	<u></u>

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S Form 990 (2015) CHAFFEY COMMUNITIES CULTURAL CENTER 95-3289645

Page 6

		2 through 7h holow a	nd for a "No"									
	Int VI Governance, Management, and Disclosure For each "Yes" response to lines	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"										
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See											
	Check if Schedule O contains a response or note to any line in this Part VI											
Sec	tion A. Governing Body and Management											
		· · · · ·	Yes No									
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 8										
	If there are material differences in voting rights among members of the governing body, or											

	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1bO			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
10		7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	- the black of the second state and the second state body 3	76		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
		8a	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	Х	
Ь	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	<u> </u>		
9		9		x
0	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B: Policies (This Section B requests information about policies not required by the Internal Revenue Co			
Sec	tion B. Policies (This Section B requests information about policies not required by the internal revolute of	<u>, 40.7</u>	Yes	No
		10a		X
10a	Did the organization have local chapters, branches, or affiliates?			
Þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10Ь		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		x
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
ъ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	42-		X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
Þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE	<u>.</u>		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: 🕨			

CHAFFEY COMMUNITIES CULTURAL CENTER 217 E. A STREET

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909-208-8821 Form 990 (2015)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and									
	Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete the organization's t	is table for all persons required to be listed. Report compensation for the calendar year ending with or within the ax year.								

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	oct fto	x, unie	Pos sheck ass pe nd a d	irson i lirecto	than or is both r/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted [ine]	Individual trustee or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	(W-2)10 99 M ISC)		organization and related organizations	
(1) DARIN KUNA TRUSTEE	0.00	x						0	0	0	
(2) NATHAN MCNABB					┢			· · · · · · · · · · · · · · · · · · ·		<u></u>	
TRUSTEE	0.00	x	<u> </u>					0	0	0	
(3) BETTY JO BERBURG	0.00									0	
TRUSTEE (4) ED DIETL	0.00	X				┟─┤		0	0		
VICE-PRESIDENT	0.00			x				0	0	0	
(5) RICHARD BURNS	0.00								· · ·		
VICE-PRESIDENT (6) DAVID STEVENS	0.00		-	X		$\left\{ - \right\}$		0	0	0	
PRESIDENT	0.00			x				o	0	0	
(7) STEVE IPSON	0.00										
SECRETARY (8) PHILLIP DOWELL	0.00			X		┼╌┫		0	0	0	
TREASURER	0.00			x				о	о	0	
(9)				1							
(10)					-					·	
(11)		+									
· · · · · · · · · · · · · · · · · · ·		·									

	990 (2015) CHAFFEY (5 C		TU	RA	L s.a	C	ENTER 95-328 d Highest Compensated	9645 Employees (continued)	<u>, </u>	Page 8
	(A) Name and title	(B) Average hours per week (list any	(B) (C) Average Position hours per (do not check more than o week box, unless person is both (list any officer and a director/trust							(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	C	(F) Estimated amount of other ompensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organization (W-2/1099-MISC)	(1005 1005 1005)		rganization and related rganizations
								•	T				
						-			+				n n
	······									<u> </u>			
						-			+				<u>_</u>
									+		· · · · · · · · · · · · · · · · · · ·		
						-							
													<u> </u>
	Sub-total Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, S	Sect	ion /	A								
2	Total number of individuals (in reportable compensation from	ncluding but not I	limite	ed to	thos	se lis	sted a	abo	ve	e) who received more than	\$100,000 of		Yes No
3 4	Did the organization list any fi employee on line 1a? If "Yes, For any individual listed on lin	" complete Sche le 1a, is the sum	dule of re	J foi ∋port	r suc able	:h in con	divid npen	ual sati	юг	n and other compensation	n from the	••••	3 X
-5	organization and related orga individual	nizations greater	r tha: crue	n \$1! 	50,00	00? satio	if "Ye n fro	es, ma		omplete Schedule J for su	uch prindividual	,	4 X 5 X
Sect	for services rendered to the o ion B. Independent Contract		res,	, cou	nplet	e So	ched	ule .	Jf	for such person			<u>5 X</u>
1	Complete this table for your fi compensation from the organ	ive highest comp	ens	ated	inde	pen for	dent the c	con aler	tេ nd	actors that received more ar year ending with or wit	than \$100,000 of hin the organization's tax	year.	
		(A) d business address						Τ		Descri	(B) iption of services		(C) Compensation
		-						-					· · ·
				<u></u>									
								.		<u> </u>			
								Ţ		· · · · · · · · · · · · · · · · · · ·			
2	Total number of independent received more than \$100,000	contractors (inc) of compensatio	ludin on fro	g bu om th	t not ne or	l limi gani	ited t i <u>zati</u> c	o th m∎	105 •	se listed above) who	0		990 (2011

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Form 990 (2015)	
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Form 990 (2015)	CHAFFEY	COMMUNITIES	CULTURAL	CENTER	<u>95-3289645</u>
A CONTRACTOR OF A CONTRACTOR O	Statement of				

