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BAJA BLUES FEST ORGANIZATION % JACKIE LYNN ALAMEDA PO BOX 189010 CORONADO CA 92178-9010

Notice	CP211A
Tax period	December 31, 2015
Notice date	June 13, 2016
Employer ID number	45-5173273
To contact us	Phone 1-877-829-5500
	FAX 801-620-5555

Page 1 of 1



.47890

Important information about your December 31, 2015 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2015 Form 990. Your new due date is August 15, 2016.

What you need to do

File your December 31, 2015 Form 990 by August 15, 2016. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- · Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2015

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 2015 calendar year, or tax year beginning , 2015, and ending			, 20					
	B Checi	k if applicable: C Name of organization	D En	nployer iden	tification number					
ĺ	Addr	ess change BAJA BLUES FEST ORGANIZATION		45-	5173273					
[Nam	e change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Te	ерноле пип						
Į	Initial	return PO BOX 189010 #390	l	1 900	-520-5471					
Ļ	=	City or town state or province country and ZIP or foreign postal code	5 C	roup Exem						
L	=	aded return		nuper ▶	DUGH					
Ē		cation pending CORONADO CA 92178								
					ne organization is no					
ı		site: WWW.BAJABLUESFEST.ORG			h Schedule B					
_		xempt status (check only one) — 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527	(Form	990, 990-E	Z, or 990-PF).					
		of organization: 🗹 Corporation 🔲 Trust 🔲 Association 🔲 Other								
L	Add	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota	l asset	S						
(F	Part II,	column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$						
	Part	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	instru	uctions fo	or Part I)					
_		Check if the organization used Schedule O to respond to any question in this Part I								
	1			11	22,742					
	2			2	22,142					
	3	Membership dues and assessments	• •	3						
	4	Investment income		4						
	5			4						
	1									
	į k									
	1 .	the state of the s	• •	5c						
	6	Gaming and fundraising events								
đ	, l									
Ď		\$15,000)								
Revenue	b	are a series of the series of	S							
Re		from fundraising events reported on line 1) (attach Schedule G if the								
	1	sum of such gross income and contributions exceeds \$15,000) 6b	27,886							
	C	Less: direct expenses from gaming and fundraising events 6c	30.932							
	d									
	1	line 6c)		6d	(3,046)					
	7a	Gross sales of inventory, less returns and allowances		20000	(3,040)					
	b	· · · · · · · · · · · · · · · · · · ·								
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c						
	8	Other revenue (describe in Schedule O)	٠.,							
	9	Tetal revenue Add lines 1.0.2.4.50 Cd. 7- and 0		8						
	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	19,696					
	1	Grants and similar amounts paid (list in Schedule O)	• •	10	11,290					
	11	Benefits paid to or for members	• •	11						
expenses	12	Salaries, other compensation, and employee benefits	[12						
č	13	Professional fees and other payments to independent contractors		13	1,409					
Š	14	Occupancy, rent, utilities, and maintenance		14						
Ц	15	Printing, publications, postage, and shipping		15	17					
	16	Other expenses (describe in Schedule O)		16	1,688					
	17	Total expenses. Add lines 10 through 16	>	17	14,404					
0	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	.	18	5,292					
Assers.	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree v								
į į		end-of-year figure reported on prior year's return)	24	19	5,381					
3	20	Other changes in net assets or fund balances (explain in Schedule O)	ļ	20						
١	21	Not accept on fund halances at and of year. Combine lines 19 through 90	:	04	9					

