

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2014Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**Open to Public Inspection****A** For the 2014 calendar year, or tax year beginning MARCH 31, 2014, and ending MARCH 31, 2015**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organizationSOUTHERN CA. EGG ARTIST (ADELE ARAMIAN)

Number and street (or P.O. box, if mail is not delivered to street address)

7890 LA MESA WAY

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

BUENA PARK CA., 90620-7387**D** Employer identification number13-4333667**E** Telephone number(714) 522-0517**F** Group Exemption

Number ▶

G Accounting Method: ☐ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other SENIOR CITIZEN EGG ARTIST**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I. ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	<u>581.00</u>
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	<u>0</u>
	b	Less: cost or other basis and sales expenses	5b	<u>0</u>
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u>0</u>
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	<u>753.40</u>	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<u>753.40</u>	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>1334.40</u>	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	<u>695.73</u>
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	<u>250.00</u>
	15	Printing, publications, postage, and shipping	15	<u>466.83</u>
	16	Other expenses (describe in Schedule O)	16	
	17	Total expenses. Add lines 10 through 16	17	<u>1412.56</u>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>(78.16)</u>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>1384.29</u>
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year (Combine lines 18 through 20)	21	<u>1306.13</u>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2014)

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SCANNED APR 29 2015

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments		22
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets		25
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations; optional for
others.)

28		
(Grants \$) If this amount includes foreign grants, check here	28a	
29		
(Grants \$) If this amount includes foreign grants, check here	29a	
30		
(Grants \$) If this amount includes foreign grants, check here	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<input checked="" type="checkbox"/>
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<input checked="" type="checkbox"/>
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ►		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► <u>ADELE ARAMAN</u> Telephone no. ► <u>(714) 5220517</u> Located at ► <u>7890 LA MESA WAY BUENA PARK</u> ZIP + 4 ► <u>90620-2387</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ►	42b	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 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

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		<input checked="" type="checkbox"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization?

49b		<input checked="" type="checkbox"/>
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

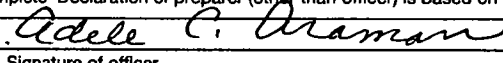
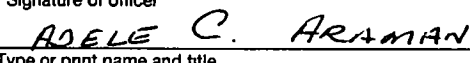
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving more than \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must complete Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information provided by the taxpayer.

Sign Here 
Signature of officer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature
Firm's name	
Firm's address	

May the IRS discuss this return with the preparer shown above? See instructions.



Account Number

Statement Period 03-01-15 thru 03-31-15

Page 1 of 2



ADELE CHRISTINE ARAMAN
7890 LA MESA WAY
BUENA PARK CA 90620

For questions contact us:

Phone 1-888-4-WESCOM (1-888-493-7266)
Teller#Phone 1-877-4-TELLER (1-877-483-5537)
E-mail mail@wescom.org
Web Site www.wescom.org

P O Box 7058
Pasadena, CA 91109-7058

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ACCOUNT SUMMARY

SAVINGS/CHECKING	BALANCE
Savings (1)	\$1.00
Checking (1)	\$1,306.13
TOTAL BALANCES (2)	\$1,307.13
AVERAGE DAILY BALANCE	\$1,411.15
YTD DIVIDENDS EARNED	\$0.00
TAXABLE DIVIDENDS EARNED	\$0.00

Balance to 990 E2 Reconciliation

Mind the GAP

When you get an auto loan with
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REGULAR SAVINGS 00

Dividends Earned In 2015: \$0.00

Dividends Earned In 2014: \$0.00

Account Ownership JUDY M NEGRETE / Authorized Signer, ORGANIZATION SOUTHERN CALIFORNIA EGG ARTISTS / Authorized Signer

Beginning Balance	+	Deposits & Other Credits (0)	-	Withdrawals & Other Debits (0)	=	New Balance
\$1.00		\$0.00		\$0.00		\$1.00

Trans Date	Effective Date	Transaction Description	Amount	New Balance
		Beginning Balance		1.00

Account Ownership JUDY M NEGRETE / Authorized Signer, ORGANIZATION SOUTHERN CALIFORNIA EGG ARTISTS / Authorized Signer

Beginning Balance + Deposits & Other Credits (0) - Checks Cleared (2) - Withdrawals & Other Debits (0) = New Balance
 \$1,571.11 \$0.00 \$264.98 \$0.00 **\$1,306.13**

Trans Date	Effective Date	Transaction Description	Amount	New Balance
		Beginning Balance		1,571
03/13		Check # 001042 ✓ <i>(Senior Citizen Buena Park)</i>	-250 00	1,321
03/16		Check # 001041 - <i>Lupe Gonzalez (Donnell)</i>	-14 98	1,306

Summary of Cleared Checks

Check #	Date Cleared	Amount	Check #	Date Cleared	Amount	Check #	Date Cleared	Amount
001041	03/16	14.98	001042	03/13	250.00			

* Asterisk next to number indicates skip in number sequence

PERIODIC STATEMENT DISCLOSURE FOR OPEN-END LOANS

Periodic Rate The Periodic Rate and ANNUAL PERCENTAGE RATE are subject to change on loans marked Equity Line of Credit, Express Equity Line or Share Line of Credit. Subject to the terms of the Note, you have the right to repay your Equity Line of Credit or Express Equity Line without prepayment charge.