Statement of Revenue

	Check if Schedule (ntains a response (or note to any line	in this Part VIII	<u></u>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business ravenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns	1a_					
	Membership dues	1b	865				
с	Fundraising events	1c					

	2.0.0000								
원원	1a	Federated carr	paigns	1a 📃					
E S S	ь	Membership du	Jes	1b	865				
SE S		Fundraising ev		1c					
쁥립		Related organiz		1d					
 		Government grants (1e					
55		All other contributions			<u></u>				
풀널	•	and similar amounts		1f	26,036				
물량			1						
Contributions, Gifts, Grants and Other Similar Amounts	~		s included in lines 1a-			26,901			
	<u>h</u>	Total. Add line	<u>s 1a-1f</u>	<u></u>		20,301			
Program Service Revenue					Busn. Code				
2	2a					·			
r an	þ								
Ϋ́ς	C								
ŝ	d								
E	e								
Ë	f		am service rever						
ž			s 2a–2f						
			ome (including o						
	-		ar amounts)			12,664			12,664
	4				ond proceeds >				·
	5								
	3	Royanies	(i) Real	<u></u>	(ii) Personal				
	_			EAD	(ii) i di doniai				
		Gross rents		548					
		Less: rental exps.		924					
		Rental inc. or (loss)		624					27,624
		Net rental inco				27,624			
	ra	Gross amount from sales of assets	(i) Securities		(ii) Other				
		other than inventory							
	ь	Less: cost or other							
		basis & sales exps.							
	с	Gain or (loss)							
			55)		▶			ч. — — — — — — — — — — — — — — — — — — —	
		• ·	m fundraising eve						
Other Revenue			·····						
vel			eported on line 1c)	F	-				
Re			18						
1er									
8			penses		ionto 🕨				
• •		· · · ·	(loss) from fund	-	CIRD				
	9а		om gaming activitie	S					
		See Part IV, line		. <u>a</u>					
		Less: direct ex		. Þ[
			(loss) from gam	iing activi	ties 🕨				
	10a	Gross sales of	inventory, less		_				
		retums and all	owances	a	5,345				
¢	Ь	Less: cost of g	joods sold	b	4,249				
	c	Net income or	(loss) from sale	s of inve	ntory 🛌 🕨	1,096	1,096		
		Mise	cellaneous Revenue		Busn. Code				
	11a	EVENTS		·····		38,451	38,451		
	b		ME			502	502		
	c								
	d		NUC						
	e				•	38,953			
	12		. See instructio	ns.	•	107,238		0	40,288

	Ξų		20	<u> </u>
Form	99	90	(201	5)

12 Total revenue. See instructions.

Form 990 (2015) CHAFFEY COMMUNITIES CULTURAL CENTER 95-3289645 Part IX Statement of Functional Expenses

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	Check if Schedule O contains a response	se or note to any me an		<u></u>	X
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
5	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
5	-				
~	trustees, and key employees			· · ·	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		,,,,		
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				- <u> </u>
0	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	2,830	2,830		
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				·····
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	16,800	16,800	<u> </u>	· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion	8,437	8,437		
13	Office expenses	2,752	2,752	· · · · · · · · · · · · · · · · · · ·	
14	Information technology				
15	Royalties				
16	Occupancy		····		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2	2		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,371	21,371		
23	Insurance	1,348	1,348		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	EVENTS	25,505	25,505		
b	UTILITIES	7,612	7,612		
c	REPAIR AND MAINTENANCE	7,083	7,083		
-	TELEPHONE	6,215	6,215		
d		9,138	6,499		9
9 75	All other expenses	109,093	106,454		
25 26	Total functional expenses. Add lines 1 through 24e	109,093	100,404		
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

Form 990 (2015)	CHAFFEY	COMMUNIT <u>IES</u>	CULTURAL	CENTER	<u>95-3289645</u>
terrente terrente constante.	alance Sheet				