Page 2

45-5193213

	art II	Balance Sheets (see the instruction	•				
		Check if the organization used Scho	edule O to respond to	any question in thi			· · · · [
00	Casi	h acidnes and investments			(A) Beginning of year		(B) End of year
22 23		h, savings, and investments			5,51	9 22	10,6
24		er assets (describe in Schedule O)		· · · · · · · ·		23	
25		al assets				9 25	
26		Il liabilities (describe in Schedule O)				8 26	10,6
27		assets or fund balances (line 27 of co				1 27	0.
	rt III	Statement of Program Service Ac				121	10,6
		Check if the organization used Sche				1	Expenses
Wha	at is the	organization's primary exempt purpose		CHILDREN'S CHARITI		(Red	quired for section
Des	cribe the	e organization's program service acco	molishments for each	of its three largest	program panione		(c)(3) and 501(c)(4) inizations; optional fo
as n	neasure	d by expenses. In a clear and concisefited, and other relevant information for	se manner, describe	the services provide	d, the number of	othe	
28	Annual	Baja Blues Fest, a musical event with ba	nds, vendors, 86 voluni	teers, held over 3 days	Tickets sold	T	
		r fees collected, private donations, memo			program, a small		ł
		ge, a food bank, a children's reading prod				1	-
	(Grants		unt includes foreign g		<u></u> ▶ 🗀	28a	30,93
29		he Future, a project to help "the lost gene					
		nd, obtain their Mexican Documents to pr		p to continue their ed	ucation and be		1
		for scholarships and other benefits of cit					
60	(Grants	If this amo	unt includes foreign g	rants, check here .	▶ 📙	29a	0.0
30							j
•							
	(Grants	©) If this amo	intinglishes foreign as			00-	
	·	ogram services (describe in Schedule	unt includes foreign gi			30a	
	(Grants		unt includes foreign gr	vanto abaak bara		24-	Į.
	2	ogram service expenses (add lines 28	2011 Includes foreign gr	ants, check here .	• • • • • • • • • • • • • • • • • • •	31a	
		ist of Officers, Directors, Trustees, and				32	30,93
		Check if the organization used Sched	tile O to respond to a	an one even il not comp	Jerisaleu—see irie iri Dort IV	siruci	ions for Part IV)
		mook ii tho organization used conten		(c) Reportable	(d) Health benefits.		· · · · · ·
		(a) Name and title	(b) Average hours per week	compensation	contributions to employe		
			devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		ner compensation
ACKI	E LYNN A	ALAMEDA	-			1	
		ECRETARY	30	0.00	0.00	اه	0.00
	Y L. ALAi	······································		9.00		1	
ICE P	RESIDE	NT - DIRECTOR	15	0.00	0.00	,	0.00
		ON SMITH				1	
REAS	URER		30	0.00	0.00)	0.00
OAN S	SWARTZ	LANDER					
		ACTIVITIES	15	0.00	0.00	,	0.00
ACK S	SMITH					†	
CAL	- FINAN	CIAL ADVISOR - EA	2	0.00	0.00	,	0.00
м на	WKINS						
DIRE	CTOR		5	0.00	0.00		0.00
	<u> </u>						
							
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						<u> </u>	

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this		
	The state of the s		Yes N
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	,
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	
35	· · · · · · · · · · · · · · · · · · ·	35a	
i	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	
	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	
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	
37 <i>a</i>	Total		
ŀ	3	37b	1
3 8ā	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	
b	1 1 1 200		
39	Section 501(c)(7) organizations. Enter:		
a		30.0	34, 31
b 40a	, , , , , , , , , , , , , , , , , , , ,		
	section 4911 ► ; section 4912 ► ; section 4955 ►		
b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	40b	
С	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	es a	
ď	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
е		40e	1
41	List the states with which a copy of this return is filed ▶ WYOMING		
42a	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	19-252	-1350
h	Located at ➤ ROSARITO BEACH, BAJA CALIFORNIA, MEXICO ZIP + 4 ➤ At any time during the colondor year did the avanigation have intended.		
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)?	Y 2b	es No
	If "Yes," enter the name of the foreign country: ▶	12U (ot a state
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	2c	/
3	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	Į V	s No
4a	completed instead of Form 000 E7	4a	
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	4b	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	4c 1d	1
a l	The state of the s	5a	1
b l	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)	in l	

