

Return of Organization Exempt From Income Tax

2018

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 07-01, 2018, and ending 06-30, 2019

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Agua Hedionda Lagoon Foundation. D Employer identification no: 33-0411888. E Telephone number: (760) 804-1969. G Gross receipts: \$ 646,780.

I Tax-exempt status: 501(c)(3). J Website: www.aguahedionda.org. K Form of organization: Corporation. L Year of formation: 1990. M State of legal domicile: CA.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Summary statistics. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

Part II Signature Block

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 of which preparer has any knowledge.

Sign Here: Kimberly Holmes, Signature of officer, Date: 3/16/20. Kimberly Holmes, Treasurer, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name: Rachel T Ivanovich, Preparer's signature, Date: 03-16-2020, Check self-employed, PTIN: P00249915. Firm's name: Easy Life Management Inc, Firm's EIN, Firm's address: 300 Crisbad Vlg Dr Ste 108A380, Carlsbad CA 92008, Phone no: 760-730-1817.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

California Exempt Organization Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) 07-01-2018, and ending (mm/dd/yyyy) 06-30-2019

Corporation/Organization name AGUA HEDIONDA LAGOON FOUNDATION California corporation number 1662515

Additional information See Instructions FEIN 33-0411888

Street address (suite or room) 1580 CANNON RD PMB no

City CARLSBAD State CA ZIP code 92008

Foreign country name Foreign province/state/county Foreign postal code

Form sections A through P with checkboxes for filing type, accounting method, and other organizational details.

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 17 rows for Receipts and Revenue, Expenses, and Filing Fee, including amounts and cents.

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

Sign Here: Signature of officer KIMBERLY HOLMES, Title TREASURER, Date 03/16/2020, Telephone 760-804-1969. Preparer's Use Only: Firm's name EASY LIFE MANAGEMENT INC, address 300 CRLSBD VLG DR STE108A380, CARLSBAD, CA 92008, Telephone 760-730-1817.

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

33-0411888

Receipts from Other Sources	1	Gross sales or receipts from all business activities See instructions	1	13,562	00
	2	Interest	2	57	00
	3	Dividends	3		00
	4	Gross rents	4	(869)	00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See Instructions)	6		00
	7	Other income Attach schedule	7	142,651	00
	8	Total gross sales or receipts from other sources Add line 1 through line 7 Enter here and on Side 1, Part I, line 1	8	155,401	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		00
Expenses and Disbursements	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	11	88,669	00
	12	Other salaries and wages	12	164,375	00
	13	Interest	13		00
	14	Taxes	14	30,082	00
	15	Rents	15		00
	16	Depreciation and depletion (See instructions)	16	16,719	00
	17	Other Expenses and Disbursements. Attach schedule	17	315,212	00
	18	Total expenses and disbursements. Add line 9 through line 17 Enter here and on Side 1, Part I, line 8	18	615,057	00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

Assets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
1 Cash		92,916		85,930
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories		511		570
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments Attach schedule				
10 a Depreciable assets	634,885		634,885	
b Less accumulated depreciation	(254,192)	380,693	(270,911)	363,974
11 Land				
12 Other assets Attach schedule		1,220		8,803
13 Total assets		475,340		459,277
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule				2,105
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		475,340		457,172
22 Total liabilities and net worth		475,340		459,277

Schedule M-1 Reconciliation of Income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1	Net income per books	(18,168)	7	Income recorded on books this year not included in this return Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	(18,168)
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	(18,168)			