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<u></u>		Check if Schedule O contains a response or not	te to any li	ne in this Part X	·····		<u>_</u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest bearing			13,014		<u>15,976</u>
	2	Savings and temporary cash investments			7,935	2	15,273
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,287	4	6,198
	5	Loans and other receivables from current and former	officers, di	irectors,			
		trustees, key employees, and highest compensated e					
		Complete Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified pe	ersons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B					
	ł	sponsoring organizations of section 501(c)(9) voluntar					
ø		organizations (see instructions). Complete Part II of S				6	
Assets	7	Notes and loans receivable, net				7	
As				· · · · · · · · · · · · · · · · · · ·		8	
	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	<u>958,198</u>			
	ь	Less: accumulated depreciation	10b	389,078	586,491	10c	569,120
	11	Investments-publicly traded securities				11	
	12					12	
	13	Investments-program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			75,000	15	75,000
	16	Total assets. Add lines 1 through 15 (must equal line	34)		<u>683,727</u>	16	<u>681,567</u>
	17	Accounts payable and accrued expenses			17		
	18	Grants payable				18	
	19	Deferred revenue				19	· · · · · · · · · · · · · · · · · · ·
	20	Tax-exempt bond liabilities				20	· · · · · · · · · · · · · · · · · · ·
	21	Escrow or custodial account liability. Complete Part IV	/ of Sched	lule D		21	
8	22	Loans and other payables to current and former office	ers, directo	ors,			
Liabilities		trustees, key employees, highest compensated employees	oyees, and	1			
abi		disqualified persons. Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrelated th	nird parties	3		23	· · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable	s to relate	d third			
		parties, and other liabilities not included on lines 17-2	4). Comple	ete Part X			4 0 0 7
		of Schedule D			4,541		4,237
	26		<u></u> .		4,541	26	4,237
		Organizations that follow SFAS 117 (ASC 958), ch		IX and			
Ces	1	complete lines 27 through 29, and lines 33 and 34		<u> </u>	670 300		
lan	27				<u>679,186</u>		677,330
Ba	28	Temporarily restricted net assets	•••••			28	
Fund Balances	29	Permanently restricted net assets			1	29	
Ę		Organizations that do not follow SFAS 117 (ASC 9	958), chec	k here 🕨 🔄 and			
3 OL		complete lines 30 through 34.					
Net Assets	30	Capital stock or trust principal, or current funds				30	
As	31-	· · · · · ·			· · · · · · · · · · · · · · · · · · ·	31	
Net	32	Retained earnings, endowment, accumulated income			C70 100	32	688.330
	33				679,186		
	34	Total liabilities and net assets/fund balances	<u> </u>	<u></u>	683,727	34	Eom 990 (2015)

Form 990 (2015)

n 990 (2015) CHAFFEY COMMUNITIES CULTURAL CENTER 95-3289645		Page 12
art XI Reconciliation of Net Assets		_
Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>
Total revenue (must equal Part VIII, column (A), line 12)	1	<u> </u>
Total expenses (must equal Part IX, column (A), line 25)	2	109,093
Revenue less expenses. Subtract line 2 from line 1	3	-1,855
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>679,186</u>
Net unrealized gains (losses) on investments	5	
Donated services and use of facilities	6	
Investment expenses	7	
Prior period adjustments	8	-1
Other changes in net assets or fund balances (explain in Schedule O)	9	<u> </u>
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		699 334
33, column (B))	10	677,330
Int XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	Yes No
Accounting method used to prepare the Form 990: Cash X Accrual Other		
If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		20
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u> </u>	3b
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		Form 990 (201

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SCHEDULE A	HEDULE A Public Charity Status and Public Support OMB No. 1545-								
(Form 990 or 990-EZ)									
		4947(a)(1) nonexem				Open to Public			
Department of the Treasury		Attach to Form 99				Inspection			
Internal Revenue Service		ut Schedule A (Form 990 or 990-E		กรถบบบแ	Employer identific				
Name of the organization	CHARFEY COMM	UNITIES CULTURAL	L CENT	TER	95-3289				
Part I Reaso	n for Public Charity	Status (All organizations)	must con	nplete	this part.) See instructions				
		e it is: (For lines 1 through 11, c							
		ociation of churches described i							
		A)(ii). (Attach Schedule E (Form							
		e organization described in sec			ii).				
4 A medical rese	earch organization operated	I in conjunction with a hospital d	fescribed in	n sectio	n 170(b)(1)(A)(iii). Enter the hos	pital's name,			
city, and state:									
5 🚺 An organizatio	n operated for the benefit o	f a college or university owned	or operated	l by a go	overnmental unit described in				
)(1)(A)(iv). (Complete Part								
	e, or local government or g	overnmental unit described in se	ection 170	(b)(1)(A))(V).				
		substantial part of its support fro	om a goven	nmental	unit or from the general public	•			
	ection 170(b)(1)(A)(vi). (Co								
8 A community t	rust described in section 1	70(b)(1)(A)(vi). (Complete Part	(11.) • • • • • • • • • • •	منحاصيف	as membership fees and gross				
9 An organizatio	n that normally receives: (1) more than 33 1/3% of its supp	oversting	- and (2	ons, membership fees, and gross	•			
receipts from a	activities related to its exem	pt functions—subject to certain Id unrelated business taxable in		s, anu (2 section	511 tax) from businesses				
), 1975. See section 509(a)(2).							
An An arrangement	e organization alter Julie St	exclusively to test for public safe	etv See se	ction 50	.,)9(a)(4).				
10 An organizatio	n organized and operated e	exclusively for the benefit of, to a	perform the	functio	ns of, or to carry out the purpose	s of			
	ublicly supported organizati	ons described in section 509(a	1)(1) or sect	tion 509	(a)(2). See section 509(a)(3). C	heck			
the box in lines	s 11a through 11d that desc	cribes the type of supporting org	ganization a	nd com	plete lines 11e, 11f, and 11g. 🛸				
a 🗍 Type I. A supp	orting organization operate	d, supervised, or controlled by i	its supporte	ed organ	ization(s), typically by giving				
the supported	organization(s) the power to	o regularly appoint or elect a ma	ajority of the	e directo	ors or trustees of the supporting				
organization. Y	ou must complete Part IV	/, Sections A and B.							
b Type II. A sup	porting organization superv	ised or controlled in connection	with its su	pported	organization(s), by having				
		organization vested in the same	e persons t	hat cont	rol or manage the supported				
organization(s)). You must complete Par	t IV, Sections A and C.							
		orting organization operated in o							
its supported o	organization(s) (see instruct	lions). You must complete Par	rt IV, Sectio	ons A, C), and E.				
d 🔄 Type III non-f	unctionally integrated. A	supporting organization operate	d in conne	ction wit	h its supported organization(s)				
that is not fund	tionally integrated. The org	anization generally must satisfy	y a distribut	ion requ					
requirement (s	ee instructions). You must	complete Part IV, Sections A	and D, an	id Part V					
		d a written determination from t			ypen, iypen, iypen	z			
	egrated, or Type III non-tur of supported organizations	nctionally integrated supporting	organizatio	48.					
	ng information about the su	pported organization(s).		•••••					
(i) Name of supported	(il) EIN	(iii) Type of organization	(iv) is the org	janization	(v) Amount of monetary	(vi) Amount of			
organization		(described on lines 1-9	listed in your		support (see	other support (see			
		above (see instructions))	docum	ent?	instructions)	instructions)			
			Yes	No		· · · · · · · · · · · · · · · · · · ·			
(A)									
(B)									
<u> </u>	· · · · ·				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
(C)									
(D)									
		<u> </u>	+		<u> </u>				
(E)					1				
					<u> </u>				
Total									
Total		1	··••••••••••••••••••••••••••••••••••••	****	1 <u></u>				