Form 9	990-EZ (2015)	DAIA BI	UES FEST	45-51	7321:	3		Pŧ	ge
46	Did the organiza	tion engage, directly o	r indirectly, in political	campaign activities o	n behalf c	of ar in appos	sition	Yes	_
Part	Section 5	r public office? If "Yes, 01(c)(3) organization 501(c)(3) organization	ns only			· ·		or line	3
	Check if th	e organization used S	chedule O to respon	d to any question in	this Part	vI			Į
47	Did the organiza	tion engage in lobbyin emplete Schedule C, Pa				ct during the	tax	Yes	N
48	Is the organization	n a school as described	in section 170(b)(1)(A)((ii)? If "Yes," complete	Schedule	 E	. 47		1
49a b 50	If "Yes," was the Complete this tal	ion make any transfers related organization a s ble for the organization' ach received more tha	section 527 organizations five highest comper	on?	 ner than o	 fficers, direct	. 49b	s and	Y
	(a) Name and title		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contributio benefit plan	lth benefits, ns to employee s, and deferred censation	(e) Estimated other comp	amount	
VONE									~-
	-								
									_
									_
51 C	5100,000 of comp	e for the organization!: ensation from the organ ss address of each independent	nization. If there is nor	nsated independent one, enter "None." (b) Type of service			received m	ore tha	1
ONE		•		(L) 1) po 0. 00 mo					
		***************************************			İ				
-		·							
									-
						• • • • • • • • • • • • • • • • • • • •	-		_
									_
		er independent contrac				NON			-
CO	o the organization Impleted Schedule	n complete Schedule	A? Note: All secti	ion 501(c)(3) organiz] No	
er penal	ties of perjury, I declare	that I have examined this ret	urn, including accompanying	schedules and statements	and to the	hast of my know			-
	1	ation of preparer (other than o	nicer) is based on all informa	ation of which preparer has	any knowlec	ge. Sune	-17.3	10/5	
in re	JACKIE LYN Type or print na	N ALAMEDA - PRESIDER	NT/SECRETARY		Date				
id epare	Print/Type prepare	· · · · · · · · · · · · · · · · · · ·	reparer's signature	Date		Check if self-employed	PTIN		
e Onl	y Firm's name ➤				Firm':	s EIN ▶			
the IR	Firm's address ➤ RS discuss this retu	Irn with the preparer sh	nown above? See inst	ructions	Phon	N			
nio II.	io diocuss tills fett	arr with the brebaret at	IOWIT ADOVE? 266 INST	rucdons		🟲 [🗌 Yes 🔲	No	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

BAJA BLUES FEST ORGANIZATION		·				5173273
Part I Reason for Public						tions.
The organization is not a private fo		•	-	•	•	
1 A church, convention of c						
2 A school described in sec			-			
3 A hospital or a cooperativ						
4 A medical research organ hospital's name, city, and	•	n conjunction with a ho	ospital de	escribed i	n section 170(b)(1)(.	A)(iii). Enter the
5 An organization operated section 170(b)(1)(A)(iv). (0		f a college or universi	ty owned	i or oper	ated by a governme	ental unit described
6 ☐ A federal, state, or local go 7 ☐ An organization that-norm described in section 170(I	ially receives a su	bstantial part of its si				om the general publi
8 A community trust describ	ed in section 170	(b)(1)(A)(vi). (Complet	e Part II.)			
9 An organization that norm receipts from activities rel support from gross inves acquired by the organization	lated to its exemp tment income ar	ot functions—subject nd unrelated business	to certai s taxable	n except income	ions, and (2) no mo (less section 511 t	re than 331/3% of its
10 An organization organized	and operated exc	lusively to test for pub	lic safety	. See se o	ction 509(a)(4).	
11 An organization organized a one or more publicly suppo the box in lines 11a through	and operated exclu rted organizations	sively for the benefit of described in section	of, to perf 509(a)(1)	orm the fu or section	inctions of, or to can in 509(a)(2). See sec	tion 509(a)(3). Check
a Type I. A supporting organization organization. You must on the support of t	on(s) the power to	regularly appoint or e				
b Type II. A supporting organization(s). You must	f the supporting o	rganization vested in t				
c Type III functionally interior its supported organization						lly integrated with,
d Type III non-functionally that is not functionally interequirement (see instructional see instructions).	egrated. The organ	nization generally mus	t satisfy a	a distribut	tion requirement and	
e Check this box if the organ functionally integrated, or						II, Type III
f Enter the number of supporte g Provide the following informat						
(i) Name of supported organization	(ii) EiN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in yo	organization our governing oment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
						· · · · · · · · · · · · · · · · · · ·
tal	可能在多数持续的	中華生物技術的大學的學術學的	2000年	THE REAL PROPERTY.		

instructions .