How You Determine The Balance On Which My FINANCE CHARGE Is Computed You will figure the FINANCE CHARGE on my account by applying the periodic rate to the unpaid balance of my account. To get the unpaid balance you will take the ending balance of my account each day, after adding any new advances or purchases and subtracting any payments or credits. This gives you the unpaid balance.

BILLING RIGHTS SUMMARY

This notice contains important information about my rights and responsibilities under the Fair Credit Billing Act.

IN CASE OF ERRORS OR QUESTIONS ABOUT MY PERIODIC STATEMENT

If I think my periodic statement is wrong, or if I need more information about an item on my periodic statement, I must write to you on a separate sheet at Wescom Credit Union, Account Services, P.O. Box 7058, Pasadena, CA 91109-7058. I should write to you as soon as possible. You must hear from me no later than sixty (60) days after you sent me the FIRST periodic statement in which the error or problem appeared. I can telephone you, but doing so will not preserve my rights. In my letter, I should give you the following information:

- (1) My name and account number
- (2) The dollar amount of the suspected error
- (3) Describe the error and explain, if I can, why I believe there is an error; if I need more information, describe the item I am not sure about

I do not have to pay any amount in question while you are investigating, but I am still obligated to pay the parts of my periodic statement that are not in question. While you investigate my question, you cannot report me as delinquent or take any action to collect the amount in question.

IN CASE OF ERRORS OR QUESTIONS ABOUT MY ELECTRONIC TRANSFERS

I will write to you at Wescom Credit Union, Account Services, P.O. Box 7058, Pasadena, CA 91109-7058 or telephone you at 888-493-7266 as soon as I can, if I think my periodic statement or receipt is wrong or if I need more information about a transfer on the periodic statement or receipt. You must hear from me no later than sixty (60) days after you sent me the FIRST periodic statement on which the error or problem appeared. I will:

- (1) Tell you my name and account number
- (2) Describe the error or the transfer I am unsure about, and explain as clearly as I can why I believe there is an error or why I need more information
- (3) Tell you the dollar amount of the suspected error

You will investigate my complaint and will correct any error promptly. If you take more than ten (10) business days to do this, you will re-credit my account for the amount I think is in error so that I will have the use of the money during the time it takes you to complete your investigation.

Account Identifiers: When referring to your specific accounts, use the entire Account Name along with the two-digit number shown after the Account Name. Using both the name and two-digit number will ensure accurate account information.



Reconciliation of SCSA
3/31/14 thru 2/2/15

928807

1	2	3	4	5	6	7	8
	Date	Check #	Debit		Credit	Description	
1	Balance Forward						1384.79
2							
3	4-30-14				563 =	members	1947.29
4	May 14				100 =		
5					141 =		
6		1028	347.75				
7		1029	46.63				1778.71
8	June 14	1030	139.38		29.50		1688.83
9							
10	July 14	-	-		-		1688.83
11	Aug 14	1031	15 =		61.50		
12		1032	49 =				1686.33
13	Sept 14	1033	60 =		34.00		
14	Oct 14	1034	12.69		48.00		
15		1035	20 =				
16		1036	12.25				1662.49
17	Nov 14	-	-		-		1662.49
18	Dec 14	1037	84.00		94 =		
19		1038	327.78		190.40		1746.89
20	Jan 15	1039	10.00		25.00		1548.11
21	Feb 15	1040	25.00		48.00		1571.11
22	March 15	1042	250.00				1321.11
23		1041	14.98				
24	T		1412.55		1384.40		1306.13
25							
26	The following Checks are described:						
27	Checks	Description					
28	1028	Spring Luncheon (Chase)					
29	1029	Paula Jones - (Golden Eggs, Bells etc)					
30	1030	Judy Hagata - (Clock & Gift Card)					
31	1031	Rupe Gonzales					
32	1032	Postage					
33	1033	Paula Jones Inv.					
34	1034	Hornel Robbins Stamp					
35	1035	Terigi Bondi					
36	1036	Donuts - M.B. Aramant					
37	1037	Party favors					
38	1038	Christmas Luncheon (Chase)					
39	1039	Irene Cellantine (Refund)					
40	1040	City of Hope					
	1042	Suena Park SR					
	1041	Rupe Gonzales Donuts					