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

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Schedule A (Form 990 or 990-EZ) 2015 CHAFFEY COMMUNITIES CULTURAL CENTER 95-3289645

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	tion A. Public Support						
Caler	idar 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.")					26,901	26,901
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					· · · · · · · · · · · · · · · · · · ·	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					26,901	<u> </u>
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount		-				
	shown on line 11, column (f)						26,901
6	Public support. Subtract line 5 from line 4.				1		20,301
_	tion B. Total Support	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(0) 2012	(0) 2013		26,901	26,901
7	Amounts from line 4 Gross income from interest, dividends,				<u> </u>		
8	payments received on securities loans, rents, royalties and income from similar sources					56,212	56,212
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through 10						83,113
12	Gross receipts from related activities, etc.	(see instructions)				12	44,298
13	First five years. If the Form 990 is for the	organization's firs	t. second. third, fo	urth, or fifth tax v	ear as a section 50	1(c)(3)	·
15	organization, check this box and stop her					<u></u>	
Sec	tion C. Computation of Public S	upport Percen	tage				
.14	Public support percentage for 2015 (line 6	column (f) divide	d by line 11, colun				32.37%
15	Public support percentage from 2014 Sch	edule À, Part II, lin	e 14			15	%
16a	Public support percentage from 2014 Sch 33 1/3% support test—2015. If the organ	ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more,	check this	. —
	box and stop here. The organization qual	lifies as a publicly :	supported organiza	ation			🕨 🗋
Ь	33 1/3% support test-2014. If the organ	vization did not che	ck a box on line 1	3 or 16a, and line	15 is 33 1/3% or m	iore,	
4	check this box and stop here. The organi	zation qualifies as	a publicly support	ed organization			🕨 🕒
17a	10%-facts-and-circumstances test-20	15. If the organizat	ion did not check a	a box on line 13,	16a, or 16b, and lin	e 14 is	
	10% or more, and if the organization mee	ts the "facts-and-c	ircumstances" tes	t, check this box a	and stop here. Exp	lain in	
	Part VI how the organization meets the "f	acts-and-circumsta	ances" test. The or	ganization qualifi	es as a publicly sup	ported	. –
	organization						🏲 🖵
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organization	n meets the "facts-	and-circumstance	s" test, check this	box and stop here). ·	÷
	Explain in Part VI how the organization m						
	supported organization		· · · · · · · · · · · · · · · · · · ·				····· 🔽 🗖
18	Private foundation. If the organization d instructions						► <u>x</u>