Schedule A (Form 990 or 990-EZ) 2015

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 to Part III. If the organization fails to	he box on lir	ne 5, 7, or 8 o ler the tests li	f Part I or if th	ne organization	on failed to qua	alify under
Se	ction A. Public Support	s quanty area		0100 D 010 111 P	nouse comp.	oto r are mij	• • • • • • • • • • • • • • • • • • • •
	lendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1		, ay Eori	24,310				126,172
2	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 [24,310	50,096	29,024	22,742	126,172
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 shows on line 11 solves (9)						
^	shown on line 11, column (f)	1000年後後後。		Carrier Section		V (2) (2) (1)	
6	Public support. Subtract line 5 from line 4. It				3.7. St. 2016		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(4) 2014	(a) 0015	(6 T-1-)
7	Amounts from line 4	(a) 2011	(b) 2012 24,310	50,096	(d) 2014 29,024	(e) 2015 22,742	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		27,510	30,030	23,024	22,142	126,172
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 (Explain in Part VI.)						
1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	And Paris Sales	through the control of the control o				126,172
2 3	Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the	organization's				12 r as a section :	126,172 501(c)(3)
	organization, check this box and stop here						. ▶ 🛭
ecti	on C. Computation of Public Support I						
4	Public support percentage for 2015 (line 6, o					14	<u>%</u>
5 6a	Public support percentage from 2014 Sched 331/3% support test—2015. If the organization qualified box and stop here. The organization qualified	ion did not ch	eck the box or	n line 13, and li	ne 14 is 331/39		
b	331/3% support test—2014. If the organization check this box and stop here. The organization	ation did not	check a box o	n line 13 or 1	6a, and line 1		
	10%-facts-and-circumstances test—2015 10% or more, and if the organization meets Part VI how the organization meets the "fact organization	the "facts-an s-and-circum	d-circumstanc	es" test, check The organizatio	this box and	stop here. Exp a publicly supp	14 is lain in
	10%-facts-and-circumstances test 2014 15 is 10% or more, and if the organization Explain in Part VI how the organization meet supported organization	meets the "f s the "facts-a	acts-and-circu nd-circumstan	mstances" tesces" tesces tesces test. The	st, check this organization q	box and <mark>stop</mark> jualifies as a pu	here. blicly
	Private foundation. If the organization did no						

Part III	C	ations Described in Section 509(a)(2)
記念 有悪 計算	SUPPORT SCREDULE for Organize	aticine Deceribed in Seeties 500(a)(0)
4	Support Concodic for Orderiza	anona dealcorea in aeciran angiarzi

(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.)

	ection A. Public Support			olow, picaco	complete r ar		
C	alendar 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	<u> </u>	1 , , , , , ,	1 10/20/0	197 2017	(6) 2010	(i) Total
	received. (Do not include any "unusual grants.")	1			1	j	1
	2 Gross receipts from admissions, merchandise	ļ			 		<u> </u>
	sold or services performed, or facilities	1			ł		
	furnished in any activity that is related to the organization's tax-exempt purpose	1			Į		
	Gross receipts from activities that are not an	ļ	 		<u>-</u>	 	
	unrelated trade or business under section 513	1		1		1	
	4 Tax revenues levied for the			- 	 		
	organization's benefit and either paid						
	to or expended on its behalf		ļ	1			
					ļ		
•	furnished by a governmental unit to the			ļ	1		
	organization without charge						
6				·			
	a Amounts included on lines 1, 2, and 3				ļ		
•	received from disqualified persons .			İ		1	
							