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 CHAFFEY COMMUNITIES CULTURAL CENTER 95-3289645 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				·		
Caler	ndar 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 fumished by a governmental unit to the organization without charge						-
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						-
đ	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						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						· · · · · ·
	idar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6		, , , , , , , , , , , , , , , , , , ,	(-/			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	,			· · • • • •		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
1. 	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	internationalista de la constantia de la co Constantia de la constantia de la constanti Constantia de la constantia de la constanti Constantia de la constantia de la constanti					· · · · · · · · · · · · · · · · · · ·
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				•	· · · · · ·	•
3	Total support. (Add lines 9, 10c, 11, and 12.)		* • · · · · · · · · · · · · · · · · · ·		ා කාරාග් දෙම මූද දේශාම් ක දේ දීම මූද ම		ಜಿಕ್ಸಾನ್, ಸ್ಪರ್ಧೆಯಿಂದ್ ಕ್ಷಾಮ್. ಕ್ರಿ
4	First five years. If the Form 990 is for the organization, check this box and stop her		t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	
Sec	tion C. Computation of Public Su	upport Percen	tage	4 5 ^{- 1} - 2	· · · · ·		
5	Public support percentage for 2015 (line 8	, column (f) divide	d by line 13, colum	n (f))		15	%
6	Public support percentage from 2014 Sch	edule A, Part III, li	ne 15 <u></u>				%
Sec	tion D. Computation of Investme	nt Income Pe	rcentage		<u> </u>		· · · · · · · · · · · · · · · · · · ·
7	Investment income percentage for 2015 (I		•	, column (f))			<u> </u>
8	Investment income percentage from 2014				· · · · · · · · · · · · · · · · · · ·	18	%_
9a	33 1/3% support tests-2015. If the orga					•	►
·	17 is not more than 33 1/3%, check this b		-				🕨 🗋
b	33 1/3% support tests-2014. If the orga						
	line 18 is not more than 33 1/3%, check th	•	-				
20	Private foundation. If the organization die	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions	

Schedule A (Form 990 or 990-EZ) 2015

Page 3

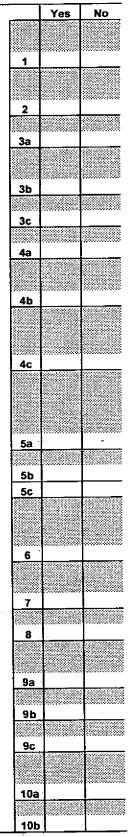
Schedule A (Form 990 or 990-EZ) 2015 CHAFFEY COMMUNITIES CULTURAL CENTER 95-3289645

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

- 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 the designation. If historic and continuing relationship, explain.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4). (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 4a 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.
- 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.
- 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.
- 5a 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, Ioan, 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).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a 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.
- 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? If "Yes," provide detail in **Part VI**.
- 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**.
- 10a 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)? If "Yes," answer 10b below.
 - 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.)



Schedule A (Form 990 or 990-EZ) 2015

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Sched	ule A (Form 990 or 990-EZ) 2015 CHAFFEY COMMUNITIES CULTURAL CENTER 95-32896	<u>45</u>		Page 5
_	t IV Supporting Organizations (continued)			
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (a) above?	<u>11a</u> 11b	Yes	<u>No</u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1 2	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	1		
Secti	on C. Type II Supporting Organizations	<u></u>		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	<u>No</u>
<u>Secti</u>	on D. All Type III Supporting Organizations	,		
	Did the experience and the cost of its supported empirations, by the last day of the fifth month of the		Yes_	<u>No</u>

1	Did the organization provide to each of its supported organizations, by the last day of the intermonter of the
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the
	organization's governing documents in effect on the date of notification, to the extent not previously provided?
2	Were any of the organization's officers, directors, or fulstees either (i) appointed or elected by the supported

- organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- By reason of the relationship described in (2), did the organization's supported organizations have a 3 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the m			

- The organization satisfied the Activities Test. Complete line 2 below. а
 - The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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² Activities Test. Answer (a) and (b) below.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

other Type III non-functionally integrated supporting organizations must complete S Section A - Adjusted Net Income.		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		ļ
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
	7		
7 Other expenses (see instructions)	8		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount	¥	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		<u> </u>
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
	3		
 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 			
	4		
see instructions).	5		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	6		··
6 Multiply line 5 by .035	7	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
7 Recoveries of prior-year distributions			· · · · · · · · · · · · · · · · · · ·
8 Minimum Asset Amount (add line 7 to line 6)	8 -		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	. 1		<u>.</u>
2 Enter 85% of line 1	2		š
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		<u> </u>
7 Check here if the current year is the organization's first as a non-functionally-inte	grated Type	III supporting organization	n (see

instructions).

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Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 CHAFFEY COMMUNITIES CULTURAL CENTER 95-3289645 P

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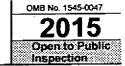
	Type III Non-Functionally Integrated 509(a)(3) S	appointed or Manufa		Current Year
	on D - Distributions		· · · · · ·	<u> </u>
1	Amounts paid to supported organizations to accomplish exempt purpos			
2	Amounts paid to perform activity that directly furthers exempt purposes	or supported		
	organizations, in excess of income from activity	-1		
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
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 organizations	tion is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2015	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:			
a				
b				
	From 2013			
_	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	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.			
	Remaining underdistributions for years prior to 2015, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
<u>e</u>	Remaining underdistributions for 2015. Subtract lines 3h			
6	and 4b from line 1 (if amount greater than zero, see			
-	instructions).			
7	Excess distributions carryover to 2016. Add tines 3j			
	and 4c.			
8	Breakdown of line 7:.			
а				
	Excess from 2013			
d	Excess from 2014			
-	Excess from 2015	provide the second s	Providence (1997)	I contraction from the second second

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Schedule A (Form 990 or 990-EZ) 2015

Schedule A (F Part VI	orm 990 or 990-EZ) 2015 CHAFFEY COMMUNITIES CULTURAL CENTER 95-3289645 Page 8 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. (See instructions.)
• • • • • • • • • • • • • • • • • • • •	
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.



Information about Schedule D (Form 990) and its instructions is at www.irs.	gov/form990.	inspe
	Employer identifi	

Internal Revenue Service Name of the organization

Department of the Treasury

Preservation of an experted 'Yes' on Form '90, Part IV, line 6. b) Forking the organization answered 'Yes' on Form '90, Part IV, line 6. Appropriate value of contributions to (during year)	CT	AFFEY COMMUNITIES CULTURAL CENTER		95-3289645
Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Drew stewart linet. (b) Drew stewart linet. (c) Drew stewa	1	TI Organizations Maintaining Donor Advised Fu	Inds or Other Similar Funds or /	Accounts.
International product of the second seco		Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
Aggregate value of contributions to (during year) Aggregate value of another (during year) Aggregate value at end of fyser Dot the organization inform all denors and denor advisors in writing that the assets held in donar advised funds are the organization inform all grantees, donors, and denor advisors in writing that the assets held in donar advised indicates the organization inform all grantees, donors, and denor advisors in writing that grant funds are build only for charactele purposes and not for the benefit of the dunor or doner advisor, or for any other purpose				(b) Funds and other accounts
Aggregate value of contributions to (during year) Aggregate value of another (during year) Aggregate value at end of fyser Dot the organization inform all denors and denor advisors in writing that the assets held in donar advised funds are the organization inform all grantees, donors, and denor advisors in writing that the assets held in donar advised indicates the organization inform all grantees, donors, and denor advisors in writing that grant funds are build only for charactele purposes and not for the benefit of the dunor or doner advisor, or for any other purpose	1	Total number at end of year		-
a) Aggregate value of grants from (during year) b) Aggregate value at end of year b) Conservation and donors advisors in writing that the essets held in donor advised b) Conservation from all donors, and donor advisors in writing that grant tonds can be used only for charatable purposes and not for the benefit of the donor of donor advisor, or for any other purpose ordenring during memissible advisor benefit? b) Conservation Casements. C) Conservation Casements. C) Conservation Casements. C) Complete if the organization check all the apply. C) Prepose(s) of conservation easements held by the organization (check all the apply). C) Prepose(s) of conservation easements held by the organization (check all the apply). C) Prepose(s) of conservation easements held by the organization (check all the apply). C) Prepose(s) of conservation easements held by the organization (check all the apply). C) Prepose(s) of conservation easements held by the organization (check all the apply). C) Prepose(s) of conservation easements held by the organization (check all the apply). C) Prepose(s) of conservation easements held by the organization (check all the apply). C) Prepose(s) of conservation easements included in (a) cancer data conservation of a conservation and the tary at the assess the data the East of a transmet of the conservation easements. C) C complete list (the conservation easements. C) C) Conservation easements included in (a)	_			
Aggregate value at end of year Det the organization inform all doors and viscors in writing that the assets held in doors advised funds are the organization's property, subject to the organization's exclusive legal contro? Did the organization inform all granese, doors, and doors advisors in writing that grant funds can be used and for chantable purposes and not for the benefit of the donor advisor, or for any other purpose any for chantable purposes and not for the benefit of the donor advisor, or for any other purpose any for chantable purposes and not for the benefit of the donor advisor, or for any other purpose Complete lift the organization assements. Complete lift the organization (check all that appt). Preservation of an for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of natural babitat Preservation of a bistorically important land area Preservation of natural babitat Preservation of a bistorically important land area Total number of conservation easements Zo Zo Did the fax year. Total number of conservation easements Zo Zo Number of conservation easements Zo Number of conservation easements Number of conservation easements induced in (c) acquired after 8/17/06, and not on historic structure listed in the National Register Number of states where properly subject to conservation easement is floated = Versel Number of conservation easements induced and (c) acquired after 8/17/06, and not on historic attructure listed in the conservation easement is floated = Versel Number of conservation easements induced after 8/17/06, and not on historic attructure listed in the conservation easement is floated > Number of conservation easements induced in (c) acquired after 8/17/06, and not on historic attructure listed in the National Register Number of conservation easements induced if portodic(N), inspecting, h	_			
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised indice the organization sporphy, subject to the organization exclusive legal control? 6 Did the organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring ingermissite private benefit? 7 Protection of natural habitat organization answered "Yes" on Form 990, Part IV, line 7. 7 Purpose(s) of conservation easements held by the organization (check all that tapply). P Preservation of a conservation easements held by the organization (check all that tapply). P Preservation of a conservation easements held by the organization (check all that tapply). P Preservation of a conservation easements held by the organization (check all that tapply). P Preservation of a conservation easements are equilified conservation contribution in the form of a conservation easements are actified historic structure included in (a). 2 Complete times 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements in a carified historic structure included in (a). 3 Number of conservation easements in calified historic structure included in (a). 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 3 Number of conservation easements in bolar? 4 Number of states where property subject to conservation easement is holar? 5 Does the organization hours a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year by sideling and during the year by side for a spanzation easement is holar? 6 Staff and volumeter hours devoled to monitoring, inspecting, handling of violations	4			
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 B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X 5 S 6 Tor Paperwork Reduction Act Notice, see the Instructions for Form 990. 	7		plations, and enforcing conservation ease	ments bonng the year
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losses Grants or scholarships	6 C	ontributions			∤ ·───				
d Grants or scholarships Other expenditures for facilities and programs f Administrative expenses									
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % C Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment tunds not in the possession of the organization that are held and administered for the organizations (i) unclated organizations (ii) related organizations # TYes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Pairt VI Land 150,000 Description of property (e) Cost or other basis (b) Cost or other basis (c) Accumutified (d) Book value (d) Book value (e) Cost or other basis (c) Accumutified (d) Book value 150,000 b there exclude improvements 4 Complete if the organization 150,000 Buildings 150,000	0	sses							
programs									
f Administrative expenses									
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % (i) unrelated organizations (ii) related organizations (ii) related organizations 1 Descripte in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (a) Book value (b) Cost or other basis (c) Acc									
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (revestment) (b) Cost or other basis (c) Accumulated (d) Book value 1a Land 150,000 1a Land 150,000 Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 150,000 150,000 150,000 150,000 000 000 b Buildings								3b	
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Land (investment) (other) depreciation 1a Land 150,000 150,000 b Buildings								A, III C TU.	
1a Land 150,000 150,000 b Buildings 150,000 150,000 c Leasehold improvements 150,000 150,000 d Equipment 808,198 389,078 419,120		Description of property						(0) 0000 100	
b Buildings								150	000
c Leasehold improvements	1a L	and			150,000			0	,
d Equipment 808,198 389,078 419,120	bB	Suidings		<u> </u>					
e Other 808,198 389,078 419,120						<u> </u>			
					308,198	380	0.078	419	,120
	Total 4	Add lines 1a through 1e. (Column (d) mus	st equal Form 990 Pa						