	b Amounts included on lines 2 and 3	ł		ĺ			
	received from other than disqualified	,	İ		į į		
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	ŀ					
	- L						
	Add lines 7a and 7b	roselfello er alle en en e	ar it is was arany was a list		4		
8	Public support. (Subtract line 7c from					64-19-6-16	
<u> </u>		# (\$7762 A PA	原的毛色的		
	tion B. Total Support			··			
Gale 9	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
_	Amounts from line 6						·
10a	Gross income from interest, dividends, payments received on securities loans, rents,	j		1	1	İ	
	royalties and income from similar sources .	[ĺ		ļ	
1-	!						
i)	Unrelated business taxable income (less	į					
	section 511 taxes) from businesses acquired after June 30, 1975	j	1	1	į.	ļ	
_							
C							<u> </u>
11	Net income from unrelated business	İ			ľ		
	activities not included in line 10b, whether or not the business is regularly carried on	1	ļ			İ	
							
12	Other income. Do not include gain or	1	1	ľ	1		-
	loss from the sale of capital assets		1	ļ	!	ĺ	
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		-	1			
4.8	and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	organization's	first, second,	third, fourth,	or fifth tax year	r as a section 5	501(c)(3)
Cooti							· > []
15	on C. Computation of Public Support						
	Public support percentage for 2015 (line 8, c	olumn (f) divid	ed by line 13,	column (f)) .	[15	<u>%</u>
16 Section	Public support percentage from 2014 Sched	uie A, Part III, I	me 15		· · · · ·	16	<u>%</u>
	on D. Computation of Investment Incomputation of Investment incomputation	ne Percenta	ge		(0)		
17 40	Investment income percentage for 2015 (line	10c, column (i) divided by li	ine 13, column	(f)) <u> </u>	17	%_
18	Investment income percentage from 2014 Sc	nedule A, Part	III, line 17 .		_ · · <u>·</u> · · <u>{</u>	18	%
19a	331/s% support tests – 2015. If the organization of more than 331/s% shock this box and	on aid not che	eck the box o	n line 14, and	line 15 is more	than 331/3%, a	and line
	17 is not more than 331/3%, check this box and	stop nere. The	e organization	qualities as a p	ublicly supporte	ed organization	. 🏲 🔲
b	331/3% support tests - 2014. If the organization	n did not checi	k a box on line	14 or line 19a	, and line 16 is	more than 331/3	%, and
00	line 18 is not more than 331/3%, check this box	and stop here.	The organizat	tion qualifies as	a publicly supp	orted organizati	on 🔊 🗌
20	Private foundation. If the organization did no	ot check a box	on line 14, 19	la, or 19b, che	ck this box and	d see instruction	ns 📂 🗀

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.)

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NACTION	Λ	7.11	SI IIO IO	\wedge Min \wedge	Aracr	rizationo.
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- Are all of the organization's supported organizations listed by name in the organization's govern documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of sta under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support 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," ansi (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) 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"); "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 forei supported organization? If "Yes," describe in Part VI how the organization had such control and discreti 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 usi to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(purposes.
- 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 El numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such actio (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the actio 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 alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) t anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support of benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo (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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7' If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- 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.
- 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.)

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	Supporting Organizations (continued)	
1	Has the organization accepted a gift or contribution from any of the following persons?	Yes No
•	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110
	below, the governing body of a supported organization? b A family member of a person described in (a) above?	11a
	c 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
Se	ection B. Type I Supporting Organizations	
		Yes No
1	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.	1
2	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.	2
Sec	ction C. Type II Supporting Organizations	
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).	Yes No
Sec	ction D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
Sect	tion E. Type III Functionally-Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions):
а	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	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.	2a
ъ	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.	2b
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	
ģ	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.	3a

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C)rga	ınizations	
1 Check here if the organization satisfied the Integral Part Test as a qualify other Type III non-functionally integrated supporting organizations must	ing t	rust on Nov. 20, 1970. Se plete Sections A through I	e instructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	Ţ.	1	
2 Recoveries of prior-year distributions	12	2	
3 Other gross income (see instructions)	(3	
4 Add lines 1 through 3	4		
5 Depreciation and depletion	Ę	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount	8	(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	<u> </u>	
b Average monthly cash balances	1b)	
c Fair market value of other non-exempt-use assets	1 c		
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 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		Commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission of the commission o	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	and a superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior of the superior	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	en de service de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición del composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición	
7 Check here if the current year is the organization's first as a non-functionally	/-int	egrated Type III supporting	a organization (coo

Sec	ction D - Distributions	<u> </u>		Current Year			
1	1 Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations						
	Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets						
: 5	· · · · · · · · · · · · · · · · · · ·	od)					
6							
7		15.					
8							
	(provide details in Part VI). See instructions.	ich the organization is r	esponsive				
9	Distributable amount for 2015 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·					
10	Line 8 amount divided by Line 9 amount		·, ·				
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1	Distributable amount for 2015 from Section G, line 6						
2	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required-see instructions)			CONTRACTOR OF STREET			
3	Excess distributions carryover, if any, to 2015:						
a							
b							
C	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa						
d	From 2013						
e_	From 2014						
f	Total of lines 3a through e	3 2 2 2 2 2 2 2					
g	Applied to underdistributions of prior years						
	Applied to 2015 distributable amount						
<u>i</u>	Carryover from 2010 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		The property of				
	Distributions for 2015 from Section D, line 7:						
	Applied to underdistributions of prior years						
	Applied to 2015 distributable amount	Programme and adversarial con-					
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount						
Ę	greater than zero, see instructions).						
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).						
	excess distributions carryover to 2016. Add lines 3j and 4c.						
8 E	Breakdown of line 7:						
а							
b	The first term of the first term that the second section is a second section of						
	xcess from 2013						
	xcess from 2014						
	xcess from 2015	Sales e la la Fall Barrer de la la					
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Schedule A (F	Form 990 or 990-EZ) 2015	L	MIA	Blues	S FEST	45-51B213 page
Part VI	Supplemental Information. Provide the extended in the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the seco	oplanations in 3c, 4b, 4c, Part IV, Sect line 1e; Part	reguired 5a, 6, 9; ion D, lii t V, Sec	by Part II a, 9b, 9c, nes 2 and tion D, lin	, line 10; Pa 11a, 11b, ar 3; Part IV, 5 es 5, 6, and	rt II, line 17a or 17b; Part nd 11c; Part IV, Section Section E, lines 1c, 2a, 2b 8; and Part V, Section E,
		·				

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2015
Open to Public

Name of the organization	rabout defiedate or	TOTAL 950 OF 950-EZ/ AND	to mod dodons is at w	 	fication number
BAJA BLUES FEST ORGANIZATION				4	5-5173273
Fundraising Activitie				Form 990, Part IV	, line 17.
Form 990-EZ filers are 1 Indicate whether the organiza					
a ☑ Mail solicitations	uon raised lungs		ation of non-gover		•
b Internet and email solicitat	ions		ation of governmer		
c Phone solicitations			al fundraising event	_	
d 🗹 In-person solicitations			-		
2a Did the organization have a w					
or key employees listed in For				-	
b If "Yes," list the ten highest pa compensated at least \$5,000 to			pursuant to agreen	nents under which t	ne rundraiser is to
00	sy wie organizati	21.1.			
	T	(iii) Did fundralser have		(v) Amount paid to	- waxering limit
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
,		contributions?		col. (i)	organization
		Yes No			
1					
NONE 2	ļ		1		
2					
3					
					ļ
4					
5					
6					
7					
8					
					
9					
0	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
]		
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tal]	
3 List all states in which the organ	nization is registe	ered or licensed to se	olicit contributions	or has been notified	d it is exempt fror
registration or licensing.					
NE					
					~~~~~~
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Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