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Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV line	a 11b. See Form 990. P	art X. line 12.
<u>, , , , , , , , , , , , , , , , , </u>	(a) Description of security or category	(b) Book value	(c) Method of	valuation:
	(including name of security)		Cost or end-of-yea	r market value
(1) Financial of	derivatives			
	eld equity interests			
(3) Other				
(A)				<u> </u>
	· · · · · · · · · · · · · · · · · · ·			
(C)				
(D)				· · · · · · · · · · · · · · · · · · ·
(E)				· · · · · · · · · · · · · · · · ·
		·		
				· · · · · · · · · · · · · · · · · · ·
(H)				
the second se	n (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII	Investments—Program Related. Complete if the organization answered "Yes" on	Eorm 000 Part IV line	11c See Form 990 P	art X. line 13.
		(b) Book value	(c) Method of	valuation:
	(a) Description of investment	(5) 5551 1455	Cost or end-of-yes	
(4)				
<u>(1)</u>				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11d. See Form 990, F	art X, line 15.
	(a) Description			(b) Book value 75,000
(1)				15,000
(2)				
(3)				
(4)				··
(5)		·····		
(6)				·
(7)				· · · · · · · · · · · · · · · · · · ·
<u>. (8)</u>				· · · · · · · · · · · · · · · · · · ·
(9) Tetal (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)		▶	75,000
Part X	Other Liabilities.	••••••••••• <u>••••</u> ••• <u>•••</u> ••• <u>••</u> •••	· · · · · · · · · · · · · · · · · · ·	± · • •
FOISS	Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11e or 11f. See Form	990, Part X,
	line 25.	•••		
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2) DEPO		4,126		
	S TAX PAYABLE	111		
(4)				
(5)				
(6)			4	
(7)			4	
(8)			4	
(9)			4	
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	4,237		4-4-
2. Liability for	r uncertain tax positions. In Part XIII, provide the text of the fo	ootnote to the organization's	Inancial statements that rep	
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740).	Check here if the text of the	rootnote has been provided a	

	ule D (Form 990) 2015 CHAFFEY COMMUNITIES CULT	<u>URAL CENTER 95-</u>	3289645	Page 4
Second Second	t XI Reconciliation of Revenue per Audited Financial S	itatements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form			
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1			
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>		
ь	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	t.) <u> </u>		
Par	TXII Reconciliation of Expenses per Audited Financial	Statements With Exper	nses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			<u> </u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	<u> 8.)</u>	5	
Pa	t XIII Supplemental Information.			
Provid	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any additional informa	ation.	
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Page 5

Part XIII: Supplemental Information (continued)	Schedule D (F	Form 990) 2015	CHAFFEY	COMMUNITIES	CULTURAL	CENTER	95-3289645	Page 5
	Part XIII	Suppleme	ental Informatio	on (continued)				
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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete to provid Form 990 or 9	I Information to For le information for response 990-EZ or to provide any ad Attach to Form 990 or 9 Form 990 or 990-EZ) and its	s to specific questions ditional information. 90-EZ.	on	OMB No. 1545-0047 2015 Open to Public Inspection
Name of the organization	CHAFFEY COMMUNITIE	S CULTURAL CEN	TER	95-328964	
	PART VI, LINE 11B -		S PROCESS TO) REVIEW FOI	2M 990
	PART VI, LINE 19 - TS AVAILABLE TO THE		MENTS DISCLO	SURE EXPLAI	NATION
FORM 990, E DESCRIPTION	PART IX, LINE 11G -	OTHER FEES FO	R SERVICES		
	PROGRAM SERVICE	MGT & G	ENERAL	FUNDR	AISING
CONSULTING					
	\$ 16,800	\$	0	\$	0
	PART XI, LINE 9 - C DEPRECIATION DIFFE		N NET ASSETS	5 EXPLANATI(Ş	ON - 1
TOTAL				\$	-1
· · · · · · · · · · · · · · · · · · ·	·····			-	······
					
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2	562	I	De	preciation and	Amortiza	ation		OMB No. 1545-0172
Form	JUZ		(inclu	ding Information o	n Listed P	roperty)		2015
•	of the Treasury			Attach to your t 4562 and its separate	ax return.	is at your its o	ov/form4562	Attachment Sequence No. 179
	enue Service (99)		mation about Form	1 4502 and its separate	instructions	15 at www.no.g	Identifying nur	
vame(s) sno	wn on return C	THAFFEY	COMMUNITI	ES CULTURAL	CENTER		95-328	
Business or	activity to which this form							
MIS	CELLANEOUS		· · · · · · · · · · · · · · · · · · ·					
Part I	Election	To Expension have an	se Certain Property.	erty Under Section complete Part V be	179 fore vou co	omplete Part I		
1 Ma	ximum amount (se		en en el la sectión de la s				1	500,000
	•		laced in service (see	instructions)			2	· · · · · · · · · · · · · · · · · · ·
				in limitation (see instruct	ions)		3	2,000,000
			e 3 from line 2. If zer					····
5 Dol	lar limitation for tax ye		•	less, enter -0 If married filin				
6	<u></u>	(a) Description	of property	(b) Co:	t (business use d	xn(y) (c)⊭	lected cost	
	· · · · · · · · · · · · · · · · · · ·				·			-
		11	line 20			7		
	ted property. Enter		* * • • • • • • • • • • • • • • • • • •	in column (c), lines 6 an	l d 7		8	
		=	iller of line 5 or line 8					
				014 Form 4562			10	
				s income (not less than :			s) 11	
				t do not enter more than I			12	
				and 10, less line 12		13		
Note: Do	not use Part II or I	Part III below	for listed property. In	stead, use Part V.				
Part I				d Other Depreciati			d property.)	(See instructions.)
14 Sp	ecial depreciation a	allowance for	qualified property (ot	her than listed property) (placed in serv	/ice		2 000
	ing the tax year (se							2,000
							15	
16 Otl Part I				de listed property.) (
		Depreciati		Section A		5.(0110.)		······
17 MA	CRS deductions for	or assets plac	ed in service in tax v	ears beginning before 20	15		17	19,086
	u are electino to group a	ny assets placed i	in service during the tax yea	ar into one or more general asset	accounts, check	here		
<u> </u>	S	ection B-A	ssets Placed in Serv	vice During 2015 Tax Ye	ar Using the	General Depre	ciation System	<u>n</u>
	(a) Classification of prop	perty	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-	year property							
	year property							
с 7	year property	-		2,000	7.0	<u>. HY</u>	200DB	286
d 10	year property				ļ			
e 15	year property							
-	-year property				05		S/L	
	year property	· -			25 yrs.			
	sidential rental				27.5 yrs. 27.5 yrs.	MM MM		<u> </u>
	nresidential real	<u> </u>	<u> </u>		39 yrs.	MM	S/L	
	perty	· .				MM		
		ction C—Ass	sets Placed in Servi	ce During 2015 Tax Yea	r Using the			em
20a Cla	ass life						S/L	
· · ·	-year	-		· · · · ·	12 yrs.		S/Ĺ	
	-year				40 yrs.	MM	S/L	
Part		y (See inst			• •• ••			
	sted property. Enter				· · · · · · · · · · · · · · · · · · ·			
				ines 19 and 20 in column				01 270
				rships and S corporation				21,372
				he current year, enter the		23		
			section 263A costs _		<u></u>	1		Form 4562 (2015

THERE ARE NO AMOUNTS FOR PAGE 2

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