_		gross receipts greater the		T	r				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
	ŀ		BAJA BLUES FEST	KEY TO THE FUTUR		(add col. (a) through col. (c))			
Œ	ь		(event type)	(event type)	(total number)				
Reyento	1	1 Gross receipts		700.00		50,33			
u	2	Less: Contributions	23,117	700.00		23,81			
	3	Gross income (line 1 minus		1					
	1	lîne 2)	26,521	0.00		26,52			
	4	Cash prizes			·	-			
	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs	8,000	0.00		8,000			
Ē	7	Food and beverages							
Direc	8	Entertainment	10,003	0.00		10,003			
	9	Other direct expenses .	12,930	0.00		12,930			
	10	Direct expense summary. Add	t lines 4 through 0 in sol	ump (d)	b.				
	11	Net income summary. Subtract	ct line 10 from line 3. co	umn (d)		30,933			
1 F		Gaming. Complete if the	organization answere	d "Yes" on Form 990	. Part IV. line 19. o	r reported more			
1.0-1040	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	than \$15,000 on Form 99				1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (e))			
Reve	1	Gross revenue							
Ħ	<u> </u>	ChossicyCluc				<u> </u>			
nses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses .							
	6	Volunteer labor	☐ Yes % ☐ ☐ No	Yes % [Yes %				
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. S	Subtract line 7 from line	1, column (d)					
_									
9 a b	ls th	er the state(s) in which the organe organization licensed to concide," explain:	-	each of these states?		Yes No			
10a b		e any of the organization's gam		spended or terminated		. Yes No			

Sched	ule G (Form 990 or 990-EZ) 2015		DAJA DIVES FES,	T 45-5193	72 <i>1</i> 3	Page
11 12	Is the organization a gra	onduct gaming activities wantor, beneficiary or trust	vith nonmembers?	partnership or other	\square	Yes 🗌 N
13 a	Indicate the percentage	of gaming activity conduc				9
					13a 13b	
14			epares the organization's gamin		ks and	
	Name >		······	n <i>apu-uau</i> -uau-uau-uau-uau-uau-uau-uau-uau-u		
	Address ►					
15a	Does the organization h	lave a contract with a th	nird party from whom the orga	anization receives o	gaming	/as □ N
	If "Yes," enter the amount amount of gaming revenu	t of gaming revenue receive retained by the third par	ved by the organization ► \$	and t	:he	
С	If "Yes," enter name and a	address of the third party:				
	Name >					
	Address >		***************************************			
16	Gaming manager informat	cion:				
ı	Name >					
(Gaming manager compens	sation > \$				
[Description of services pro	ovided >	***************************************			
	☐ Director/officer	☐ Employee	☐ Independent contract	or		
a la	Mandatory distributions: s the organization required etain the state gaming lice		ce charitable distributions from			s ∐ No
b E	_ -	utions required under stat	te law to be distributed to other			.3 [] 140
art IV		rmation. Provide the ex	oplanations required by Part 17b, as applicable. Also prov	, line 2b, columns ide any additional	(iii) and (v); information	and (see

	73-78-78-78-78-78-78-78-78-78-78-78-78-78-	^	~~			**********
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				~~~~~		

Schedule G (Form 990 or 990-EZ) 2015

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-E2) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number **BAJA BLUES FEST ORGANIZATION** 45-5173273 FORM 990-EZ PART 1 LINE 10 - BREAKDOWN OF ALL CHARITABLE CONTRIBUTIONS - \$11,290 CRUZ ROJA ROSARITO AMBULANCE - \$250 CRUZ ROJA PRIMO TAPIA CLINIC & AMBULANCE - \$500 FLYING SAMARITANS ROSARITO CLINIC - \$500 BECA SCHOLARSHIP FUND - \$2,500 LA MISION CHILDREN'S FUND - \$2,500 LA MISION CHILDREN'S PENCIL & ERASER GIVE-AWAY \$40 LOS ANGELITOS ORPHANGE - \$2,500 FRIEND'S OF THE LIBRARY READING PROGRAM - \$2,500 990 - EZ PART 1 LINE 16 - OTHER EXPENSES - 51,688 SOFTWARE & ACCOUNTING SUBSCRITIONS ON LINE \$374 SUPPLIES - \$ 191 TELEPHONE & COMMUNICATIONS - \$180 WEBSITE EXPENSE • \$177 SMALL EQUIPMENT - \$170 PROMOTIONAL FEES FOR BOOTHS AT EVENTS - \$287 PERMITS & FILINGS - \$27 TRAVEL & MEETINGS - \$25 BANK FEES - \$23 PAYPAL FEES - \$234 990 - EZ PART 1 LINE 20 - PESO EXCHANGE INCREASE \$9